

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

NICOLE LANE, )  
)  
Plaintiff, )  
)  
v. )  
)  
WASHINGTON COUNTY, WASHINGTON )  
COUNTY PRISON BOARD, PRIMECARE )  
MEDICAL, INC., WARDEN JEFFREY )  
FEWELL, CAPTAIN MCDONOUGH, )  
SHERIFFS JOHN DOE A-J, SHERIFF D. )  
PATTERSON, FOOD SERVICE )  
SUPERVISOR JANE SMITH, MEDICAL )  
DIRECTOR JOHN DOE, DR. ANDREA )  
HUFFMAN, KATIE AGNOSTINELLA, )  
LORI FISCHER, DIANA HARDY, )  
ADRIENNE SISLER, DOMINIQUE )  
THOMAS, and LAURA LEE WHEWELL, )  
Defendants. )

Case No.  
**JURY TRIAL DEMANDED**

**COMPLAINT**

**INTRODUCTION**

1. In late August 2024, Plaintiff Nicole Lane began experiencing symptoms of severe preeclampsia while incarcerated at Washington County Correctional Facility (“WCCF”).
2. Preeclampsia is one of the leading causes of maternal and fetal death, accounting for nearly 16% of maternal deaths in the United States.<sup>1</sup>
3. In the early hours of August 30, 2024, Ms. Lane developed worsening symptoms, including an intense headache, pain, blurred vision, vomiting, and significantly elevated blood-pressure.

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<sup>1</sup> See Carl H Backes et al., *Maternal Preeclampsia and Neonatal Outcomes*, 2011 J. of Pregnancy 1 (2011).

4. After pressing the emergency call button in her cell, it took nearly 30 minutes for a PrimeCare nurse to arrive. The nurse briefly checked on Ms. Lane, gave her a cup of Gatorade then left her alone in her cell.

5. During this time, Ms. Lane was terrified that she was going to give birth alone in her jail cell. She felt certain that she and/or her baby were going to die.

6. After waiting another hour in her cell, Ms. Lane was finally transported to UPMC Magee-Women's Hospital ("Magee"), where medical staff immediately diagnosed her with severe preeclampsia and induced her labor.

7. At Magee, Washington County Sheriffs shackled Ms. Lane to a hospital bed in violation of Pennsylvania law.

8. Washington County Sheriffs prohibited Ms. Lane from having family with her while she gave birth and forced her to labor in shackles in the view of Sheriffs and passing strangers.

9. Ms. Lane remained restrained by painful arm and leg shackles for over five hours of unmedicated labor. Washington County Sheriffs only removed the shackles shortly before delivery after Magee medical staff demanded they be removed.

10. Sheriffs re-shackled Ms. Lane immediately following delivery. They kept her in shackles throughout the five days while she remained hospitalized for postpartum care for preeclampsia, impeding her recovery and impairing her ability to hold and feed her newborn baby.

11. This horrifying birthing experience was the culmination of weeks of Washington County and its subcontractor PrimeCare endangering Ms. Lane's life and the life of her unborn child by failing to provide her with adequate nutrition, subjecting her to excessive heat, and denying her necessary prenatal care.

12. Despite developing and reporting symptoms of life-threatening medical conditions, Ms. Lane received no meaningful prenatal care at WCCF, let alone the specialized care necessary to monitor and address Ms. Lane's high-risk pregnancy.

13. Ms. Lane's suffering at the hands of Washington County employees and contractors did not end after she gave birth.

14. After being discharged from Magee, Ms. Lane returned to WCCF where she was housed in solitary confinement and denied critical postpartum care items and medication for her substance use disorder.

15. Ms. Lane, now released, continues to suffer flashbacks, recurring nightmares, mental anguish, and depressive symptoms stemming from her treatment while incarcerated at WCCF and under the custody of the Washington County Sheriffs.

16. Ms. Lane brings this action for damages pursuant to 42 U.S.C. § 1983 for the deprivation of her rights as guaranteed by the United States Constitution, and under the Americans with Disabilities Act, Pennsylvania's Healthy Birth for Incarcerated Women Act, and Pennsylvania tort law.

### **JURISDICTION AND VENUE**

17. This Court has subject-matter jurisdiction over this action pursuant to 28 U.S.C. §§ 1331 and 1343(a)(3)–(4).

18. This Court has supplemental jurisdiction pursuant to 28 U.S.C. § 1367(a) to adjudicate Plaintiff's state law claims.

19. Venue lies in this judicial district pursuant to 28 U.S.C. § 1391(b)(2) because the events giving rise to this action occurred in Washington County, Pennsylvania, which is in the Western District of Pennsylvania.

## PARTIES

20. Plaintiff Nicole Lane was incarcerated at Washington County Correctional Facility from June 21, 2024, to July 25, 2024, and August 28, 2024, to March 21, 2025. She has been released and currently resides in Canonsburg, Pennsylvania.

21. Defendant Washington County is the political entity that operates the Washington County Correctional Facility (“WCCF”) that provides for the detention of both pretrial detainees and convicted offenders. Defendant Washington County also operates the Washington County Sheriff’s Office which provides transportation for individuals incarcerated at WCCF to medical appointments and is responsible for their care and custody during that time.

