

UNITED STATES DISTRICT COURT
MIDDLE DISTRICT OF FLORIDA
JACKSONVILLE DIVISION

WILLIAM LEE THOMPSON,

Plaintiff,

v.

RICHARD D. COMERFORD, in his official capacity as Secretary of the Florida Department of Corrections; RANDALL L. POLK, in his official capacity as Warden of Florida State Prison, RON DESANTIS, in his official capacity as Governor of Florida; JAMES UTHMEIER, in his official capacity as Attorney General of Florida; CENTURION OF FLORIDA, LLC, a Florida limited liability company; CENTURION HEALTH SERVICES, LLC, a Florida limited liability company; ANGEL C. ACEVEDO, MD, an individual; JOSHUA BROWN, RN, an individual; DEENA CRAWFORD, RN, an individual; SELENA CROFT, RN, an individual; YAZZEL TORRES, RN, an individual; AMBER OSORIO, APRN, an individual,

Defendants.

Case No. 3:26-cv-2574

**DEATH-PENALTY CASE
EXECUTION SCHEDULED
OCTOBER 13, 2026, AT 6:00
P.M.**

JURY TRIAL DEMANDED

**COMPLAINT FOR DAMAGES AND DECLARATORY AND
INJUNCTIVE RELIEF UNDER 42 U.S.C. § 1983**

Under 42 U.S.C. § 1983, Plaintiff WILLIAM LEE THOMPSON, by and through undersigned counsel, brings this emergency civil-rights action against Defendants RICHARD D. COMERFORD, in his official capacity as Secretary of the Florida Department of Corrections (FDOC) (“**Secretary Comerford**”), RANDALL L. POLK, in his official capacity as Warden of Florida State Prison (“**Warden Polk**”), RON DESANTIS, in his official capacity as Governor of Florida (“**Gov. DeSantis**”), JAMES UTHMEIER, in his official capacity as Attorney General of Florida (“**AG Uthmeier**”) (collectively, “the “**State**”), CENTURION OF FLORIDA, LLC, a Florida limited liability company, CENTURION HEALTH SERVICES, LLC, a Florida limited liability company,¹ ANGEL C. ACEVEDO, MD, an individual (“**Dr. Acevedo**”), JOSHUA BROWN, RN, an individual, DEENA CRAWFORD, RN, an individual, SELENA CROFT, RN, an individual, YAZZEL TORRES, RN, an individual, and AMBER OSORIO, an individual (all collectively, “**Defendants**”), and alleges as follows:

INTRODUCTION

1. This is an emergency action to stop the State’s ongoing denial of the constitutional right to adequate medical care to a gravely ill, 74-year-old

¹ Centurion of Florida, LLC and Centurion Health Services, LLC are referenced collectively as “**Centurion**.”

death-row prisoner. *See Farmer v. Brennan*, 511 U.S. 825, 834, 837 (1994).

2. Mr. Thompson is currently being housed on death watch at Florida State Prison (FSP). The State has scheduled his execution for October 13, 2026. A true and correct copy of the death warrant Gov. DeSantis signed for Mr. Thompson on September 11 is attached as **Exhibit 1**.
3. Since August, Mr. Thompson has been in and out of Florida hospitals being treated for several severe medical conditions, including: sepsis, chronic kidney disease, severe fatty liver disease, acute systolic congestive heart failure, acute pulmonary emboli in multiple lobes, multifocal pneumonia, severe malnutrition, multiple decubitus ulcers (including an end-stage sacral ulcer), and dementia. (*See generally* Ouaou Aff.; Zivot Aff.; Howard Aff.; Benner Aff.; Lacy Aff.)²
4. In August, Mr. Thompson was found unresponsive in his cell at Union Correctional Institution (UCI) with a blood glucose level of 22, a blood

² A true and correct copy of the Affidavit of Robert H. Ouaou, Ph.D is attached as **Exhibit 2** and cited as “Ouaou Aff.” A true and correct copy of the Affidavit of Joel Zivot, M.D. in support of All Writs Petition for Transport to Hospital is attached as **Exhibit 3** and cited as “Zivot Aff.” A true and correct copy of the Affidavit of Charles Howard, MD, MMM is attached as **Exhibit 4** and cited as “Howard Aff.” A true and correct copy of the Affidavit of Alisha Benner, MD is attached as **Exhibit 5** and cited as “Benner Aff.” A true and correct copy of the Affidavit of Brittney Lacy, Esq. dated September 24, 2026, is attached as **Exhibit 6** and cited as “Lacy Aff.”

pressure of 55/31, and frothing at the mouth. (See Zivot Aff. ¶ 10.) He was taken to an outside hospital, where his condition was recorded as “Critical.” (Zivot Aff. ¶ 10.) He underwent abdominal surgery. As a result of the surgery, he requires use of a colostomy bag.

