

**IN THE UNITED STATES DISTRICT COURT
FOR THE WESTERN DISTRICT OF PENNSYLVANIA**

CLAYTON MCCRAY;

Plaintiff,

V.

ALLEGHENY COUNTY; DONALD STECHSHULTE, Medical Director; NANCY PARK; JEN KELLY; NATALIE AUSTIN; LAURA WILLIAMS, Chief Deputy Warden of Healthcare Services

Defendants.

Case No. 2:22-cv-493

ELECTRONICALLY FILED

JURY TRIAL DEMANDED

INTRODUCTION

1. Plaintiff Clayton McCray brings this lawsuit to defend his dignity, vindicate his rights and shine a light on the inhumane treatment endured by people incarcerated in Allegheny County. In 2020, McCray, who was 26 years old at the time, was as a pretrial detainee on a probation detainer at the Allegheny County Jail (ACJ), when he required a right below-the-knee amputation because Defendants Dr. Donald Stechshulte, Dr. Nancy Park, Jen Kelly, and Natalie Austin failed to provide McCray with standard medical care for an infected non-healing open wound on his right heel. This wound had been treated successfully, shortly before the amputation while he was incarcerated at State Correctional Institution (SCI)-Fayette and SCI-Mercer. However, Defendants' malpractice, coupled with ACJ's numerous violations of the Americans With Disabilities Act, including denying McCray his prescribed orthotic shoe, cane and other assistive devices, and failing to accommodate him with a handicap accessible cell, caused his foot wound to worsen into osteomyelitis, a serious bone infection. Within months, McCray required an amputation of his leg.

2. At all relevant times hereto, Defendant Deputy Warden Laura Williams had actual knowledge of the severity of McCray's progressively worsening foot condition and pain. Defendant Williams promulgated and authorized policies, practices and procedures that she knew contravened orders made by McCray's outside doctors and that these contraventions would cause McCray harm. Defendant Williams also permitted ACJ staff to confiscate McCray's prescribed assistive devices, and she placed or kept McCray in solitary confinement and in housing conditions where she knew he would be denied accommodations and medical treatment he needed for his non-healing open infected wound.

3. Defendants' misconduct and malpractice caused McCray to needlessly suffer. He seeks compensation for his injuries including the permanent loss of his right lower leg, significant pain and distress, severe mental anguish, and compensation for his future medical expenses.

JURISDICTION AND VENUE

4. This case is brought pursuant to the Fourteenth Amendment of the United States Constitution, 42 U.S.C. § 1983, 28 U.S.C. §§ 2201, 2202, the Americans with Disabilities Act, 42 U.S.C. §§ 12101 *et seq.*, and Pennsylvania state law.

5. This Court has subject matter jurisdiction pursuant to 28 U.S.C. §§ 1331, 1343(a)(3)-(4), and 1367(a).

6. This Court is the appropriate venue pursuant to 28 U.S.C. § 1391(b)(2) because the events and omissions giving rise to the claims occurred in Allegheny County, in the Western District of Pennsylvania.

PARTIES

7. Plaintiff Clayton McCray had, at all relevant times, a physical disability in his right foot. In 2018, McCray developed a neuropathic ulcer or wound on his right heel, which was successfully treated at correctional facilities SCI-Fayette and SCI-Mercer where he was incarcerated. From September 2019 to 2020, McCray was a pretrial detainee on a probation detainer at ACJ. Defendants denied McCray standard medical care, his prescribed assistive devices, and accommodations, causing him to develop a life-threatening bone infection, and within months required him to have a right below the knee amputation.

8. Defendant Donald Stechshulte, M.D. is and was, at all relevant times, an employee of Allegheny County, serving as the Medical Director of ACJ. Defendant Dr. Stechshulte was, at all relevant times, acting under the color of state law. He is sued in his individual capacity.

9. Defendant Nancy Park, M.D. is and was, at all relevant times, an employee of Allegheny County, serving as a physician for ACJ. Defendant Dr. Park was, at all relevant times, acting under the color of state law. She is sued in her individual capacity.

10. Defendant Natalie Austin is and was, at all relevant times, an employee of Allegheny County, serving as a physician assistant for ACJ. Defendant Austin was, at all relevant times, acting under the color of state law. She is sued in her individual capacity.

11. Defendant Jen Kelly is and was, at all relevant times, an employee of Allegheny County, serving as the Assistant Director of Nursing for ACJ. She was a registered nurse and responsible for overseeing the distribution of medication, the administration of wound care and debridement treatments, the distribution of nutritional supplements to malnourished patients,

among other duties. Defendant Kelly was, at all relevant times, acting under the color of state law. She is sued in her individual capacity.

12. Defendant Laura Williams was, at all relevant times, the Deputy Warden of Healthcare Services for ACJ. She was responsible for oversight and administration of the provision of medical healthcare at ACJ, staff training, and ensuring accommodations for incarcerated people with physical or psychiatric disabilities. Defendant Williams was, at all relevant times, acting under the color of state law. She is sued in her individual capacity.

13. Defendant Allegheny County is a county government organized and existing under the laws of the Commonwealth of Pennsylvania. Allegheny County is in possession and control of ACJ.

STATEMENT OF FACTS

McCray Developed Physical Disabilities Due to Gunshot Wound

14. In 2011, McCray developed physical disabilities after suffering a gunshot wound to his spine. He underwent surgery that resulted in the removal of one of his kidneys, which made him unable to tolerate certain types of antibiotics without becoming extremely ill.

15. The gunshot also injured McCray's lumbar spine, causing him neuropathy and resulting in his right foot a condition known as "drop foot"—foot dragging—and numbness. McCray's foot condition made him extremely vulnerable to developing neuropathic ulcers or wounds on his right foot, which were highly likely to worsen into a severe bone infection—osteomyelitis—without standard medical care, sanitary conditions, accommodations, or assistive devices.

16. McCray's foot condition is and was, at all relevant times, a physical disability.

17. Following McCray's surgery in 2011, his doctor prescribed him a cane, crutches,

and physical therapy for his foot disability.

18. Before his confinement at ACJ in September 2019, McCray was able to play basketball, exercise in a gym, and participate in similar recreational activities even though he had these physical disabilities.

Neuropathic Ulcers & Osteomyelitis Are Serious Medical Conditions That Require Proper Diagnosis, Constant Monitoring and Daily Treatment

19. Neuropathic ulcers are a type of wound. They “occur when a patient with poor neurological function of the peripheral nervous system has pressure points that cause ulceration through the epidermal and dermal tissue layers.”¹

20. “Ulcers occur most commonly on the underside of the foot (plantar surface) and on the top of the toes or dorsal surface. They are secondary to repetitive stress. Those ulcers that present emergently and tunnel deep into the tissue are at higher risk for infection.”

21. “Neuropathic ulcers with signs of cellulitis, abscess, gangrene, or deep ulceration greatly increase the risk for amputation.”

22. Neuropathic ulcers are highly likely to become infected and result in osteomyelitis without sufficient medical treatment.²

23. Osteomyelitis is a serious infection of the bone; it can be lethal, cause significant pain and bone loss, or require amputation of the infected body parts without sufficient medical

¹ David M. Eastman & Mark A. Dreyer, *Neuropathic Ulcer*, StatPearls Publishing, <https://www.ncbi.nlm.nih.gov/books/NBK559214/> (last updated Jan. 9, 2022).