22. Defendant Washington County Prison Board is a municipal government entity in the Commonwealth of Pennsylvania, which oversees the Washington County Correctional Facility.

23. Defendant PrimeCare Medical, Inc. (“PrimeCare”) is a corporation with its principal place of business in Harrisburg, Pennsylvania. Pursuant to a contract with Washington County and/or the Washington County Prison Board, PrimeCare is—and has been, at all times relevant to this complaint—responsible for providing medical care to individuals incarcerated in WCCF.

24. Defendant Warden Jeffrey Fewell is, and was at all times relevant to this complaint, employed as the Warden of Washington County Correctional Facility. As Warden, he is responsible for the oversight, operation and administration of WCCF, including all of its housing, restraint, and nutrition policies and practices, as well as staff training, and ensuring accommodations for incarcerated people with disabilities. Defendant Fewell is the final policymaker for WCCF.

25. Defendant Captain McDonough was at all times relevant to this Complaint, employed as a Correctional Officer Captain at WCCF. As Captain, Defendant McDonough was responsible for supervising correctional officers and ensuring the safety, security, and well-being of individuals housed in the facility. At all relevant times, he was acting in the scope of his employment and under color of state law.

26. Defendant Sheriff John Does A-J<sup>2</sup> (collectively, “Defendant Sheriffs” or “Sheriffs”) were, at all times relevant to this Complaint, sheriffs employed by Washington County, Pennsylvania. In this role, Defendant Sheriffs were duly appointed and acting officers, servants, employees and/or agents of Washington County. At all relevant times, they were acting in the scope of their employment and under color of state law.

27. Defendant Sheriff D. Patterson was a sheriff employed by Washington County, Pennsylvania. In this role, Defendant Patterson was an employee and agent of Washington County at all times relevant to this complaint. In that capacity, he was acting in the scope of his employment and under color of state law.

28. Defendant Jane Smith worked as the Correction Food Service Supervisor at WCCF at all times relevant to this complaint. As the Food Service Supervisor, Defendant Smith was responsible for overseeing menu planning, abiding by the policies of WCCF and ensuring that all individuals incarcerated in the facility received adequate nutrition.

29. Defendant Medical Director John Doe was the Medical Director employed by PrimeCare at WCCF at all times relevant to this complaint. As Medical Director, Defendant Doe was responsible for overseeing the medical department, creating and abiding by the policies of

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<sup>2</sup> Defendant Sheriff John Does A-J, Defendant Jane Smith, and Defendant Medical Director John Doe are pseudonyms for individuals whose names are unknown to the Plaintiff at this time. Plaintiff intends to conduct early discovery to determine the names of these individuals.

PrimeCare and WCCF and ensuring that all individuals incarcerated in the facility received medical care that met the standards of care. Upon information and belief, Defendant Doe is a physician licensed in Pennsylvania.

30. Defendant Andrea Huffman, MD worked at WCCF as a physician at all times relevant to this complaint, and upon information and belief, she was an employee of PrimeCare. She has been licensed as a Medical Physician by the Pennsylvania Board of Medicine since 2022.

31. Defendant Katie Agostinella worked at WCCF as a nurse at all times relevant to this complaint, and upon information and belief, she was an employee of PrimeCare. She has been licensed as a Nurse by the Pennsylvania Board of Nursing since 2012.

32. Defendant Lori Fischer worked at WCCF as a nurse at all times relevant to this complaint, and upon information and belief, she was an employee of PrimeCare. She has been licensed as a Nurse by the Pennsylvania Board of Nursing since 2012.

33. Defendant Victoria Hallet worked at WCCF as a nurse at all times relevant to this complaint, and upon information and belief, she was an employee of PrimeCare. She has been licensed as a Registered Nurse by the Pennsylvania Board of Nursing since 2024.

34. Defendant Diana Hardy worked at WCCF as a nurse at all times relevant to this complaint, and upon information and belief, she was an employee of PrimeCare. She has been licensed as a Registered Nurse by the Pennsylvania Board of Nursing since 2008.

35. Defendant Adrienne Sisler worked at WCCF as a nurse at all times relevant to this complaint, and upon information and belief, she was an employee of PrimeCare. She has been licensed as a Nurse by the Pennsylvania Board of Nursing since 2024.

36. Defendant Dominique Thomas worked at WCCF as a nurse at all times relevant to this complaint, and upon information and belief, she was an employee of PrimeCare. She has been licensed as a Nurse by the Pennsylvania Board of Nursing since 2022.

37. Defendant Laura Lee Whewell worked at WCCF as a nurse at all times relevant to this complaint, and upon information and belief, she was an employee of PrimeCare. She has been licensed as a Nurse by the Pennsylvania Board of Nursing since 2014.

## STATEMENT OF FACTS

### Ms. Lane's High-Risk Pregnancy

38. Ms. Lane was incarcerated at WCCF for a probation violation on June 21, 2024.

39. In June 2024, before being incarcerated, Ms. Lane learned that she was pregnant.

40. Ms. Lane was diagnosed with cholestasis during her two previous pregnancies in 2009 and 2017.

41. Ms. Lane was diagnosed with hypertension and preeclampsia during her 2017 pregnancy.

42. A history of pregnancy complications such as cholestasis, gestational hypertension and preeclampsia is a strong indicator that these complications may recur in future pregnancies.