5. During transport back to UCI, Mr. Thompson slid out of his wheelchair and sustained a head injury that required staples. (Zivot Aff. ¶ 10.) Records indicate that his colostomy bag became detached during transport and he was covered in fecal matter.
6. Shortly after returning back to UCI, Mr. Thompson again required outside medical care and was taken to another hospital, UF Health Shands Hospital (“**UF Health**”), where he was treated for various conditions.
7. On September 10, Mr. Thompson was discharged from UF Health based on the hospital’s understanding that Mr. Thompson would return to the medical unit at UCI. (Ouaou Aff. 2.) At discharge, Mr. Thompson could not get up without assistance and required complete assistance with bathing, toileting, transferring, and continence. (See Zivot Aff. ¶ 11(m).) He also had abdominal staples, head staples, an open sacral ulcer, a Foley catheter, and colostomy and ileostomy appliances. (Zivot Aff. ¶ 11(g); Howard Aff. 5.) Discharge paperwork also indicated that he

needed ongoing monitoring and various follow-up tests. (*See* Zivot Aff. ¶ 12; *see also* Howard Aff. 4.)

8. The next day, AG Uthmeier sent a letter to Gov. DeSantis for purposes of scheduling his execution. (Ex. 1.) That same day, Gov. DeSantis signed Mr. Thompson's death warrant. (Ex. 1.)
9. Upon his death warrant being issued, FDOC transferred Mr. Thompson to be housed on death watch at FSP.
10. At FSP, Mr. Thompson has been on bedrest in his death watch cell.
11. Mr. Thompson is unable to sit upright for sustained periods, has exhibited labored breathing and speech, and has repeatedly exhibited signs of severe pain. (Ouaou Aff. 3; Lacy Aff. ¶¶ 9-10, 12.) He is cognitively impaired and unable to understand or describe his medical condition. (Ouaou Aff. 3; Benner Aff. ¶¶ 9-10, 13; *see also* Lacy Aff. ¶ 13.)
12. On or about September 15, neuropsychologist Dr. Ouaou visited Mr. Thompson at FSP and observed fluid that appeared to be blood secreting from staples in Mr. Thompson's head and determined that he was disoriented and too weak to move his extremities freely. (Ouaou Aff. 3; *see also* Lacy Aff. ¶¶ 8-9; Benner Aff. ¶ 11.)
13. While on death watch, FSP records indicate that medical personnel are rotating Mr. Thompson every two hours to relieve pressure on his sacral ulcer. However, FSP healthcare records from September 21 show that

- Mr. Thompson's sacral ulcer wound was worsening, had "slough present," had a "large amount of yellow discharge," and had a "foul odor."
14. Despite discharge orders from Mr. Thompson's most recent hospital stay identifying the need to weigh Mr. Thompson daily and daily bloodwork, FSP healthcare records show that FSP medical staff has only weighed Mr. Thompson once (on September 11), and drawn bloodwork for laboratory analysis only once (on September 17; reported September 18).
 15. There is no indication in the records provided that FSP is conducting the necessary electrolyte checks for his refeeding syndrome, or administering the medications on his discharge summary, including a blood thinner. Additionally, FSP has reduced his Lasix dose from 40 milligrams to 20 milligrams.
 16. Defendants know of Mr. Thompson's life-threatening conditions through the State's own records regarding Mr. Thompson's medical condition, his repeated hospitalizations while in FDOC custody, and institutional transfers by FDOC. Yet, Defendants continue to confine Mr. Thompson in a setting that cannot provide Mr. Thompson with adequate medical care. (Benner Aff. ¶ 14.)
 17. Defendants have proven unequipped, unable, and unwilling to adequately care for Mr. Thompson's critical medical needs.

18. Defendants have also demonstrated deliberate indifference to Mr. Thompson's serious medical conditions.
19. Mr. Thompson seeks an emergency temporary restraining order and preliminary injunction barring Defendants from denying Mr. Thompson the medical care he requires, requiring Defendants to transport him immediately to an inpatient medical facility—whether in FDOC if that facility can provide the necessary care, or to an outside hospital—that is capable of adequately treating his conditions. Plaintiff will file a separate motion for a temporary restraining order and preliminary injunction, supported by medical records, sworn expert evidence, and the other exhibits referenced in this Complaint. Mr. Thompson also seeks permanent injunctive and declaratory relief.
20. This action challenges the conditions of Mr. Thompson's confinement and Defendants' denial of adequate care for his current medical condition. It does *not* challenge the validity of his conviction or sentence and does not request any relief from his execution.