² Federal Bureau of Prisons, Prevention and Management of Acute and Chronic Wounds: Federal Bureau of Prisons Clinical Practice Guidelines (2014), <https://www.bop.gov/resources/pdfs/wounds.pdf>.

treatment.³

24. The Federal Bureau of Prisons (BOP) Clinical Practice Guidelines for Prevention and Management of Acute and Chronic Wounds recommends guidelines for diagnosing and treating neuropathic ulcers and resulting osteomyelitis. Standard medical treatment for a neuropathic ulcerative wound includes⁴ —

- i. wound care, consisting of cleaning the wound in a sterile environment to prevent dirt or bacteria from inflaming or infecting it, applying medicated solution to the infected area, and dressing or wrapping the wound with clean, dry gauze daily or twice a day depending on the severity of the wound;
- ii. debridement—the removal of necrotic, dead skin/tissue;
- iii. the proper dosage of antibiotics administered for the standard 14 days to eliminate the infection and adequate pain medication to lessen pain caused by the infection or wound;
- iv. x-rays or MRIs to determine if the infection has spread to the bone;
- v. adequate nutrition to promote healing;
- vi. and accommodations for the patient, including providing him with assistive devices such as an orthotic shoe, cane, crutches, walker, wheelchair; and

³ *Osteomyelitis*, Johns Hopkins Medicine, <https://www.hopkinsmedicine.org/health/conditions-and-diseases/osteomyelitis#:~:text=Osteomyelitis%20is%20inflammation%20or%20swelling,can%20happen%20at%20any%20age; Ilker Uckay & Daniel Lew, Osteomyelitis, Infectious Disease Advisor, https://www.infectiousdiseaseadvisor.com/home/decision-support-in-medicine/infectious-diseases/osteomyelitis-4/>.

⁴ Federal Bureau of Prisons, Prevention and Management of Acute and Chronic Wounds: Federal Bureau of Prisons Clinical Practice Guidelines (2014), <https://www.bop.gov/resources/pdfs/wounds.pdf>.

providing proper handicap accessible housing to allow the patient to move about safely and prevent exacerbating his foot wound and mitigate his pain and discomfort.

25. Symptoms of an infected wound include swelling, tenderness or pain around the wound, lack of healing of the wound for 2 weeks, an odor, pus or cloudy drainage, discoloration, fever, and pain.⁵

Prisons Provided McCray with Standard Medical Care & Accommodations for his Neuropathic Wound on his Right Heel

26. On information and belief, McCray's physical disability and his need for assistive devices were documented in his medical records, which were provided to every correctional facility where he was confined.

27. Around December 2018, McCray developed a minor neuropathic ulcer on his right heel while he was serving a sentence at SCI-Fayette, a prison in Pennsylvania.

28. On information and belief, staff at SCI-Fayette recognized McCray's foot condition qualified as a physical disability under federal disability laws and provided him with adequate medical care and accommodations. Medical staff members cleaned McCray's foot wound in a sterile room daily to prevent infection. SCI-Fayette accommodated McCray by housing him in a handicap accessible cell on the first floor. A prison doctor prescribed McCray an orthotic shoe, AFO brace, and cane so he could walk around safely and protect his wound from inflammation and infection.

29. When McCray's foot became infected three months later, SCI-Fayette

⁵ *Id.*

immediately sent him to UPMC Presbyterian, where he received a PICC line of antibiotics to treat his infection. McCray received in-patient treatment at the hospital for two weeks and remained there until he transferred to a SCI-Mercer, another Pennsylvania state prison.

30. In May 2019, McCray was transported from UPMC Presbyterian to SCI-Mercer. The prison permitted McCray to receive out-patient treatment for his foot wound and infection at UPMC Presbyterian.

31. On information and belief, staff at SCI-Mercer recognized McCray's foot condition qualified as a physical disability under federal disability laws and provided him with adequate medical care and accommodations. SCI-Mercer medical staff provided McCray with proper wound care. SCI-Mercer provided McCray with a handicap accessible cell on the first floor and permitted McCray to wear his prescribed orthotic shoe and AFO brace and use his cane.

32. In June 2019, McCray was transferred from SCI-Mercer to SCI-Fayette where he was released in September 2019. While at SCI-Fayette, staff provided McCray with accommodations and standard medical care for his foot wound. Additionally, a prison doctor prescribed McCray debridement treatments to occur every one to two months, which he received at offsite medical facilities.

**ACJ Denied McCray Standard Medical Care & Accommodations
Causing His Infected Foot Wound to Worsen & Requiring Amputation of
His Right Lower Leg**

33. In September 2019, McCray was admitted at ACJ because a probation detainer was lodged against him for a minor possession charge.

34. McCray was a pretrial detainee while he was detained at ACJ up until September 30, 2020.

ACJ Denied McCray His Prescribed Assistive Devices

35. The BOP Clinical Practice Guidelines for Prevention and Management of Acute and Chronic Wounds state that assistive devices are critical for healing neuropathic ulcers and decreasing the risk of amputation.⁶

36. The BOP guidelines state that patients with a neuropathic ulcer must be provided with an orthotic shoe or boot specifically designed to “offload” or relieve pressure from the ulcer and prevent shearing—pulling on tissue—and friction—blistering or removal of top layer skin—over the affected areas.⁷

37. The BOP guidelines state patients with a neuropathic ulcer should be on their feet as little as possible. The guidelines recommend providing patients with other accommodations to limit them from standing and walking to reduce exacerbating their neuropathic ulcer.⁸

38. The BOP guidelines also recommend providing patients “a walker, in addition to a wheelchair, in order to transfer from one surface to another without standing on the affected foot.”⁹

39. The BOP guidelines recommend providing accommodations to reduce the patient’s weightbearing while showering: “It is optimal to have patients with neuropathic foot ulcers shower in a handicap stall that allows them to sit. Standing in the shower should be avoided.”¹⁰

⁶ *Id.* (“Without these two forms of intervention,” assistive devices and wound debridement treatments, “the chances of meeting healing goals and preventing amputation are unlikely.”).

⁷ *Id.*

⁸ *Id.*

⁹ *Id.*

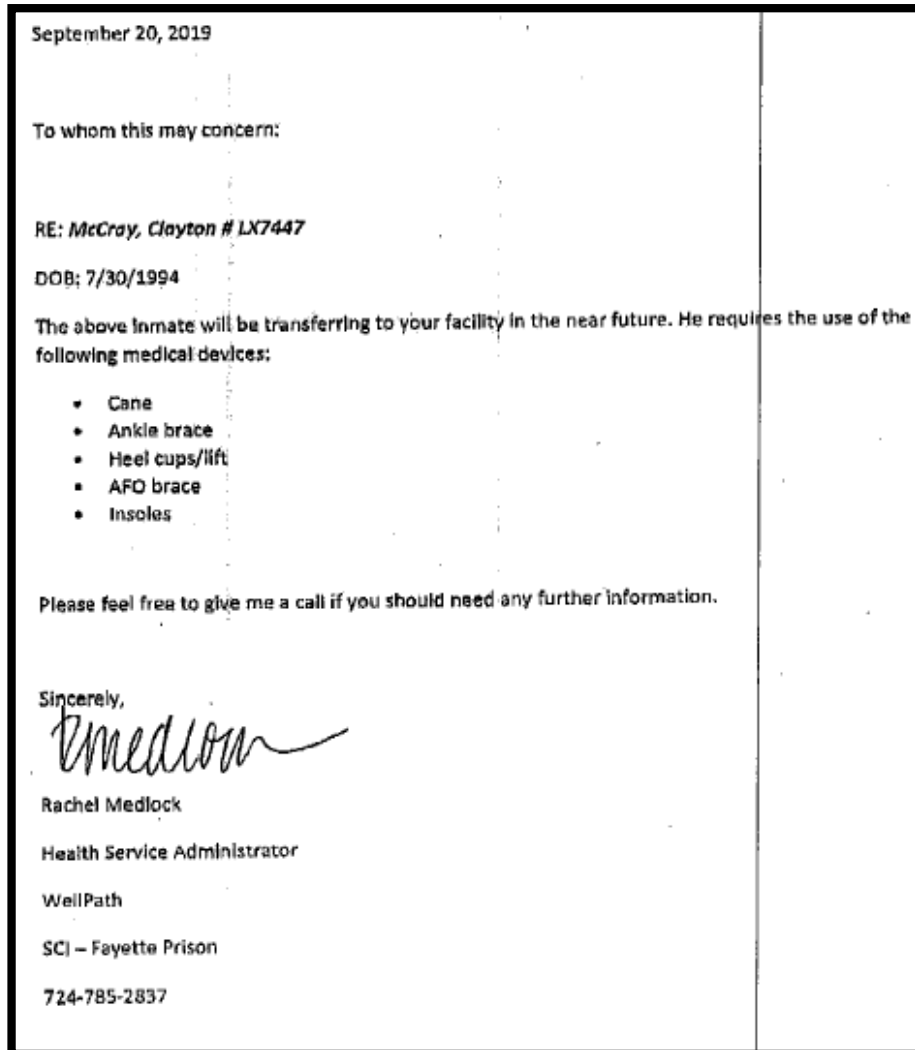
¹⁰ Prevention and Management of Acute and Chronic Wounds Federal Bureau of Prisons Clinical Practice Guidelines (2014), <https://www.bop.gov/resources/pdfs/wounds.pdf>.