43. Preeclampsia is a serious hypertensive disorder characterized by high blood pressure, swelling, headaches, blurred vision, and pain. If left untreated, preeclampsia can cause organ damage, brain injury, coma, stroke, and death.<sup>3</sup>

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<sup>3</sup> Preeclampsia can also cause long term harm to the mother, including permanent organ damage and blood clotting disorders. Failure to treat preeclampsia can lead to future health issues, including an increased lifetime risk of cardiovascular diseases like heart disease, stroke, and hypertension. Preeclampsia can cause complications to the fetus, including premature birth, low birth weight, and placental abruption. *Preeclampsia*, MAYO CLINIC (Apr. 15, 2022), <https://www.mayoclinic.org/diseases-conditions/preeclampsia/symptoms-causes/syc-20355745>.

44. Preeclampsia is a common pregnancy complication.<sup>4</sup>

45. Gestational hypertension, like preeclampsia, is a serious hypertensive disorder.

Gestational hypertension occurs when a pregnant woman who previously had normal blood pressure, develops a systolic blood pressure of 140 mm Hg or higher and/or a diastolic blood pressure of 90 mm Hg or higher on two separate occasions after 20 weeks of gestation. Up to 50% of pregnant people with gestational hypertension will develop symptoms consistent with a diagnosis of preeclampsia.<sup>5</sup>

46. Gestational hypertension is a common pregnancy complication.<sup>6</sup>

47. Cholestasis is a condition characterized by the slowing or stalling of bile flow through the system that connects the liver, gallbladder, pancreas and small intestine. The most common symptom of cholestasis in pregnancy is Cholestatic Pruritus. Cholestatic Pruritus, or “cholestasis pain,” is an extreme and painful under the skin itching caused by the buildup of bile salt in the blood. Other symptoms include nausea, extreme fatigue, decreased appetite, pain in the belly, and jaundice. Cholestasis increases the risk of hemorrhage and is associated with preeclampsia and gestational diabetes. Left untreated, obstetric cholestasis can cause serious harm to the fetus including premature birth, fetal distress, meconium aspiration, and death.<sup>7</sup>

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<sup>4</sup> See Jimmy Espizona, MD, MSc, et al., *Gestational Hypertension and Preeclampsia*, 135 ACOG PRACTICE BULLETIN E237 (2018), [https://www.preeclampsia.org/frontend/assets/img/advocacy\\_resource/Gestational\\_Hypertension\\_and\\_Preeclampsia\\_ACOG\\_Practice\\_Bulletin\\_Number\\_222\\_1605448006.pdf](https://www.preeclampsia.org/frontend/assets/img/advocacy_resource/Gestational_Hypertension_and_Preeclampsia_ACOG_Practice_Bulletin_Number_222_1605448006.pdf).

<sup>5</sup> Gestational hypertension is also associated with adverse pregnancy outcomes and with long-term cardiovascular risks, including chronic hypertension. *Id.*

<sup>6</sup> *Hypertensive Disorders in Pregnancy and Mortality at Delivery Hospitalization—United States, 2017–2019*, CTR. FOR DISEASE CONTROL, (Apr. 29, 2022), <https://www.cdc.gov/mmwr/volumes/71/wr/mm7117a1.htm>.

<sup>7</sup> *Cholestasis of Pregnancy*, MAYO CLINIC (Dec. 23, 2025), <https://www.mayoclinic.org/diseases-conditions/cholestasis-of-pregnancy/symptoms-causes/syc-20363257>.

48. While cholestasis is rare, affecting about 1 to 2 in 1,000 people during pregnancy, an individual diagnosed with obstetric cholestasis has between a 60% and 90% likelihood of developing cholestasis in future pregnancies.<sup>8</sup>

49. During the third trimester of her 2017 pregnancy, Ms. Lane underwent non-stress tests three times per week to monitor her hypertension and preeclampsia.

50. During her 2017 pregnancy, Ms. Lane was induced at 37 weeks to manage the risks associated with hypertension, preeclampsia, and cholestasis.

51. Given her previous diagnoses of hypertension, preeclampsia, and cholestasis, Ms. Lane was at a heightened risk of developing hypertension, preeclampsia, and/or cholestasis in her third pregnancy.

#### **Ms. Lane's Inadequate Prenatal Care**

52. On or around June 22, 2024, WCCF confirmed that Ms. Lane was approximately 28 weeks pregnant.

53. Around that time, PrimeCare Defendants Huffman, Hallett, Hardy, Agostinella, Whewell, and Fischer were made aware of Ms. Lane's pregnancy.

54. Ms. Lane's WCCF medical files note that, prior to her incarceration, she did not receive any prenatal care for her pregnancy

55. Defendants were therefore aware that Ms. Lane was in immediate need of prenatal care.

56. At the time of Ms. Lane's incarceration, the standard prenatal visit schedule for low-risk pregnancies entailed: one in-person visit every four weeks until 28 weeks; one in-person

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<sup>8</sup> *Intrahepatic Cholestasis of Pregnancy (ICP)*, AMERICAN LIVER FOUNDATION (JUN. 11, 2025), <https://liverfoundation.org/liver-diseases/complications-of-liver-disease/intrahepatic-cholestasis-of-pregnancy-icp/>.

visit every two weeks from 28 to 36 weeks; and one in-person visit weekly after 36 weeks until delivery.<sup>9</sup>

57. Defendants PrimeCare, Washington County, Washington County Prison Board, Medical Director Doe, and Fewell are aware of this standard of care as WCCF and PrimeCare maintain a policy entitled “Counseling and Care of the Pregnant Inmate” which essentially quotes these standards.