PARTIES

21. Plaintiff William Lee Thompson, FDOC No. 053779, is a 74-year-old man under a sentence of death. He is confined on death watch at FSP, located at 7819 N.W. 228th Street, Raiford, Florida 32026. *See Inmate Population Information Detail*, Fla. Dep't of Corrs.,

<https://pubapps.fdc.myflorida.com/offenderSearch/detail.aspx?Page=Detail&DCNumber=053779&TypeSearch=AI> (last visited Sept. 19, 2026).

Defendants have scheduled Mr. Thompson's execution for October 13. (Ex. 1.)

22. Secretary Comerford is the Secretary of FDOC. He is responsible for FDOC's operation and for the custody, safety, and medical care of prisoners in FDOC custody, including Mr. Thompson. He is sued in his official capacity for prospective declaratory and injunctive relief.
23. Warden Polk is the Warden of FSP. He is directly responsible for FSP's operation, conditions of confinement, and provision of medical care, including on death watch. He is sued in his official capacity for prospective declaratory and injunctive relief.
24. Gov. DeSantis is the Governor of the State of Florida. He is solely responsible for scheduling executions in the State of Florida, ultimately responsible for overseeing executions, and ultimately responsible for the operations of FDOC and other State agencies related to Mr. Thompson's medical care.
25. AG Uthmeier is the Attorney General of the State of Florida. He is responsible for litigation related to prisoners housed by FDOC.
26. Centurion of Florida, LLC is a Florida limited liability company with its principal place of business in Sterling, Virginia. Upon information and

belief, Centurion of Florida, LLC is contracted with FDOC to provide healthcare at FSP.

27. Centurion Health Services, LLC is a Florida limited liability company with its principal place of business in Orlando, Florida. Upon information and belief, Centurion Health Services, LLC is contracted with FDOC to provide healthcare at FSP.
28. Centurion-affiliated nurses and physicians are currently providing care to Mr. Thompson at FSP.
29. Dr. Acevedo is an individual who, upon information and belief, lives in Florida, is an employee or representative of Centurion, and has treated Mr. Thompson while at FSP.
30. Joshua Brown, RN is an individual who, upon information and belief, lives in Baker County, Florida, is an employee or representative of Centurion, and has treated Mr. Thompson while at FSP.
31. Deena Crawford, RN is an individual who, upon information and belief, lives in Bradford County, Florida, is an employee or representative of Centurion, and has treated Mr. Thompson while at FSP.
32. Selena Croft, RN is an individual who, upon information and belief, lives in Union County, Florida, is an employee or representative of Centurion, and has treated Mr. Thompson while at FSP.

33. Yazzel Torres, RN is an individual who, upon information and belief, lives in Duval County, Florida, is an employee or representative of Centurion, and has treated Mr. Thompson while at FSP.
34. Amber Osorio, APRN is an individual who, upon information and belief, lives in Duval County, Florida, is an employee or representative of Centurion, and has treated Mr. Thompson while at FSP.
35. At all relevant times, Defendants acted under color of the laws, customs, usages, policies, and practices of the State of Florida.

JURISDICTION AND VENUE

36. This Court has subject-matter jurisdiction under 28 U.S.C. § 1331 because this action arises under the Constitution and laws of the United States, including the Eighth and Fourteenth Amendments and 42 U.S.C. § 1983.
37. This Court may grant declaratory relief under 28 U.S.C. §§ 2201–2202 and temporary, preliminary, and permanent injunctive relief under Federal Rule of Civil Procedure 65 and the Court’s equitable authority.
38. Prospective relief against the state officials named in their official capacities is authorized by *Ex parte Young*, 209 U.S. 123 (1908).
39. Venue is proper in this Court under 28 U.S.C. § 1391(b)(1) because the State is currently housing Mr. Thompson at FSP, which is located in this

Court's jurisdiction, and the other Defendants are providing healthcare to Mr. Thompson at FSP.