40. Defendants knew McCray had a non-healing neuropathic foot wound.

41. Defendants knew outside doctors had prescribed McCray with wound care, assistive devices, and other accommodations for his foot condition.

42. Upon admission to ACJ, McCray told the medical staff about his physical disability and the treatment and accommodations he received at SCI-Fayette and SCI-Mercer. McCray also informed the staff that his prison doctor prescribed him an orthotic shoe, AFO brace and cane, which were medically necessary to prevent the significant risk of him developing infected neuropathic ulcers on his right foot or falling. McCray attests that he was permitted to use these assistive devices at the prisons prior to his arrival at ACJ.

43. ACJ staff received McCray's medical records from SCI-Fayette and SCI-Mercer, confirming that the prisons had provided him accommodations and permitted him to use an orthotic shoe, AFO brace and cane, which were prescribed to accommodate his disability.



Letter from Health Services Administrator of SCI-Fayette sent to ACJ, states McCray “will be transferring to your facility in the near future. He requires the use of the following medical devices: cane, ankle brace, heel cups/lift, AFO brace, insoles.”

44. Despite this knowledge, ACJ confiscated McCray’s prescribed orthotic shoe and AFO brace without justification and did not provide McCray with an alternative assistive device to accommodate his disability.

45. From September 2019 to June 30, 2020, ACJ staff routinely prohibited McCray from using his prescribed assistive devices on nearly every pod he was housed except for the Medical Housing Unit (MHU).

46. On the rare instances that McCray was allowed to use his assistive devices, he would only have them for a few days or hours before ACJ staff confiscated them without justification. ACJ staff often prohibited McCray from using his cane, crutches, and wheelchair inside his cell, forcing him to hop on one foot or crawl to his cell door to retrieve his meals and medications.

47. Defendants Williams, Dr. Stechshulte, and Dr. Park permitted ACJ staff to confiscate McCray's prescribed assistive devices, despite knowing that they were medically necessary for McCray, who they knew had experienced numerous falls and whose foot wound, infection, and pain worsened without them.

48. Defendants Williams, Dr. Stechshulte, and Dr. Park also knew that unless he had his assistive devices, McCray was unable to participate in ACJ's programs, benefits, and services, including recreation, showers, meals, cell cleanings, and access to the law library kiosk, among other programs.

49. ACJ denied McCray's requests for a shower chair or handicap accessible showering stall that would have allowed him to sit safely while showering and even though these accommodations were recommended by ACJ health providers, including Defendant Park, and required by medical standards. As a result, McCray was prevented from showering and cleaning his wound regularly because it was difficult for him to maintain balance while standing unassisted on his non-infected foot in a flimsy, plastic flip flop on a slippery wet floor.

50. Furthermore, without his assistive devices, McCray was unable to recreate because he could not maintain balance, move about safely, or protect his neuropathic foot wound with the flimsy shoe that the jail provided, which did not satisfy BOP guidelines for a specialty shoe for patients with neuropathic ulcers.

ACJ Denied McCray Adequate Wound Care

51. The BOP guidelines state that wound care and especially debridement treatments are necessary for healing neuropathic ulcers and preventing amputation.¹¹

52. During this time, ACJ failed to provided McCray with daily wound care and monthly debridement treatments as his doctors had prescribed. ACJ failed to provide McCray wound care for several days or even weeks. Initially, trained medical staff administered his wound care in a sterile setting like ACJ's infirmary on pod 5B. But by December 2019 and subsequently, ACJ medical staff routinely changed McCray's dressing in a dirty cell or refused to apply his wound care altogether. On several occasions, a staff member dropped off wound care supplies, which were sometimes missing medicated solution or gauze, and told McCray that if he wanted his wound cleaned and disinfected, then he would have to do it himself without gloves in his unsanitary cell.

53. Additionally, ACJ corrections staff prevented McCray from receiving wound care by denying his requests to be escorted to the infirmary or treatment room where it was to occur.

54. Nor did McCray receive his prescribed debridement treatments. Around February 2020, Defendant Natalie Austin, who was responsible for debriding McCray's wound, stopped administering them because she did not have enough time to due to insufficient staffing. Although McCray informed Defendant Dr. Park that he was not receiving his debridement treatments, ACJ staff did not debride McCray's wound for the remained of his confinement at ACJ.

55. Around December 18, 2019, McCray's submitted grievance, in which he alleged

¹¹ *Id.*

that he was not receiving proper medical care or being administered medical treatment as prescribed, was found valid.

56. ACJ's grievance coordinator spoke to McCray about his grievance, but the grievance coordinator's recommendations for medical care and accommodations were not carried out by ACJ staff or were overridden by Defendants. Those Defendants – Dr. Stechshulte, Dr. Park, Austin, and Kelly – knew McCray did not received adequate wound care while he was confined at ACJ.

57. Defendant Kelly was the Assistant Director of Nursing for ACJ. She was responsible for overseeing and ensuring that medical staff administered wound care and debridement treatments as prescribed to patients like McCray.

58. McCray was entirely dependent on Defendants Dr. Stechshulte, Dr. Park, Austin, and Kelly for providing or ensuring his prescribed wound care and debridement treatments.

59. Defendant Kelly was aware from ACJ healthcare providers and through the grievance system that McCray was not receiving daily wound care or debridement treatments as prescribed by his outside doctors. Similarly, Defendants Dr. Stechshulte and Dr. Park were aware of McCray's ongoing inadequate wound care from ACJ staff members and from their interactions with McCray.

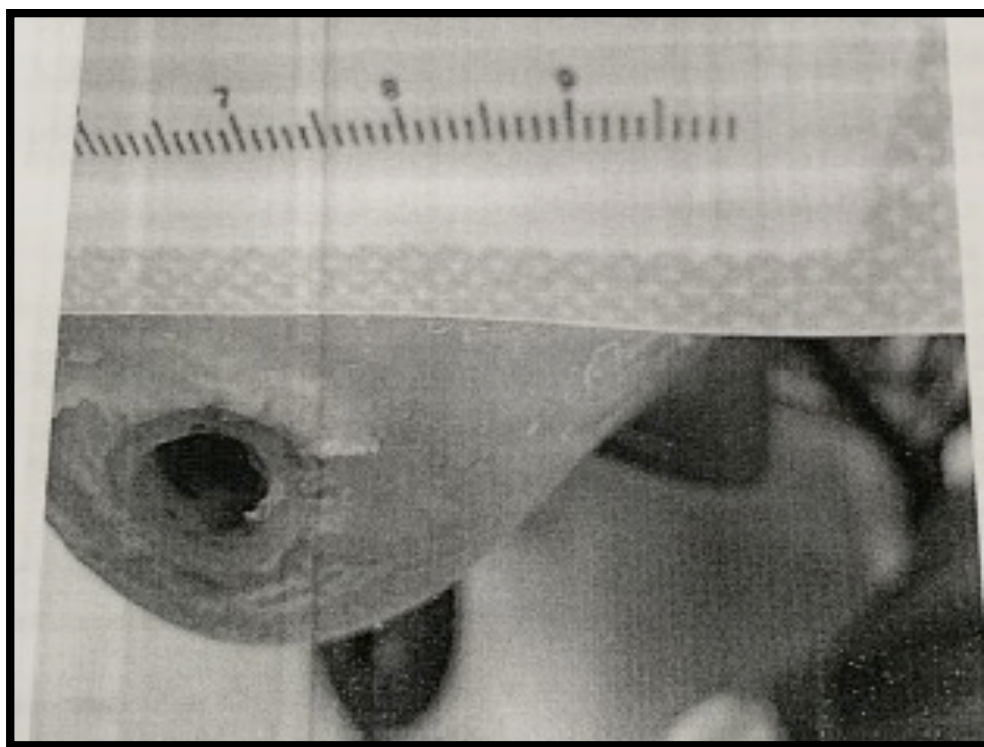
60. On information and belief, Defendant Kelly frequently notified Defendant Williams of these significant and persistent deficiencies with McCray's wound care when they occurred.