58. WCCF and PrimeCare maintain a policy entitled “Female Health” which states that “testing and orders related to prenatal care will be facilitated with out-patient visits to the Obstetrical Clinic of the Washington Hospital.”

59. PrimeCare Defendants never scheduled Ms. Lane for a standard prenatal visit with an OBGYN or an external obstetric unit.

60. Upon information and belief, Defendants Washington County, Washington County Prison Board, Medical Director Doe, and Fewell took no action to ensure that pregnant people in their care, like Ms. Lane, received these necessary and standard prenatal appointments.

61. Ms. Lane made repeated requests for standard prenatal care throughout June and July 2024.

62. Defendants PrimeCare, Huffman, Hallet, Hardy, Agostinella, Whewell, and Fischer, individually and collectively, ignored, denied, and delayed these requests.

63. At no point between June 21, 2024, and July 25, 2024, a period of approximately five weeks, did Defendants arrange for Ms. Lane to see an OBGYN at WCCF or transport her to

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<sup>9</sup> *Tailored Prenatal Care Delivery for Pregnant Individuals*, ACOG (Apr. 17, 2025), <https://www.acog.org/clinical/clinical-guidance/clinical-consensus/articles/2025/04/tailored-prenatal-care-delivery-for-pregnant-individuals>.

an outside obstetrical unit. During this time, the only standard prenatal medical care Ms. Lane received consisted of prenatal vitamins and a single ultrasound performed by an outside technician.

64. Ms. Lane informed PrimeCare staff, including but not limited to, Defendants Agostinella, Whewell, and Fischer, of her prior instances of hypertension, preeclampsia, and cholestasis within her first week of incarceration.

65. Upon information and belief, Defendants Huffman, Hallett, and Hardy were also made aware of Ms. Lane's prior instances of hypertension, preeclampsia, and cholestasis in June and July 2024.

66. On June 26, 2024, a non-PrimeCare technician completed an ultrasound on Ms. Lane. This ultrasound indicated a heightened risk of fetal abnormalities.

67. Based on this ultrasound, the technician recommended that Ms. Lane be evaluated by a maternal fetal medicine (MFM) specialist.

68. This ultrasound evaluation and recommendation were reviewed by PrimeCare staff, including Defendants Hardy and Huffman.

69. PrimeCare made an appointment for Ms. Lane to meet with UPMC Magee-Women's Hospital's ("Magee") MFM and genetics departments. These appointments were scheduled for July 25, 2024.

70. Given her history of hypertension, preeclampsia, and cholestasis and the evidence of a potential fetal anomaly, PrimeCare and Defendants Medical Director Doe, Huffman, Hallett, Hardy, Agostinella, Whewell and Fischer, knew or should have known that Ms. Lane's pregnancy was high risk and that Ms. Lane required specialized prenatal care.

71. Professional health organizations recommend that patients with high-risk pregnancies undergo additional testing, monitoring, and treatment beyond standard prenatal care.

72. For those with mild preeclampsia or at risk of developing it, these additional measures include: daily low-dose aspirin, weekly non-stress tests, biophysical profiles and laboratory tests, twice-weekly testing if fetal growth restriction is suspected, ultrasound examinations every three weeks, and regular blood pressure checks, urine tests, as well as monitoring for headaches and visual disturbances.<sup>10</sup>

73. Multiple major professional medical organizations recommend that pregnant patients with hypertension have frequent prenatal visits and have regular monitoring of blood pressure, symptoms, and laboratory markers. This can include self-measured blood pressure (SMBP) monitoring, as a helpful strategy for women with elevated blood pressure.<sup>11</sup>

74. Professional guidance recommends that patients suspected of having cholestasis receive targeted testing and that patients diagnosed with cholestasis receive treatment and supplementary fetal monitoring.<sup>12</sup>

75. Medical providers typically treat obstetric cholestasis through medication. When medication is ineffective, medical providers commonly induce labor early to reduce the risk of pregnancy complications from obstetric cholestasis.<sup>13</sup>

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<sup>10</sup> See e.g., *ACOG Committee Opinion No. 743: Low-Dose Aspirin Use During Pregnancy*, 132 OBSTETRICS & GYNECOLOGY E44 (2018), [https://journals.lww.com/greenjournal/fulltext/2018/07000/acog\\_committee\\_opinion\\_no\\_743\\_low\\_dose\\_aspirin.57.aspx](https://journals.lww.com/greenjournal/fulltext/2018/07000/acog_committee_opinion_no_743_low_dose_aspirin.57.aspx); Angela Ryan Lee, MD, et al., *Hypertension in Pregnancy Change Package* (May 2024), <https://millionhearts.hhs.gov/files/Hypertension-in-Pregnancy-508.pdf>; Barrett M. Schroeder, *ACOG Practice Bulletin on Diagnosing and Managing Preeclampsia and Eclampsia* (Jul. 15, 2002), <https://www.aafp.org/afp/2002/0715/p330>; *Preeclampsia*, WORLD HEALTH ORGANIZATION (Dec. 10, 2025), <https://www.who.int/news-room/fact-sheets/detail/preeclampsia>.