EXHAUSTION AND URGENCY

40. Mr. Thompson is physically incapacitated, cognitively impaired, disoriented, unable to explain his medical conditions, and dependent on others for basic activities of daily living. (*See generally* Zivot Aff.; Ouaou Aff.; Howard Aff.; Benner Aff.) He faces an immediate and substantial risk of worsening infection, organ failure, permanent injury, extreme pain, and death. (Zivot Aff. ¶ 8; Benner Aff. ¶ 14.)
41. Given Mr. Thompson's profound physical and cognitive limitations, the short time horizon, and the need for immediate relief, ordinary grievance procedures are not practically available to Mr. Thompson. *See* 42 U.S.C. § 1997e(a). As a result of his condition, Mr. Thompson is unable to access any administrative procedure that may provide him relief—making such procedure unavailable.
42. Notwithstanding, Mr. Thompson, through his counsel, has exhausted his claim.
43. On September 21 at 11:08 a.m., counsel for Mr. Thompson sent a letter to Warden Polk, submitting an emergency grievance on behalf of Mr. Thompson and asking for immediate relief. A true and correct copy of

that letter is attached as **Exhibit 7**. A true and correct copy of counsel's email sending the letter is attached as **Exhibit 8**.

44. On September 21 at 5:22 p.m., counsel for Mr. Thompson sent a letter to Attorney William Gwaltney, Interim General Counsel for FDOC. A true and correct copy of the email is attached as **Exhibit 9**. A true and correct copy of the letter is attached as **Exhibit 10**.
45. On September 22 at 3:43 p.m., Attorney Gwaltney responded to counsel and said that he could not "share any specific information" about Mr. Thompson's care:

Good afternoon and thank you for your email/letter. The Department takes the care and custody of all inmates seriously. Unfortunately, we are unable to share any specific information about individual inmates with anyone other than counsel of record and/or those individuals with valid releases signed by the inmate. A review of the court docket reflects Ms. Parmer was discharged from representation of Mr. Thompson.

I have forwarded your concerns by way of copy on this email to the Warden of FSP.

(Ex. 9.)

46. On September 22 at 4:29 p.m., Warden Polk responded to counsel and said the same:

Thank you for taking the time to write and share your concerns. We appreciate the opportunity to review your concerns and address your inquiry.

In regards to protected health information as discussed in your inquiry, I do not have access to nor am I able to discuss confidential medical information regarding an inmate. As such, I am not able to provide any additional information.

(Ex. 8.)

47. On September 22, Mr. Thompson's counsel responded to Attorney Gwaltney and said: "Thank you for your response. Ms. Parmer and I are counsel for Mr. Thompson regarding this matter. Please provide us with a response to his emergency grievance." (Ex. 9.)

48. On September 23 at 4:03 p.m., Attorney Gwaltney emailed Thompson's counsel and said that Mr. Thompson needed to submit the grievance himself:

Mr. Thompson is aware of and has access to the administrative procedures necessary to address the concerns you raise, if he chooses to do so. As you know, your correspondence is not a substitute for those procedures, and without releases signed by Mr. Thompson, no one at FDC is allowed to provide you with any protected information.

(Ex. 9.)

49. Contrary to Attorney Gwaltney's suggestion, Mr. Thompson is wholly incapable (both physically and mentally) of submitting a grievance for himself, which is why Mr. Thompson's counsel submitted the emergency grievance on his behalf. (See Lacy Aff. ¶ 23; Benner Aff. ¶ 13.)

FACTUAL ALLEGATIONS

Mr. Thompson's Medical History and Acute Deterioration

50. Since August 2026, Mr. Thompson's health has severely declined.

51. On August 4, UCI received a request that Mr. Thompson be evaluated by medical personnel “due to a recent fall and dementia.” (Howard Aff. 2.)
52. The next day, on August 5, a medical assessment documented an unsteady gait, disorientation, a change in mental status, and an unintentional 20-pound weight loss during the prior year. (Benner Aff. ¶ 9.)
53. On August 11, FDOC ordered a wheelchair for Mr. Thompson because he was “unsteady when walking.”
54. On August 17, Mr. Thompson was again found unresponsive in his cell. His blood glucose level was 22 and his blood pressure was 55/31. He exhibited shallow, uneven, and labored breathing, frothing at the mouth, Kussmaul respirations, deep gasping, diaphoresis, and a comatose state. Emergency medical personnel transported Mr. Thompson to an outside hospital.
55. A CT scan showed severe fatty infiltration of the liver, pleural and pericardial effusions, soft-tissue anasarca, and abdominal ascites suggestive of heart failure or fluid overload. (Howard Aff. 3-4.) Because of the severity of his fatty liver disease, records show that a liver transplant was requested.