61. Despite Defendants Dr. Stechshulte, Dr. Park, Austin, and Kelly knowing of McCray's serious medical need for his prescribed wound care and the significant, ongoing deficiencies with McCray's wound care and debridement treatments, which placed him at a

substantial risk of physical harm, including serious, potentially life-threatening infection, amputation, and significant pain and discomfort, Defendants Dr. Stechshulte, Dr. Parks, Austin, and Kelly failed to take standard measures to ensure McCray received adequate wound care and debridement treatments.

62. On information and belief, Defendants Dr. Stechshulte, Dr. Parks, Austin, Kelly and ACJ medical staff improperly documented McCray's symptoms, condition, diagnoses, or medical treatment in his ACJ medical records or made false or misleading entries to conceal their failure to provide McCray adequate medical care.

63. Over the following months, McCray's foot condition worsened significantly, with discoloration of his skin, swelling and redness as his sore grew larger.



McCray's Foot Wound

64. In December 2019, McCray filed a motion in his probation detainer case, seeking a transfer to Renewal, an alternative housing diversion program. McCray told Judge Randal Todd that ACJ's deficient medical care was causing his foot condition to worsen significantly and pleaded with the Judge to transfer him to the diversion program where he could obtain better medical treatment. Judge Todd denied McCray's motion.

65. A doctor prescribed McCray physical therapy to prevent his right leg muscles from atrophying. McCray was denied physical therapy because it was frequently cancelled or not provided by medical staff or corrections officers prevented him from attending his physical therapy appointments.

ACJ Denied McCray Standard Pain Medication

66. The BOP guidelines state "[p]roper assessment and subsequent interventions to control pain is an integral part of wound care."¹² The BOP guidelines state the consequences of uncontrolled "[p]ain can significantly affect a patient's quality of life, sleep cycle, and psychosocial status. In addition, inadequately treated acute pain can lead to the development of chronic disabling neuropathic pain."¹³

67. The BOP guidelines state that "[i]nadequate treatment of pain can also lead to poor wound healing and increased infection rates."¹⁴

68. The BOP guidelines recommend that "[t]he patient's experience of pain and management strategies should be reviewed at each 2-week re-assessment, and on an as-needed basis. This review should include the patient's day-to-day experience of pain from the wound, as

¹² *Id.*

¹³ *Id.*

¹⁴ *Id.*

well as the patient's episodic pain related to treatments and any chronic neuropathic pain.

Reasonable attempts should be made to minimize these different types of pain.”¹⁵

69. Defendants Dr. Stechshulte and Dr. Park did not abide by medical standards for managing McCray's pain. Defendants Dr. Stechshulte and Dr. Park's failure to prescribe McCray adequate pain relievers put him at a significant risk of harm by delaying his wound from healing and increasing his likelihood of contracting a serious infection and amputation.

70. The denial of McCray's assistive devices forced him to walk on his inflamed or infected nonhealing open wound causing him significant pain.

71. McCray was diagnosed with chronic pain, which was documented in his ACJ medical records.

72. In January 2020, McCray repeatedly told ACJ staff that his pain and infection in his foot were getting worse. He also told Defendants Dr. Stechshulte and Dr. Park that his pain management needs were not being met.

73. On information and belief, Defendants Dr. Stechshulte and Dr. Park knew McCray's pain medications and dosages defied medical standards and were inadequate to alleviate his pain, but they deliberately chose not to prescribe him standard pain medications that were available.

74. As a result, McCray suffered excruciating pain that it caused him to fall or lose control of his bladder and urinate on himself. Additionally, McCray's pain often prevented or limited him from retrieving meal trays, cleaning his cell, showering, and recreating, caused loss of appetite, and substantially increased the risk of delaying his wound from healing and

¹⁵ *Id.*

increasing his risk of amputation.

ACJ Failed to Provide McCray Adequate Nutrition

75. The BOP guidelines state “that nutrition is an important aspect of a comprehensive care plan for treatment of wounds” because “[a]dequate calories, protein, fluids, vitamins, and minerals are required by the body to maintain tissue integrity, to prevent breakdown, and to support the body’s natural healing processes.”¹⁶

76. The BOP guidelines state “[n]utrition deficiencies may contribute to delayed wound healing, and assessment of nutrition status should be performed in all chronic wound patients who are not meeting healing goals after four weeks of basic wound care interventions.”¹⁷

77. The BOP guidelines recommend providers have a registered dietician assess the patient’s nutritional needs and ensure that the patient is provided with additional food or nutritional supplements as recommended.

78. Defendants Dr. Stechshulte, Dr. Park, and Kelly failed to provide or ensure McCray received adequate nutrition.

79. On information and belief, Defendants Dr. Stechshulte and Dr. Park did not do a basic or comprehensive assessment of McCray’s nutritional needs, contravening medical standards, and Defendants Dr. Stechshulte and Dr. Park knew their contraventions were substantially likely to delay healing of McCray’s open wound and put him at a substantial risk of harm.

80. On information and belief, Defendants Dr. Stechshulte and Dr. Park knew that

¹⁶ *Id.*

¹⁷ *Id.*

the meager nutritional supplements they did prescribe, McCray rarely received them. Yet they failed to take corrective action.

81. On information and belief, Defendant Kelly knew that McCray was not receiving his boost nutritional supplement as prescribed but failed to take any corrective action.

82. As a result, McCray lost over 20lbs in less than 6 months.

83. Defendants Dr. Stechshulte and Dr. Park knew that McCray's malnutrition was in part due to his pain and being unable to retrieve his meal trays. Despite this knowledge, Defendants did not accommodate McCray such as bring him a meal tray when he could not retrieve it himself.

ACJ Denied McCray Housing Accommodations

84. ACJ's MHU, at all relevant times, provided housing for patients with serious medical needs. The MHU was specifically designed for treating patients with frequent wound care needs. Because the MHU had healthcare staff on duty 24/7 and physicians conducted daily rounds, ACJ was able to ensure that infirm or disabled patients were closely monitored, their medical conditions were assessed daily, and they received immediate medical treatment if their medical condition worsened. Patients were kept in large handicap accessible rooms and were permitted to use their assistive devices. Patients prescribed physical therapy would have it in their rooms.

85. In September 2019, Defendant Williams helped establish criteria for individuals who should be housed on MHU: (1) anyone with an assistive/ambulatory device (crutches, walker, cane, wheelchair); (2) someone with frequent wound care orders; and (3) diabetic patients. At all relevant times, McCray's serious medical needs for assistive devices and daily wound care treatment satisfied two out of the three criteria for housing a patient on the MHU.

86. On information and belief, the MHU had several unoccupied rooms available every month from September 2019 to July 2020.

87. The MHU, at all relevant times, was the only housing unit in ACJ that permitted patients to be 100% non-weight bearing, use their assistive devices, and provided constant monitoring and daily treatment of wounds with immediate access to medical staff, supplies, and sterile treatment rooms for applying wound care dressings.