<sup>11</sup> See Angela Ryan Lee, MD, *supra* note 10.

<sup>12</sup> Richard H. Lee, MD, et al., *Society for Maternal-Fetal Medicine Consult Series #53: Intrahepatic Cholestasis of Pregnancy*, 224 AMERICAN JOURNAL OF OBSTETRICS & GYNECOLOGY B2 (2011).

<sup>13</sup> See *Cholestasis of Pregnancy*, *supra* note 7.

76. From June 21, 2024, to July 25, 2024, PrimeCare Defendants did not schedule Ms. Lane for or directly provide Ms. Lane with the recommended testing, monitoring, or treatment related to her heightened risk of developing hypertension, preeclampsia, and/or cholestasis.

77. Despite it being the standard of care for preeclampsia, PrimeCare Defendants did not order or provide Ms. Lane with a daily low dose aspirin between June 21, 2024, and July 25, 2024.

78. Soon after being incarcerated at WCCF, Ms. Lane began experiencing symptoms associated with hypertension, preeclampsia, and cholestasis.

79. These symptoms included headaches, itchiness, constipation, stomach cramping, back pain, nausea, vomiting, and insomnia.

80. Starting on or around July 1, 2024, Ms. Lane reported these symptoms to WCCF and PrimeCare through WCCF's "Ziosk" system which allows incarcerated individuals to send messages to medical staff, WCCF staff, and others.

81. The Ziosk messages Ms. Lane sent regarding her symptoms were reviewed, at minimum, by Defendants Huffman, Hallet, Hardy, Agostinella, Whewell and Fischer.

82. Upon learning of Ms. Lane's symptoms, Defendants PrimeCare, Medical Director Doe, Huffman, Hallet, Hardy, Agostinella, Whewell, and Fischer did not attempt to schedule Ms. Lane for expedited care or provide her with the recommended monitoring, testing, or care for her high-risk pregnancy.

83. Instead, Defendants noted that Ms. Lane was already scheduled or was being scheduled to see an outside provider.

84. Defendant Huffman noted this on July 4, 2024.

85. Defendant Agostinella noted this on July 10, 2024.

86. In addition to the Ziosk requests, Ms. Lane also verbally asked PrimeCare staff, including but not limited to, Defendants Agostinella, Whewell, and Fischer, when she would receive prenatal care to address her high-risk pregnancy.

87. Defendants Agostinella, Whewell, and Fischer responded that they had been instructed by PrimeCare management, including Defendant Hallett, not to provide Ms. Lane with prenatal care until after she was seen by Magee.

88. Upon information and belief, Defendants Huffman, Agostinella, Whewell, and Fischer were referring, in writing and verbally, to the MFM and genetic counseling appointments scheduled at Magee on July 25, 2024.

89. The care provided by MFM and genetics specialists are not replacements for standard prenatal care and are not specialized prenatal care for hypertension, preeclampsia, or cholestasis.

90. On several occasions in June and July 2024, Ms. Lane convinced PrimeCare employees, including Defendants Agostinella, Whewell, and Fischer, to take her blood pressure while they were providing treatment to others.

91. Many of these blood pressure readings showed a systolic blood pressure at or above 140 mm Hg and/or a diastolic blood pressure at or above 90 mm Hg.

92. Gestational hypertension and preeclampsia are both associated with a systolic blood pressure at or above 140 mm Hg **or** a diastolic blood pressure at or above 90 mm Hg.

93. Defendants noted that these readings were high and informed Ms. Lane that they would include this information in their notes.

94. PrimeCare Defendants received training regarding hypertensive disorders in pregnancy, which identified the symptoms, instructed staff to “always investigate any of the signs

and symptoms immediately,” and cautioned that patients with elevated blood pressure or other “concerning symptoms” should not be allowed to leave the medical department.

95. Defendants Huffman, Hallet, Hardy, Agostinella, Whewell and Fischer knew or should have known that Ms. Lane’s high blood pressure readings and the symptoms she reported verbally and through the Ziosk system were associated with hypertension, preeclampsia, and cholestasis and required urgent attention.

96. Despite this knowledge, Defendants did not schedule Ms. Lane for relevant specialized prenatal care or introduce recommended medical interventions for hypertension, preeclampsia, or cholestasis, such as regular blood pressure checks or urine tests, monitoring for headaches, visual disturbances or other symptoms, or daily low dose aspirin.

97. Ms. Lane was instead only given Gatorade, Benadryl, and stool softeners.

98. Gatorade, Benadryl, and stool softeners are not recommended treatments for hypertension, preeclampsia, or cholestasis

99. When Ms. Lane complained about not receiving medical care, rather than address her concerns, PrimeCare and WCCF staff instructed her to file grievances.