56. Imaging showed pneumonia, acute pulmonary emboli, pleural effusions, and a lung nodule likely to be cancer or tuberculosis. (Howard Aff. 3-4.)
57. An echocardiogram showed an “ejection fraction of 39%,” and Mr. Thompson “was diagnosed with congestive heart failure.” (Benner Aff. ¶ 5.)
58. Medical staff found multiple decubitus ulcers requiring wound care and a diverting colostomy to aid wound healing. (Howard Aff. 3; Zivot Aff. ¶ 9.) Mr. Thompson’s sacral ulcer was described as Stage 4 and measured nine by nine centimeters. (Zivot Aff. ¶ 11(f).)
59. Mr. Thompson underwent surgery for a diverting colostomy. (Howard Aff. 4; Zivot Aff. ¶ 9.) After surgery, he suffered an abdominal hemorrhage—blood accumulating in the abdominal cavity. (Zivot Aff. ¶ 11(b).) Staples remained in his abdomen after the procedure. (Zivot Aff. ¶ 11(g); Howard Aff. 4.)
60. Mr. Thompson was also diagnosed with “hospital-acquired pneumonia, and chest imaging was significant for a 1.6 lung nodule concerning for possible malignancy.” (Benner Aff. ¶ 5.)
61. On September 3, Mr. Thompson was discharged from Jacksonville Memorial Hospital after being in the hospital for over two weeks. (See Benner Aff. ¶ 3.)

62. During transport by FDOC staff, Mr. Thompson fell out of his wheelchair and sustained a head laceration that required staples. (Zivot Aff. ¶ 10; see Ouaou Aff. 3.) FDOC staff took him to Lawtey Correctional Institution for treatment.
63. Also during that transport, Mr. Thompson's colostomy bag was found on his lap, unattached. When he was assessed by medical personnel upon arriving back at UCI, records indicate Mr. Thompson's abdominal area and clothing around his stoma were "saturated in liquid brown feces," as were the abdominal staples.
64. On September 4, Mr. Thompson was transported to and admitted at UF Health in Gainesville. (See Benner Aff. ¶¶ 3-4.) His admitting diagnoses included anemia, head laceration, acute pulmonary emboli, hypotension, post operative hematoma, and severe malnutrition. (Howard Aff. 4; Zivot Aff. ¶¶ 10-12.)
65. Hospital administration determined that Mr. Thompson "***cannot be restrained at all due to medical mandate*** approved by administration." (Emphasis added.)
66. A CT scan at UF Health showed acute pulmonary emboli in the right middle lobe, right upper lobe, and left upper lobe segmental or subsegmental branches. (Zivot Aff. ¶ 11(a).)

67. On September 8, Mr. Thompson rapidly deteriorated and was transferred to a higher level of care in the IMCU (intensive-care unit).
68. An electrocardiogram (“**EKG**”) that day showed “a prolonged QTc interval . . . , which places him at significantly higher risk of life-threatening cardiac arrhythmias, particularly in the setting of low potassium from his refeeding syndrome.” (Benner Aff. ¶ 5.) This was a marked change from prior EKGs in March and August 2026. (Benner Aff. ¶ 5.)
69. On September 10, UF Health discharged Mr. Thompson with diagnoses including sepsis, severe malnutrition, pulmonary embolism, and pneumonia. (Zivot Aff. ¶¶ 6, 11.) The records also indicated cognitive impairment, noting that Mr. Thompson “lack[ed] medical decision-making capacity due to fluctuating orientation and medical status.” (Benner Aff. ¶ 10.)
70. The UF Health discharge paperwork recommended “an infirmary bed.” He was discharged with the understanding that Defendants would return Mr. Thompson to the prison infirmary. (Zivot Aff. ¶ 13.)
71. Further, UF Health discharge papers had:
- orders for twice-daily lab draws to evaluate the need for electrolyte replacement, daily weights to assess for fluid retention indicative of recurrent heart failure and volume overload and need for adjustments to his diuretic dosing as well as orders for specialized wound care and repositioning every 2 hours.

(Benner Aff. ¶ 6.)

72. Mr. Thompson was transported by stretcher rather than walking independently.
73. Mr. Thompson returned to UCI's W Unit, which is a medical unit and, upon information and belief, may also be used as a hospice wing.
74. Upon admission, UCI documented that Mr. Thompson could not get up without assistance and required complete assistance for bathing, toileting, transferring, and continence.
75. At that time, Mr. Thompson still had staples in his abdomen, staples in his head, an open sacral ulcer, a Foley catheter, and colostomy and ileostomy appliances. (Zivot Aff. ¶¶ 11(f)-(g), (m).)
76. Mr. Thompson's documented diagnoses from the past two months include sepsis; chronic kidney disease; severe fatty liver disease; acute systolic congestive heart failure; dementia; multiple decubitus ulcers; acute pulmonary embolism; multifocal pneumonia; severe malnutrition; hemoperitoneum; thrombocytopenia; lactic acidosis; essential hypertension; Barrett's esophagus; H. pylori infection; right-knee osteoarthritis; gastroesophageal reflux disease; right-foot cellulitis; bilateral leg edema; hypoglycemia; elevated INR; anemia; and tachycardia.