88. ACJ healthcare providers were authorized to place patients on the MHU. Defendants Williams overrode the recommendations of ACJ doctors, including those by Defendants Dr. Stechshulte and Dr. Park, and outside doctors to house McCray on the MHU due to his serious medical needs.

89. On March 24, 2020, McCray was transferred to pod 8E, a segregated housing pod, placed on RHU/DHU status, and subjected to conditions of solitary confinement after Internal Affairs officers confiscated a note by McCray, which they confirmed was innocuous and did not concern illicit activity.

90. Although there were no criminal or disciplinary charges filed against McCray, Defendant Williams kept McCray in solitary confinement on 8E for 15 days. During that time, ACJ staff refused McCray's requests to be kept in a handicap cell, which was available. ACJ staff confiscated McCray's orthotic shoe and AFO brace, preventing him from showering or recreating regularly. McCray did not receive daily wound care as prescribed by his outside doctor. The denial of his assistive devices and medical care caused his foot condition to deteriorate, hastened his infection, and caused him to experience severe pain and discomfort.

91. Defendant Williams had the authority to permit McCray to be on disciplinary confinement status in the MHU, but she chose not to exercise her authority despite McCray's

requests to be moved there and in contravention of McCray's outside doctor's orders. Similarly, Defendants Dr. Stechshulte and Dr. Park failed to ensure McCray received sufficient medical care and accommodations on 8E.

92. Defendants Williams, Dr. Stechshulte, and Dr. Park were aware that McCray would not have readily available access to medical staff or treatment on 8E, and his foot condition would not be monitored by medical professionals daily, and that McCray would be denied his prescribed assistive devices while housed on 8E and in his cell resulting in physical injuries and preventing McCray from participating in the jail's programs and services. These substantial risks of harm to McCray were foreseeable and preventable and unfortunately came to fruition. For example, on April 2, 2020, after his cane became caught on a doorframe, McCray lost his balance and fell because ACJ had confiscated his orthotic shoe and AFO brace.

93. On April 9, 2020, McCray was moved to pod 3E but was denied a handicap accessible cell that was available. McCray's housing on 3E lacked access to sufficient medical care and denied him accommodations. ACJ staff denied or severely restricted McCray's use of his prescribed assistive devices such as his orthotic shoe, AFO brace, cane, which prevented him from participating in ACJ programs and services such as recreation, showers, cell cleaning, and exacerbated his foot wound and pain.

94. On April 10, 2020, McCray was washing his hands in his sink when he fell because he was unable to maintain his balance without his orthotic shoe, which had been confiscated by ACJ staff.

95. McCray had to resort to hitting the emergency button to get medical treatment because ACJ officers routinely denied his requests for medical treatment, wound care, or a pain medications.

96. In May 2020, Sara McClung, a medical assistant, administered McCray's wound care in his cell several times. While McClung was changing McCray's dressings, she noticed McCray's wound was severely infected, swollen, and emitted a putrid odor. On information and belief, McClung told Defendants Dr. Stechshulte and Dr. Park that McCray's foot infection and pain were getting worse and described his symptoms.

97. Defendants Dr. Stechshulte and Dr. Park still did not prescribe McCray any antibiotics at this time.

98. On May 22, 2020, x-rays of McCray's right foot confirmed that he had osteomyelitis in his calcaneus heel bone.

99. On May 25, 2020, ACJ healthcare provider confirmed McCray's heel had an ulcerous open wound consistent with osteomyelitis.

100. On May 26, 2020, ACJ diagnosed McCray with "Chronic osteomyelitis w draining sinus, right ankle and foot" and an "open wound of [right] foot", according to McCray's medical records. McCray's osteomyelitis diagnosis was also confirmed by an outside doctor. However, Defendants Dr. Stechshulte and Dr. Park did not inform McCray of his osteomyelitis diagnosis until weeks later.

ACJ Denied McCray Standard Antibiotic Treatment

101. The BOP guidelines recommend prescribing antibiotics in conjunction with other measures to treat osteomyelitis, and are especially warranted when the patient also has cellulitis.¹⁸ Antibiotics must be administered at the proper dosage and for the standard full course of 14 days to be effective.

¹⁸ Prevention and Management of Acute and Chronic Wounds Federal Bureau of Prisons Clinical Practice Guidelines (2014), <https://www.bop.gov/resources/pdfs/wounds.pdf>.

102. Defendants Dr. Stechshulte and Dr. Park were responsible for McCray's antibiotic treatments. They prescribed him antibiotics directly or through ACJ healthcare staff, who they supervised. Defendants Dr. Stechshulte and Dr. Park knowingly disregarded medical standards by prescribing McCray antibiotics for a dosage and duration that were too short to be effective, often not longer than 2-4 days.

103. Defendants Dr. Stechshulte and Dr. Park administered antibiotics to McCray, directly or through subordinate ACJ healthcare staff, that they knew he could not tolerate due to him having only one kidney.

104. On May 28, 2020, McCray was transferred to the MHU in order "to be more aggressively treated for his foot wound and we could insure [sic] that medications were being given appropriately." However, McCray was in the MHU for only one day.

105. On May 29, 2020, culture result of McCray's foot found he was infected with staphylococcus aureus, a dangerous and potentially lethal bacteria.

106. That same day, McCray was accused of a non-violent rule violation. He was transferred to pod 8E put on RHU/DHU status and kept in solitary confinement for 20 days, despite the severity of his rapidly worsening foot condition, his staph infection, and that housing on 8E lacked the necessary accommodations that his outside doctor had prescribed.

107. At the time of McCray's transfer to 8E, there was an incarcerated person housed in MHU who was permitted to stay there even though he was on RHU/DHU status, had a disciplinary disposition rendered against, and he was serving out his disciplinary sentence.

108. There was sufficient bed capacity to house McCray on the MHU.

109. Defendant Williams refused to exercise her authority to keep McCray in the

infirmary where he would have received immediate medical care for his deteriorating condition.

110. On information and belief, McCray did not receive antibiotics until he was transferred to 8E, on May 29, which was nearly a week after healthcare staff diagnosed him with osteomyelitis.

111. Around May 29, 2020, Defendants Dr. Stechshulte and Dr. Park prescribed McCray Moxifloxacin HCl, an antibiotic, for only four days instead of the standard 14 days. McCray had a severe adverse reaction to the medication, including excessive vomiting.

112. McCray did not receive wound care for the first two days on 8E. A nurse brought supplies for McCray to do wound care on himself. McCray told healthcare providers that he was unable to do his wound care in his dirty cell without risking infecting his open nonhealing wound. McCray also told healthcare providers that he was in too much pain to change his dressing and apply medicated solution. Defendant Kelly was notified the McCray was not receiving his prescribed daily wound care.

113. On May 29-30, 2020, Defendants Dr. Stechshulte and Dr. Park prescribed McCray Clindamycin HCl, an antibiotic, for only two days, instead of the standard 14 days, which was too short a course to be effective.

114. Between May 31 and Jun 2, 2020, Defendants Dr. Stechshulte and Dr. Park prescribed McCray Vancomycin HCl, a medicine used to treat stomach issues, not foot infections. This 3-day course of antibiotics was not administered for the standard 14 days, and thus was too short to be effective.

ACJ Delayed Specialists from Timely Diagnosing & Treating McCray

115. During this time, Defendants Williams, Dr. Stechshulte, and Dr. Park delayed McCray's diagnosis and treatment of osteomyelitis by specialists/doctors and critical diagnostic imaging, resulting in his bone infection spreading and causing significant physical injuries, which were preventable.

116. Defendant Williams, Dr. Stechshulte, and Dr. Park denied outside specialists/doctors from examining, monitoring, or treating McCray onsite at ACJ, and on several occasions, delayed McCray's timely examination by specialists/doctors offsite.

117. On February 24, 2020, McCray's podiatry specialist, referred McCray to Allegheny General Hospital (AGH) Wound Care Center for "evaluation and treatment of chronic right heel ulcer." Defendant Williams, Dr. Stechshulte, and Dr. Park prevented timely diagnosis and treatment of McCray's open non-healing wound on his right foot by delaying his examination by a wound care specialist until June 2020.