### **Excessive Heat**

100. When Ms. Lane arrived at WCCF in June 2024, she was housed in a cell without air conditioning, a fan, or other cooling system.

101. During the time Ms. Lane was incarcerated in June and July 2024, high temperatures in Washington County were above 90 degrees on 16 days and between 85 and 89 degrees on 14 days.<sup>14</sup>

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<sup>14</sup> NAT’L ENV’T SATELLITE, DATA, AND INFO. SERV., *Record of Climatological Observations, Washington County Airport Station, June 1-July 31, 2024*, generated on May 22, 2026 (on file with undersigned counsel).

102. While at WCCF in June and July 2024, Ms. Lane experienced extreme sensitivity to heat.

103. Exposure to high heat is dangerous for pregnant people and can lead to “health harms,” “pregnancy complications,” and “adverse pregnancy outcomes. As little as one day of high heat may increase risk.”<sup>15</sup>

104. As a pregnant person with a history of preeclampsia, Ms. Lane was especially vulnerable to high temperatures, as “exposure to warm temperatures during the third trimester increases the risk for preeclampsia.”<sup>16</sup>

105. As a result of this heat exposure, Ms. Lane developed headaches, dizziness, blurred vision, breathing complications, and shortness of breath.

106. The heat also caused Ms. Lane to sweat profusely.

107. Due to the heat and her attendant symptoms, Ms. Lane’s ability to sleep, think clearly, concentrate, and move freely without assistance was hindered.

108. Ms. Lane told PrimeCare and WCCF staff, including Defendants Agostinella, Fischer, and Whewell, and a correctional officer, that she was overheating. Ms. Lane asked whether they could move her to a cell in a cooler area of the prison or provide other accommodations to address the dangerous temperature levels.

109. Defendants Agostinella, Fischer, and Whewell told Ms. Lane that WCCF and PrimeCare would not provide her accommodations for the heat. The only accommodation WCCF and PrimeCare would provide to a pregnant individual was an extra mattress.

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<sup>15</sup>*Clinical Overview of Heat and Pregnancy*, CTR. FOR DISEASE CTRL. (Sep. 18, 2025), <https://www.cdc.gov/heat-health/hcp/clinical-overview/heat-and-pregnant-women.html>.

<sup>16</sup>Sagi Shashar et al., *Temperature and preeclampsia: Epidemiological evidence that perturbation in maternal heat homeostasis affects pregnancy outcome*, 15(5) PLOS One 1, 9 (2020).

110. Upon information and belief, the correctional officer asked Defendant McDonough, a WCCF supervisor, whether Ms. Lane could be moved to a cooler cell.

111. Defendant McDonough rejected this request on the grounds that he was not moving anyone from their cell at that time.

112. WCCF and PrimeCare did not provide Ms. Lane with any accommodations to address the excessive heat at WCCF in June and July 2024, or to mitigate her heat-related symptoms.

113. PrimeCare, WCCF, Defendant Fewell and Medical Director Doe did not maintain any policy or procedure relating to mitigating excessive heat in the facility nor any policy or practice to provide accommodations to pregnant people experiencing distress from heat.

### **Inadequate Nutrition**

114. It is recommended that pregnant people in the third trimester consume approximately 450 extra calories a day to support the growth of the fetus and the health of the mother.<sup>17</sup>

115. Based on the U.S. Department of Agriculture's *Dietary Reference Intakes Calculator*, a woman of Ms. Lane's size, activity level, and age needs approximately 2500 to 2900 calories per day during the third trimester of pregnancy.<sup>18</sup>

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<sup>17</sup> *How much weight should I gain during pregnancy?* AM. COLL. OF OBSTETRICIANS & GYNECOLOGISTS (Aug. 2021), <https://www.acog.org/womens-health/experts-and-stories/ask-acog/how-much-weight-should-i-gain-during-pregnancy>; *Healthy Eating During Pregnancy*, AM. COLL. OF OBSTETRICS & GYNECOLOGY (Mar. 2026), <https://www.acog.org/womens-health/faqs/healthy-eating-during-pregnancy>.

<sup>18</sup> *DRI Calculator for Healthcare Professionals*, U.S. DEP'T OF AGRIC. <https://www.nal.usda.gov/human-nutrition-and-food-safety/dri-calculator> (last visited Jun. 8, 2026).

116. Malnutrition can cause serious and long-term health problems for both the pregnant woman and her fetus.<sup>19</sup>

117. Malnutrition can cause or exacerbate hypertension and preeclampsia.<sup>20</sup>

118. Under PrimeCare’s policy on the “Counseling and Care of the Pregnant Inmate,” “All pregnant females will receive an approved well-balanced diet by the facility registered dietician, which shall include a minimum of milk with all meals. The patient shall also be ordered prenatal vitamins and folic acid. Diets should reflect national guidelines. When possible, additional food in between mealtimes should be provided as physiologic changes and nausea may create a need for more frequent meals.”

119. Defendant PrimeCare, Medical Director Doe, and Defendant Fewell did not take any steps to ensure that the “Counseling and Care of the Pregnant Inmate” policy was followed with respect to the diet provided to Ms. Lane.

120. Under WCCF’s Food Service policy, Defendant Jane Smith, Food Service Supervisor, was responsible for overseeing menu planning and coordinating with a nutritionist and a doctor to ensure individuals’ nutritional needs were met.