Death Warrant and Transfer to FSP

77. On September 9, while Mr. Thompson was hospitalized, the Governor's office obtained certified copies of his judgment and sentence in Miami-Dade County Case No. 76-3350B.
78. On September 11, Gov. DeSantis signed Mr. Thompson's death warrant and set his execution for October 13, 2026, at 6:00 p.m. (Ex. 1.)
79. After the warrant was signed, FDOC transferred Mr. Thompson from UCI's medical unit to death watch at FSP.

Current Conditions on Death Watch

80. Mr. Thompson is currently housed in a death-watch cell that is not a medical cell. Records indicate that he is bedridden and a "high" fall risk.
81. Mr. Thompson cannot explain his medical condition. (Ouaou Aff. 2-3.) On September 14, Dr. Ouaou visited Mr. Thompson at FSP to evaluate him. (Ouaou Aff. 1-2.) Dr. Ouaou found Mr. Thompson in a wheelchair with its back lowered, covered in blankets, and shackled. (Ouaou Aff. 2.) Although the shackles allowed some arm movement, Mr. Thompson appeared too weak to move his arms or extremities freely. (Ouaou Aff. 2.) Yet, less than two weeks prior, hospital administration determined he could not be restrained.

82. Dr. Ouaou observed several staples in Mr. Thompson's head and fluid that appeared to be blood secreting from the staples. (Ouaou Aff. 2.) Mr. Thompson was in considerable pain and had labored breathing and speech. (Ouaou Aff. 2.) Mr. Thompson was not receiving oxygen assistance and had no IV port or attachment (Ouaou Aff. 2.), although evidence indicates those interventions are likely necessary for his condition. (*See Amicus Br. Part II.*)
83. Throughout Dr. Ouaou's evaluation, Mr. Thompson repeatedly said that he was in severe pain and was disoriented. (Ouaou Aff. 2.)
84. Experts have described Mr. Thompson as actively bleeding and deteriorating at an accelerated pace and concluded that he needs continuous medical monitoring and treatment that cannot be delivered in a non-hospital setting. (Ouaou Aff. 2-3; Zivot Aff. ¶¶ 8, 16-18; Benner Aff. ¶¶ 13-14.)
85. FSP records indicate that Mr. Thompson's sacral ulcer remains severe with a Braden scale score between 14 and 15. On September 21, FSP medical personnel noted that Mr. Thompson's sacral wound had deteriorated—with "foul odor," "slough present, and a "large amount of yellow discharge."
86. On September 21 at 2:00 p.m., FSP medical personnel noted that Mr. Thompson's "[c]olostomy appliance [was] leaking"

87. Also on September 21, Mr. Thompson had a chest x-ray, which showed “[d]egenerative changes.”
88. FSP records from September 22 note that Mr. Thompson has generalized weakness that is “more pronounced in [his] lower extremities.”
89. Mr. Thompson has been severely malnourished while in FDOC custody.
90. Despite all of this, FSP records say Mr. Thompson’s pain scale has been consistently at 0, that he is well-oriented, and that he has “no complaints.”
91. Without immediate inpatient evaluation and treatment, Mr. Thompson faces a substantial risk of recurrent or worsening sepsis, respiratory compromise, thromboembolic injury, infection of his open wounds, osteomyelitis, organ failure, extreme pain, permanent injury, and death. (Zivot Aff. ¶¶ 16-18; Benner Aff. ¶¶ 13-14.)

FSP’s Documented Inability to Provide Necessary Care

92. The Florida Correctional Medical Authority (“CMA”), the State’s correctional-health oversight body, has documented material deficiencies at FSP over several years. *Physical & Mental Health Survey of Florida State Prison*, Correctional Med. Auth. (April 25, 2014) [hereinafter 2014 CMA Report]; *Physical & Mental Health Survey of*

Florida State Prison, Correctional Med. Auth. (December 27, 2023) [hereinafter 2023 CMA Report].