118. Dr. Elisa Taffe, at all relevant times, was the medical director of the Advanced Wound Healing and Lymphedema Center at AHN Allegheny General Hospital. McCray was referred to Dr. Taffe for wound care treatment.

119. Defendant Williams denied Dr. Taffe from examining McCray onsite at ACJ around June 3, 2020, thereby delaying his diagnoses and treatment. From June to August 2020, Defendant Williams further delayed and denied McCray's wound care treatment by denying Dr. Taffe from monitoring McCray's foot wound at the jail or at AGH.

120. Based on McCray's medical records and reports from outside doctors, Dr. Taffe ordered McCray "to be 100% NON WEIGHT BEARING" due to the severity of his foot wound and that ACJ provide McCray with accommodations to effectuate the medical order.

121. On June 4, 2020, Defendant Dr. Park documented that the medical care McCray “was receiving was insufficient.”

122. Later, Dr. Taffe left a voicemail message for Defendant Dr. Park. Dr. Taffe explained that McCray was suffering from an infection, that defendants’ current antibiotic regiment was inadequate, and instructed Defendant Dr. Park prescribe McCray a full course of antibiotics. Defendants Dr. Stechshulte and Dr. Park did not comply with Dr. Taffe’s order.

123. On June 8-10, 2020, Defendants prescribed McCray Clindamycin HCl, an antibiotic, for only two days instead of the 14 days, which was too short a course to be effective.

124. On June 16, 2020, Dr. Taffe attempted to examine McCray remotely using a video conferencing feature on Defendant Dr. Park’s cell phone. Dr. Taffe’s examination, which lasted no more than 5 minutes, was impeded because Defendant Dr. Park had difficulty operating the video camera on her phone; at times the video was blurry or not focused on McCray’s foot wound. Dr. Taffe found it “very difficult to assess” McCray’s mobility and needs for assistive device footwear.

125. Dr. Taffe ordered that McCray “be evaluated for appropriate footwear to deal with his limited ankle mobility and foot drop.”

126. Dr. Taffe informed Defendant Dr. Park that McCray was “at a high risk of further complications and developing osteomyelitis” if he was not permitted to use proper assistive devices.

127. On June 16, 2020, McCray was released from RHU/DHU on 8E. Defendant Williams denied McCray’s request to be housed on MHU, even though it was the only housing unit that was equipped to comply with Dr. Taffe’s non-weightbearing medical order for McCray and had several unoccupied rooms available. Instead, Defendant Williams housed McCray on

pod 3B, a general population housing pod, which lacked access to sufficient medical care and where he was denied accommodations.

128. Although McCray was housed in a handicap accessible cell, ACJ continued to deny or severely limit McCray's use of his assistive devices. Often, ACJ staff prohibited McCray from using his wheelchair or crutches in his cell, forcing him to hop on one foot or crawl to move about his cell. On June 29, 2020, ACJ staff confiscated McCray's crutches.

129. ACJ staff frequently failed to provide McCray wound care while he was housed on 3B.

130. In June, McCray was denied showers for several days at a time, causing the bacteria in his infected foot to fester, and preventing him from completing daily wound care. He was denied access to a handicap accessible shower, forcing him to stand on his infected foot, causing him pain and discomfort, making it difficult to maintain balance, and placing him at substantial risk of falling.

131. In June, McCray told Defendant Williams and a healthcare provider that he was not receiving daily wound care, showers, or recreation in general population.

132. On June 11, 2020, McCray's right toenail fell off—a clear indicator that McCray's foot condition was deteriorating.

133. In June 2020, McCray fell due to debilitating pain from his severely infected foot wound.

134. Maria, a physician's assistant, examined McCray's foot and noticed his heel's skin appeared dark black-green and reeked of a foul odor, which were symptoms consistent with an infection.

135. Maria recommended Defendant Park prescribe McCray a different course of antibiotics because his current antibiotic regiment was not treating his foot infection.

136. In June, McCray was in agony from his foot wound. ACJ correctional staff denied McCray's requests for medical care, so he hit the medical emergency button in his cell. Minutes later, several members of SERT, ACJ's tactical corrections squad, armed with weapons, responded to McCray's request for medical care. ACJ did not dispatch a healthcare provider to assess McCray's medical emergency.

137. On June 23, 2020, McCray was in such dire need of medical care, he told a staff member that he was suicidal and going to kill himself in order to be moved to pod 5C, housing for acutely suicidal individuals. On 5C, Thomas Patts, a physician's assistant, spoke to McCray and examined his wound. Patts practiced in orthopedics for 14 years. He told McCray that his foot was extremely infected and that it would likely need to be amputated.

138. Later that day, McCray was moved to the MHU where he resided until October 10, 2020.

139. On July 4, 2020, a wound culture of McCray's foot found he was septic and infected with extremely harmful streptococcus.

140. Defendants Dr. Stechshulte and Dr. Park prescribed McCray Augmentin, which is not recommended for people with a compromised kidney condition like McCray's, and his blood chemistry showed problems with his kidneys and/or pancreas. McCray suffered an adverse reaction to the Augmentin.

McCray's Spreading, Life-threatening Osteomyelitis
Necessitated Amputating His Right Leg

141. By July 6, 2020, x-rays clearly showed early osteomyelitis on right calcaneus, which a specialist confirmed.



X-ray of osteomyelitis in McCray's right foot

142. On July 17, 2020, an orthopedic surgeon examined McCray's foot wound. He told McCray that he would likely need surgery to remove parts of his infected foot. He ordered McCray get an MRI and an ultrasound immediately, so that the surgeon could determine the extent of his osteomyelitis and prevent further destruction of the bone and afflicted parts. McCray told Defendant Williams about the orthopedic surgeon's assessment and medical order.

143. Disregarding the urgency of McCray's foot condition and spreading osteomyelitis, Defendants Williams, Dr. Stechshulte and Dr. Park, on information and belief, failed to timely approve or schedule McCray's consultations and follow-up exams with outside experts and obtain his MRI, despite knowing they were needed to properly treat McCray and prevent further damage from the osteomyelitis.

144. On July 5-14 and 17-18, 2020, Defendants Dr. Stechshulte and Dr. Park prescribed McCray antibiotics, but his treatment course was too short, and the prescription dosage was too weak to treat his osteomyelitis, and both doctors were aware of this because the standard duration for a course of antibiotics is common medical knowledge and therefore obvious.

145. On August 1, 2020, McCray was hospitalized at AGH for excruciating pain in his right foot up to his knee and he was experiencing chills. Dr. Tarrell Coley diagnosed McCray with acute osteomyelitis of right calcaneus.

146. In August 2020, Defendants Dr. Stechshulte and Dr. Park discontinued or failed to prescribe McCray antibiotics despite knowing that the medical standard recommended antibiotics for individuals like McCray who had been diagnosed with osteomyelitis and had cellulitis.¹⁹ Nor had McCray's outside doctors ordered that his antibiotics be discontinued.

147. Defendants Dr. Stechshulte and Dr. Park told McCray he did not need antibiotics because he was eventually going to have surgery to remove part or all of his calcaneus.

148. On August 17, 2020, an MRI of McCray's right leg and foot showed he had suffered significant harm, including osteomyelitis that had infected most of his calcaneus and possibly part of his talis; McCray also had severe posttraumatic osteoarthritis at the tibiotalar joint with muscular signal changes consistent with denervation.

149. The MRI confirmed that surgery was necessary to stop the spreading osteomyelitis. McCray asked for a second opinion. Defendant Williams told McCray that if he

¹⁹ Prevention and Management of Acute and Chronic Wounds Federal Bureau of Prisons Clinical Practice Guidelines (2014), available at <https://www.bop.gov/resources/pdfs/wounds.pdf>.

wanted one, then he would have to pay for the appointment out-of-pocket. Eventually, ACJ referred McCray to another doctor, who recommended he have the surgery.