121. Despite this, neither Defendant Smith nor Defendant Huffman made sufficient efforts to ensure that Ms. Lane’s nutritional needs were met.

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<sup>19</sup>See Guoyao Wu et al., *Biological Mechanisms for Nutritional Regulation of Maternal Health and Fetal Development*, 26 PAEDIATRIC AND PERINATAL EPIDEMIOLOGY 4, 4 (2012).

<sup>20</sup>“Malnutrition (nutrient deficiencies or obesity) in pregnant women adversely affects their health by causing or exacerbating a plethora of problems, such as anaemia, maternal haemorrhage, insulin resistance, and hypertensive disorders (e.g. pre-eclampsia/eclampsia). Maternal malnutrition during gestation also impairs embryonic and fetal growth and development, resulting in deleterious outcomes, including intrauterine growth restriction (IUGR), low birthweight, preterm birth, and birth defects (e.g. neural tube defects and iodine deficiency disorders).” *Id.*

122. No PrimeCare or WCCF employee, including Defendants Smith or Huffman, conducted an individual assessment to determine how many calories Ms. Lane needed based on her physical characteristics, level of activity, or the duration of her pregnancy.

123. PrimeCare and Medical Director Doe failed to adequately train and supervise their staff to ensure that Ms. Lane received an individualized assessment of the number of calories she required to support a healthy pregnancy.

124. While incarcerated at WCCF during her third trimester, Ms. Lane received only the standard diet provided to all detainees, along with a half-pint carton of milk with each meal, and one additional half-pint carton of milk and graham cracker in the evening.

125. WCCF served dinner at approximately 4:30 P.M. and breakfast at approximately 7:00 A.M. During the approximately 14.5 hours between those times, the only food WCCF provided to Ms. Lane was a half pint of milk and a single graham cracker.

126. The milk Ms. Lane received in the evening was often spoiled.

127. Ms. Lane notified PrimeCare staff, including Defendant Sisler, that the milk was often spoiled.

128. The standard diet provided to detainees at WCCF consists of small, pre-portioned servings. Detainees are typically not allowed to take seconds or additional helpings.

129. Incarcerated individuals at WCCF regularly complain that the food portions are insufficient.

130. Upon information and belief, the standard diet plus the additional graham cracker and milks provided to pregnant detainees at WCCF did not meet the recommended calories or nutrient intake for a pregnant person of Ms. Lane's size, activity level, and gestational age.

131. Due to the insufficient diet at WCCF, Ms. Lane suffered hunger pains, fatigue, and constipation.

132. Ms. Lane's hunger often left her without energy to participate in prison activities.

133. Due to her hunger, Ms. Lane had trouble sleeping.

134. The insufficient diet at WCCF may have contributed to Ms. Lane's hypertension and preeclampsia.

135. Ms. Lane repeatedly asked WCCF staff for additional food because of her pregnancy.

136. WCCF repeatedly denied Ms. Lane's requests for additional food.

137. When she had available funds, Ms. Lane was forced to use her funds to purchase food from WCCF's commissary to attempt to meet her nutritional needs.

#### **July 2024 Hospital Visits**

138. On July 15, 2024, at almost 32 weeks pregnant, Ms. Lane began experiencing severe cramps, back and side pain, headache, cholestasis pain, and vomiting.

139. Headache, lower back pain, abdominal pain, and nausea are common symptoms of gestational hypertension and preeclampsia.<sup>21</sup>

140. From July 15 through July 18, 2024, Ms. Lane reported these symptoms to WCCF through WCCF's Ziosk system multiple times.

141. Neither Defendants nor other PrimeCare employees provided Ms. Lane with medical care to address these symptoms.

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<sup>21</sup> Preeclampsia, PREECLAMPSIA FOUNDATION (Aug. 1, 2025), <https://www.preeclampsia.org/signs-and-symptoms>.

142. Ms. Lane's messages were reviewed, at minimum, by Defendants Hardy, Whewell, Hallet, and Fischer.

143. WCCF and PrimeCare's Pregnant Inmate Policy states: "[PrimeCare] provides emergent care to all patients within our institutions...**ALL pregnancy-related complications will be immediately transferred to the local hospital for evaluation and treatment. PCM staff shall provide appropriate care until such time as the transfer occurs.**" (emphasis original)

144. PrimeCare did not ensure that its staff followed this policy in providing care to Ms. Lane.

145. On July 18, 2024, three days after her symptoms began, Defendant Hallet, acting on orders from Defendant Hardy, finally contacted Magee regarding Ms. Lane's symptoms.

146. Magee staff recommended that Ms. Lane be sent to the local hospital for triage and evaluation.

147. On July 18, 2024, WCCF transported Ms. Lane to the local Emergency Room at UPMC Washington Hospital ["Washington Hospital"].

148. Per the Washington County Sheriff's Department and WCCF policy, "Security and Control of Prisoners Transported to Medical Care Facilities or Hospitals for treatment, examination, or admission," incarcerated individuals transported from WCCF to a medical facility, are placed in the custody of Washington County Sheriffs upon arrival.