93. CMA reports indicate that FSP's Main Unit provides only outpatient physical-health services and does not operate an infirmary. Prisoners requiring infirmary services must be transferred to another facility or to FDOC's Reception and Medical Center.
94. A 2014 CMA report found that only one of five IV pumps at FSP's West Unit (the medical unit) was working and that none of six oxygen concentrators was working properly. 2014 CMA Report, at 22, Finding PH-14(b).
95. FSP's Main Unit had only one authorized physician position for an institutional population of approximately 1,500 prisoners. *Id.* at 3; *Florida State Prison, Florida Dep't of Corrs.*, <https://www.fdc.myflorida.com/institutions/institutions-list/205> (last visited Sept. 16, 2026). That position was vacant at the time of the 2014 report. 2014 CMA Report, at 3.
96. The 2014 survey reported significant nursing vacancies, including a 41.3% registered-nurse vacancy rate at the West Unit. 2014 CMA Survey, at 4.

97. The CMA's 2023 report made similar findings. *See generally* 2023 CMA Report.³
98. The 2023 survey reported that two of five clinical-associate positions at the Main Unit were vacant, a 40% vacancy rate. *Id.* at 5.
99. The 2023 CMA report found that, in 78% of the instances reviewed, the Main Unit's outpatient infirmary failed to document patient evaluations at least once every eight hours. *Id.* at 18.
100. These documented limitations of FSP's medical deficiencies are incompatible with Mr. Thompson's need for continuous monitoring, complex wound and ostomy care, respiratory and cardiovascular support, management of pulmonary emboli and infection, management of his refeeding syndrome, pain control, and rapid intervention if his condition worsens.
101. Defendants nevertheless continue to confine Mr. Thompson on death watch at FSP rather than transport him to an appropriate medical facility.
102. The care Mr. Thompson is currently receiving at FSP is wholly inadequate for his current condition. (Benner Aff. ¶ 14; Howard Aff. 5.)

³ The West Unit was closed at the time of the CMA's 2023 survey. 2023 CMA Report, at 4.

Notice to Defendants

103. Defendants have access to and responsibility for FDOC medical and transport records documenting Mr. Thompson's diagnoses, repeated hospitalizations, functional dependence, and rapid deterioration.
104. Defendants' decision to transfer Mr. Thompson from UCI's medical unit to FSP death watch necessarily required Defendants to confront his obvious condition, medical devices, wounds, staples, wheelchair dependence, and need for assistance.
105. Despite Defendants having notice of Mr. Thompson's obvious severe medical condition, Defendants have failed to provide appropriate care at FSP and have not transported Mr. Thompson to an appropriate medical facility. (*See Benner Aff.* ¶ 14; *Zivot Aff.* ¶¶ 8, 18.)
106. All conditions precedent to this action have been satisfied or waived.

CLAIMS FOR RELIEF

COUNT I: Eighth Amendment — Deliberate Indifference to Serious Medical Needs (All Defendants)

107. Plaintiff realleges and incorporates paragraphs 1-106 as though fully set forth here.
108. The Eighth Amendment, applied to the States through the Fourteenth Amendment, prohibits cruel and unusual punishment. U.S. Const. amend. VIII; *see also* U.S. Const. amend. XIV.

109. Deliberate indifference to a prisoner's serious medical needs constitutes the unnecessary and wanton infliction of pain prohibited by the Eighth Amendment. *Estelle v. Gamble*, 429 U.S. 97, 104 (1976).
110. Prison personnel act with deliberate indifference when they deny or delay a prisoner's access to medical care. *Id.* at 104-05.
111. A prison official violates the Eighth Amendment when the medical deprivation is objectively serious and the official knows of and disregards an excessive risk to the prisoner's health or safety. *Farmer v. Brennan*, 511 U.S. 825, 834, 837 (1994).
112. Mr. Thompson's conditions are objectively serious. They are diagnosed, life-threatening, painful, and have recently required hospitalization and intensive-unit level care.
113. Defendants know of the excessive risk to Mr. Thompson through FDOC and outside hospital medical records, repeated hospitalizations, direct observation by institutional personnel, the transfer and death-watch process, and Mr. Thompson's emergency grievance filed by his counsel with Warden Polk and Attorney Gwaltney regarding Mr. Thompson's urgent need for medical care beyond the minimal care currently being provided. (Exs. 8-9.)
114. Defendants have disregarded that risk by transferring Mr. Thompson to and confining him in a non-medical death-watch cell; failing to arrange

inpatient hospital care despite his deterioration; and failing to provide the equipment, staffing, monitoring, wound care, respiratory support, medications, and treatment that his conditions require. (*See Benner Aff.* ¶ 14; *Howard Aff.* 5; *Zivot Aff.* ¶¶ 14-15.)