150. Defendants Dr. Stechshulte and Dr. Park told McCray that it would be easier for him to walk if he got an amputation.

151. On September 4, 2020, an orthopedic surgeon stated that a “right BKA [below knee amputation] is recommended for multiple reasons including nonhealing wound right heel with osteomyelitis of calcaneus” along with osteoarthrosis [sic] and ligament issues.” A specialist confirmed McCray’s bone infection was dire and recommended that he “have a below-the-knee amputation, to prevent “continued spread of osteomyelitis, sepsis, and death.””

152. An orthopedic surgeon determined that McCray’s infected nonhealing foot wound caused the osteomyelitis and other physical injuries that required amputation of McCray’s right leg.

153. On September 10, 2020, McCray had a right below the knee amputation at AGH.



McCray after his right below the knee amputation

154. On September 16, 2020, McCray was discharged from AGH and returned to ACJ.

155. McCray was confined at ACJ until October 2020. During that time, Defendants Stechshulte and Park did not provide McCray with adequate pain management.

156. McCray was prescribed physical therapy but did not receive it regularly.

157. In September 2020, McCray pled to a misdemeanor charge so he could be released from ACJ and receive adequate medical treatment.

158. Since September 24, 2020, McCray has experienced ongoing knee pain, phantom pain, discomfort, and infections due to the amputation.

Defendant Williams Interfered with McCray's Medical Care & Subjected Him to Inhumane Conditions

159. Defendant Laura Williams, at all relevant times, was the Chief Deputy Warden of Healthcare Services for ACJ. Prior to her serving as Chief Deputy Warden, Defendant Williams served as a drug and alcohol counselor before being promoted to Deputy Health Services Administrator. She had no training, experience or qualifications for prescribing medications or making medical diagnoses, administering wound care, and had no experience in the medical care field. Nor did she have the training, experience or qualifications for overseeing the operations of the health care department.

160. Defendant Williams, at all relevant times, was responsible for authorizing, promulgating, condoning, acquiescing in, and implementing policies and practices affecting the provision of medical services at ACJ including but not limited to permitting or authorizing correctional staff to confiscate assistive devices, which were prescribed and deemed medically necessary; delaying diagnosis or treatment by denying outside doctors from examining persons with serious infectious wounds onsite at ACJ or offsite at the doctor's medical facility; failing to

approve timely consultations and follow-up exams with outside doctors; and failing to advocate and take steps to remove individuals from solitary confinement or housing conditions that lacked access to sufficient medical care or denied his accommodations.

161. Defendant Williams knew these policies were injurious to McCray by denying him medical treatment or accommodations for his serious medical needs and by subjecting him to inhumane conditions of confinement.

162. Defendant Williams knew outside doctors had prescribed McCray assistive devices and they were medically necessary to accommodate his physical disability and protect the open infected or inflamed wound on his foot.

163. Defendant Williams knew McCray fell more than half a dozen times due to ACJ staff denying or severely limiting McCray's use of his prescribed assistive devices. Defendant also knew that denying McCray's assistive devices caused him pain, hastened his infection, exacerbated his wound, and prevented him from participating in ACJ's programs, benefits, and services.

164. Despite knowing that denying McCray's assistive devices would put him at a substantial risk of harm, endangering his health and safety, Defendant Williams did not instruct or train ACJ correctional staff to allow McCray to use his assistive devices as prescribed.

165. At all relevant times, the decision to house an individual on the MHU was a medical decision. Defendant Dr. Stechshulte told McCray that Defendant Williams overrode recommendations by him and outside doctors to house McCray on the MHU where he would be 100% non-weightbearing, permitted to use his assistive devices, and receive daily wound care as his outside doctor prescribed, and monitoring of his open non-healing foot wound.

166. Defendant Dr. Stechshulte told McCray that Defendant Williams denied outside doctors from examining McCray onsite at ACJ or at the doctor's medical facility.

167. Defendant Williams had actual knowledge of the severity of McCray's progressively worsening foot condition, his need for assistive devices and medical care and other accommodations from ACJ staff, outside doctors, and McCray. McCray informed Defendant Williams frequently from speaking with her directly and through grievances and inmate request forms, to which Defendant responded.

168. Despite her actual knowledge of McCray's medical issues, Defendant Williams either assigned McCray to a segregated housing or housing in general population, where his assistive devices and other accommodations were denied or she refused to change that assignment once she became aware of McCray's medical condition, the denial of his assistive devices, and conditions exposing him to a substantial risk of harm.

169. As a result of being assigned to the segregated housing unit and housing in general population that lacked access to sufficient medical care and denied his accommodations, McCray suffered agonizing pain every time he had to walk in his cell or on the pod for medical treatment, for showers, for recreation, or for any purpose which required him to walk and put pressure on his open non-healing wound. The lack of assistive devices exacerbated McCray's wound and hastened his infection.

Causes of Action

COUNT I: Americans with Disabilities Act, 42 U.S.C. §12132- Against Defendant Allegheny County

170. Plaintiff hereby incorporates by reference the allegations contained in the above paragraphs 1 through 169 of this Complaint as if fully set forth herein.

171. Defendant Allegheny County is a public entity within the meaning of 42 U.S.C.

§12131.

172. Plaintiff is a qualified individual with disabilities within the meaning of Title II of the Americans with Disabilities Act (“ADA”).

173. Defendant Allegheny County, and its employees, knew that Plaintiff was an individual with disabilities covered by the protections of the ADA.

174. Despite this knowledge, Allegheny County and its employees failed to provide Plaintiff with necessary reasonable accommodations for his disabilities.

175. Such reasonable accommodations for Plaintiff’s physical disabilities include but are not limited to: the provision of assistive devices; provision of a handicap accessible cell; provision of housing allowing Plaintiff to be 100% non-weightbearing; housing in the MHU, including when on RHU/DHU status; provision of a shower chair; and training for ACJ staff on recognizing when a person has a physical disability and instructing staff to not confiscate or limit individual’s ability to use their assistive devices.

176. Allegheny County acted with deliberate indifference to the risk of violating Plaintiff’s federally protected rights under the Americans With Disabilities Act by permitting, authorizing, acquiescing in, and otherwise enabling staff to confiscate or limit McCray’s access to his prescribed assistive devices.

177. Defendant Allegheny County further discriminated against Plaintiff by failing to provide him a handicap shower stall or shower seat.

178. Allegheny County and its employees further discriminated against Plaintiff by failing to provide him meals and medication when his pain or discomfort prevented him from retrieving them unassisted.

179. As a direct and proximate result of the aforementioned acts, including but not

limited to Defendant Allegheny County's deliberate indifference to the violations of Plaintiff's federally protected rights, Plaintiff has suffered loss of his right leg and continues to suffer great pain, and mental and emotional distress.

COUNT II: Defendants' Deliberate Indifference to Plaintiff's Serious Need for Medical Care Violates the Fourteenth Amendment to the U.S. Constitution – Against Allegheny County and Against Defendants Williams, Dr. Stechshulte, Dr. Park, Austin, and Kelly in their Individual Capacities

180. Plaintiff hereby incorporates by reference the allegations contained in the above paragraphs 1 through 169 of this Complaint as if fully set forth herein.

181. At all relevant times, Defendant Williams was responsible for authorizing, promulgating, condoning, acquiescing in, and implementing policies and practices affecting the provision of medical services at ACJ including but not limited to permitting or authorizing correctional staff to confiscate assistive devices, which were prescribed and deemed medically necessary; delaying diagnosis or treatment by denying outside doctors from examining persons with serious infectious wounds onsite at ACJ or offsite at the doctor's clinic; failing to approve timely consultations and follow-up exams with outside doctors; failing to advocate and take steps to remove individuals from solitary confinement or housing conditions that lacked sufficient access to medical care or denied accommodations. Defendant Williams knew these policies were injurious to McCray by denying him medical treatment or accommodations for his serious medical needs.

182. Defendant Williams knew outside doctors had prescribed McCray assistive devices and they were medically necessary to accommodate his physical disability and protect his nonhealing open neuropathic wound on his foot. Defendant Williams knew McCray fell more than half a dozen times because ACJ staff denied or severely limited McCray's use of his

prescribed assistive devices. Defendant also knew that denying McCray's assistive devices caused him pain, hastened his infection, worsened his wound, and prevented him from participating in ACJ's programs, benefits, and services. Despite knowing that denying McCray's assistive devices would deny him a serious medical need and put him at a substantial risk of harm, endangering his health and safety, Defendant Williams did not instruct or train ACJ correctional staff to permit McCray to use his assistive devices as prescribed.

183. Defendant Williams had actual knowledge of McCray's worsening foot condition and treatment issues, and the harm caused to McCray by deficient medical care and denial of accommodations, as a result of personal conversations with McCray, as well as from his healthcare providers at ACJ and outside doctors, and through the grievance process and his internal complaints.

184. Defendant Williams was deliberately indifferent to, and her acts and omissions were objectively unreasonable to, McCray's serious medical needs, which caused him unnecessary pain and suffering and physical injuries.

185. Defendants Dr. Stechshulte and Dr. Park had personal knowledge of the infection in McCray's foot wound and his excruciating pain, but they did not take the required steps to treat his serious medical condition by, among other acts and omissions:

- a. failing to prescribe or provide him with medically necessary assistive devices;
- b. failing to ensure or administer his daily wound care as medically indicated;
- c. failing to prescribe a medically appropriate course of antibiotics to control the infection in knowing and gross deviation from the applicable standard of care;
- d. failing to administer sufficient pain medication;
- e. failing to ensure or administer adequate nutrition;

f. failing to ensure McCray was housed where he could be 100% non-weightbearing as prescribed by outside doctors.

186. Dr. Stechshulte and Dr. Park's acts and omissions were objectively unreasonable and constituted deliberate indifference to McCray's serious medical needs, which caused him unnecessary pain and suffering and physical injuries.

187. Defendant Austin was responsible, at all relevant times, for administering or ensuring that McCray received monthly debridement treatments as prescribed by outside doctors.

188. On information and belief, in February 2020, Defendant Austin ceased administering debridement treatment for McCray's wound, and she failed to provide or ensure McCray received debridement treatment for the remainder of his confinement at ACJ.

189. Defendant Austin did so despite knowing that McCray had a serious medical need for his prescribed debridement treatments, which were critical to prevent inflammation, infection, and unnecessary pain from his non-healing open foot wound, and Defendant Austin did so, despite knowing that the failure to administer or ensure McCray's debridement treatment placed McCray at a substantial risk of harm to his health.

190. Defendant Austin's acts and omissions were objectively unreasonable and constituted deliberate indifference to McCray's serious medical needs, which caused him unnecessary pain and suffering and physical injuries.

191. Defendant Jen Kelly was responsible at all relevant times for ensuring McCray received daily wound care, debridement treatments, and nutritional supplements as prescribed.

192. Defendant Kelly knew McCray had a serious medical need for his prescribed wound care, debridement treatments, and nutritional supplements and were critical to prevent inflammation, infection, and unnecessary pain from his non-healing open foot wound, and

promote healing, and Defendant Kelly knew that the failure to ensure McCray received his prescribed wound care, debridement treatments, and nutritional supplements placed McCray at a substantial risk of harm to his health.

193. Defendant Kelly knew from ACJ staff members, including healthcare providers, and from McCray that he did not receive his prescribed wound care, debridement treatments, or nutritional supplements numerous times during his confinement at ACJ from 2019 to 2020.

194. Defendant Kelly's acts and omissions were objectively unreasonable and constituted deliberate indifference to McCray's serious medical needs, which caused him unnecessary pain and suffering and physical injuries.

COUNT III: Malpractice-Against Defendants Dr. Stechshulte, Dr. Park, Kelly, and Austin

195. Plaintiff hereby incorporates by reference the allegations contained in the above paragraphs 1 through 169 of this Complaint as if fully set forth herein.

196. At all relevant times, Defendants Dr. Stechshulte and Dr. Park were doctors and had a duty to provide standard medical care to McCray, their patient, while he was incarcerated in ACJ.

197. Defendants Dr. Stechshulte and Dr. Park breached their duty to McCray by failing to prescribe him antibiotics at the proper dosage, for the standard full course treatment of 14 days, and an antibiotic that McCray could tolerate with his kidney condition; failing to prescribe McCray with standard pain medication while he was suffering from excruciating pain from his foot wound and infections and after McCray's amputation; failing to ensure or provide McCray with daily wound care in a sterile environment, as prescribed by an outside doctor; failing to ensure that he received adequate nutrition; delaying or impeding diagnosis and treatment by

outside specialist; failing to provide McCray with accommodations such as housing in MHU and assistive devices to ensure McCray was 100% non-weightbearing as ordered by a specialist, among other negligent acts or omissions

198. Defendants Dr. Stechshulte and Dr. Park' breach increased McCray's risk of harm or caused him damages, including significant and preventable pain, suffering, and discomfort; and preventable physical injuries including eroded bones, sepsis, osteomyelitis and right below the knee amputation.

199. Defendant Austin was, at all relevant times, a licensed medical professional, and she had a duty to provide standard medical care to McCray, her patient, while he was incarcerated in ACJ.

200. Defendant Austin had a duty of care to administer or ensure McCray received monthly debridement treatment for his foot wound, as prescribed by his outside doctors.

201. Defendant Austin breached her duty of care by failing to administer or ensure that McCray received debridement treatment from February to September 2020.

202. Defendant Austin's breach increased McCray's risk of harm or caused him damages, including significant and preventable pain, suffering, and discomfort; and preventable physical injuries including eroded bones, sepsis, osteomyelitis and right below the knee amputation.

203. At all relevant times, Defendant Jen Kelly was a registered nurse and had a duty to provide standard medical care to McCray, her patient, while he was incarcerated in ACJ.

204. Defendant Kelly had a duty of care to ensure McCray received daily wound care, debridement treatments, and nutritional supplements as prescribed by his outside doctors.

205. Defendant Kelly knew McCray needed his prescribed wound care, debridement treatments, and nutritional supplements to prevent inflammation, infection, and unnecessary pain from his non-healing open foot wound, and to promote healing, and Defendant Kelly knew that the failure to ensure McCray received his prescribed wound care, debridement treatments, and nutritional supplements would cause him harm.

206. Defendant Kelly breached her duty of care to oversee and ensure proper of administration of McCray's wound care and debridement treatments as evidenced by him failing to receive his prescribed wound care and debridement treatments numerous times during his confinement at ACJ from 2019 to 2020. Defendant Kelly breached her duty of care to oversee and ensure McCray's received nutritional supplements as evidence by McCray's significant weight loss.

207. Defendant Kelly knew of these failures, but she did not redress the deficient wound care, debridement treatments, or nutritional supplements. Defendant Kelly should have provided additional training to staff on proper wound care procedures, assigned more staff or different staff members to administer McCray's wound care and debridement treatments, followed up with McCray to confirm he received his nutritional supplements; implemented a process to ensure compliance, and ensured McCray's wound care and debridement treatment were done in a sterile environment, among other acts.

208. Defendant Kelly's breach increased McCray's risk of harm or caused him damages, including significant and preventable pain, suffering, and discomfort; and preventable physical injuries including eroded bones, sepsis, osteomyelitis and right below the knee amputation.

PRAYER FOR RELIEF

WHEREFORE, Plaintiff requests that the Court grant the following relief:

- A. Award Plaintiff compensatory and punitive damages on all claims;
- B. Grant attorneys' fees and costs;
- C. Such other relief as the Court deems just and proper.

JURY DEMAND

Plaintiff requests a trial by jury with respect to all matters and issues properly triable by a jury.

Respectfully submitted,

/s/Jaclyn Kurin*

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