115. Further, despite medical professionals determining Mr. Thompson cannot be restrained, Defendants are restraining Mr. Thompson with shackles. (*Ouaou Aff.* 2.)
116. In doing so, Defendants have inflicted excruciating pain, discomfort, and suffering upon Mr. Thompson. (*See Lacy Aff.* ¶ 12.)
117. Defendants' conduct is more than negligence or a disagreement over treatment. They have consciously maintained a placement incapable of delivering the level of care prescribed and required, notwithstanding an obvious and imminent risk of severe pain, permanent injury, and death.
118. Defendants' acts and omissions have caused and continue to cause unnecessary pain, deterioration, and a substantial risk of grave harm to Mr. Thompson.
119. Unless enjoined, Defendants will continue violating Mr. Thompson's Eighth Amendment rights.

COUNT II: Eighth Amendment — Unconstitutional Conditions of Confinement (All Defendants)

120. Plaintiff realleges and incorporates paragraphs 1-106 as though fully set forth here.
121. The Eighth Amendment requires prison officials to provide humane conditions of confinement and to take reasonable measures to guarantee prisoners' safety and basic medical needs. *Farmer*, 511 U.S. at 832–33; *Helling v. McKinney*, 509 U.S. 25, 31–33 (1993).
122. Confining a critically ill, functionally dependent, cognitively impaired patient with open wounds, recent sepsis, pulmonary emboli, heart failure, kidney and liver disease, refeeding syndrome, and respiratory compromise in a non-medical death-watch cell deprives him of the minimal civilized measure of medical care required for an individual in his severe medical condition. (See Benner Aff. ¶¶ 13-14; Howard Aff. 5; Zivot Aff. ¶¶ 11, 16-18.)
123. The challenged conditions—including inadequate medical equipment, inadequate staffing, inadequate monitoring, inadequate wound care, assistance with movement and bodily functions, and access to inpatient treatment—create a substantial risk of serious harm and death to Mr. Thompson.
124. Defendants know of and disregard that substantial risk.

125. The conditions serve no legitimate penological need that could not be met while Mr. Thompson receives inpatient hospital care under appropriate security measures.
126. Unless enjoined, Defendants will continue subjecting Mr. Thompson to cruel and unusual punishment.

COUNT III: Fourteenth Amendment — Substantive Due Process (In the Alternative, All Defendants)

127. Plaintiff realleges and incorporates paragraphs 1-106 as though fully set forth here.
128. Plaintiff pleads this Count in the alternative and only to the extent that any challenged conduct is not governed by the Eighth Amendment's more specific protections.
129. The Fourteenth Amendment prohibits state officials from depriving a person of life, liberty, or bodily integrity without due process of law.
130. The State removed Mr. Thompson from a medical and hospice setting and placed him in a non-medical death-watch cell despite actual knowledge of his critical illness, profound incapacity, open wounds, severe pain, and need for medical care.
131. In the extraordinary circumstances alleged, deliberately exposing Mr. Thompson to untreated, life-threatening deterioration and avoidable agony is arbitrary, conscience-shocking government conduct.

132. Defendants' conduct has deprived and continues to deprive Mr. Thompson of rights secured by the Fourteenth Amendment.

PRAYER FOR RELIEF

WHEREFORE, Plaintiff William Lee Thompson respectfully requests that the Court:

- a. Issue an emergency temporary restraining order and preliminary injunction directing Defendants immediately to transport Mr. Thompson, by medically appropriate means, to an appropriate inpatient medical facility (either within or outside FDOC) capable of providing the evaluation, monitoring, wound care, respiratory and cardiovascular support, infection treatment, pain management, and other care his conditions require;
- b. Require Defendants to maintain Mr. Thompson at an appropriate level of inpatient or infirmary care unless and until qualified, treating medical professionals determine, based on current clinical findings, that a different placement is medically safe and capable of meeting his needs;
- c. Enter a declaratory judgment that Defendants' acts and omissions described above violate Mr. Thompson's rights under the Eighth Amendment and Fourteenth Amendments;
- d. Enter a permanent injunction requiring Defendants to provide Mr. Thompson constitutionally adequate medical care;

- e. Award Plaintiff compensatory damages for mental anguish and suffering;
- f. Award Plaintiff punitive damages;
- g. Award Plaintiff reasonable attorneys' fees and costs under 42 U.S.C. § 1988; and
- h. Grant such other and further relief as the Court deems just and proper.

DEMAND FOR JURY TRIAL

Pursuant to Fed. R. Civ. P. 38(b), Plaintiff hereby demands a trial by jury on all issues so triable by a jury as of right in this action.

Dated: September 25, 2026

Respectfully submitted,

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