149. While at Washington Hospital on July 18, 2024, Ms. Lane was in the custody of Defendant Patterson and another Washington County Sheriff ("accompanying sheriff").

150. Throughout the entirety of Ms. Lane's hospital visit, Defendant Patterson and the accompanying sheriff kept Ms. Lane restrained, either in handcuffs or shackled with one of her wrists and one of her ankles shackled to her hospital bed. Defendant Patterson and the

accompanying sheriff made multiple statements in Ms. Lane's presence indicating that they disliked supervising incarcerated individuals.

151. For example, the accompanying sheriff informed Ms. Lane that her Emergency Room visit was causing him to miss his "tee time" at the golf course.

152. Once Ms. Lane was seen by a doctor, Defendant Patterson and the accompanying sheriff immediately told Ms. Lane's doctor that she just needed to be "okayed" so she could return to WCCF.

153. Washington Hospital medical staff took Ms. Lane's vitals and placed an external monitor on her belly.

154. Ms. Lane's blood pressure was high, measuring 143/86.

155. The accompanying sheriff joked that he also had high blood pressure and took the blood pressure cuff from Ms. Lane to take his own blood pressure.

156. Defendant Patterson joked that Ms. Lane was constipated and she just "needed to go to Taco Bell."

157. Ms. Lane believes that Washington Hospital doctors discharged her quickly in response to the pressure they received from Defendant Patterson and the accompanying sheriff.

158. Between July 21, 2024, and July 25, 2024, Ms. Lane complained daily to PrimeCare staff, including Defendants Huffman and Agostinella, about continued symptoms, such as abdominal pain, itching, headache, and nosebleeds.

159. The only response to these symptoms by PrimeCare staff overseeing Ms. Lane's care during this period, including Defendants Huffman and Agostinella, was to provide Ms. Lane with Tylenol.

160. On July 25, 2024, five weeks after being incarcerated at WCCF, Ms. Lane was sent to a medical appointment with Magee's Maternal Fetal Medicine Department to undergo a fetal anatomy scan and genetic counseling.

161. Ms. Lane was approximately 33 weeks pregnant at this time.

162. While at Magee on July 25, 2024, Ms. Lane was under the custody of Defendants Patterson and Doe A.

163. While under their supervision, Defendants Patterson and Doe A kept Ms. Lane restrained by shackling one of her wrists and one of her ankles to her hospital bed.

164. At this appointment, Ms. Lane had an elevated blood pressure of 146/81.

165. Magee staff diagnosed Ms. Lane with gestational hypertension and determined that she needed to be hospitalized to stabilize her high blood pressure.

166. Ms. Lane was hospitalized at Magee for three days, from July 25, 2024, to July 27, 2024, during which time she received treatment for gestational hypertension.

167. On July 25, 2024, upon learning that Ms. Lane needed to remain in the hospital for extended care, Defendants Patterson and Doe A secured a court order permitting them to leave Ms. Lane at the hospital without police supervision.

168. Defendants Patterson and Doe A left Ms. Lane at Magee in her jail uniform. Ms. Lane had no other clothing with her. She was left without money, a cell phone, or identification card. She had no means by which to get home from the hospital.

169. Magee discharged Ms. Lane on July 27, 2024. At discharge, Magee paid for an Uber for Ms. Lane to get home and provided her with a change of clothes.

### **August 2024 Medical Emergency**

170. On August 28, 2024, Ms. Lane was reincarcerated at WCCF for a probation violation.

171. She was 38 weeks pregnant.

172. WCCF medical records from that date note Ms. Lane's history of preeclampsia and cholestasis.

173. Defendant Huffman ordered PrimeCare staff to monitor and assess Ms. Lane five times per day, starting at 6:00 A.M. on August 29, 2024.

174. These orders were documented by Defendant Thomas and another individual.

175. Defendant Sisler and Defendant Thomas were responsible for performing the monitoring ordered by Defendant Huffman.

176. Ms. Lane did not receive this regular monitoring.

177. Ms. Lane did not refuse this regular monitoring.

178. On the morning of August 29, 2024, Ms. Lane woke up in a pool of sweat, with a pounding headache.

179. Ms. Lane stayed in her cell for that entire day.

180. She was unable to eat or walk to the cafeteria.

181. She was sweating profusely and vomiting for most of the day.

182. No PrimeCare staff, including Defendants Thomas and Sisler, visited, monitored, or checked on Ms. Lane between the time she woke up on August 29, 2024, and approximately 4:00 A.M. on August 30, 2024.

183. Defendant Huffman did not take any steps to make sure her orders for monitoring Ms. Lane were carried out.

184. In the early hours of August 30, 2024, Ms. Lane began experiencing additional and worsening symptoms, including severe pain in her side, blurred vision, trouble breathing, headache, vomiting, and overheating.

185. These symptoms are associated with severe preeclampsia. Severe preeclampsia is a life-threatening emergency that requires immediate medical attention.

186. At or around 3:30 A.M. on the morning of August 30, 2024, Ms. Lane pressed the emergency call button in her cell. Ms. Lane informed an employee of her symptoms and stated she needed immediate medical attention.

187. It took approximately thirty minutes for someone to arrive at Ms. Lane's cell.

188. Defendant Thomas arrived at Ms. Lane's cell at around 4:00 A.M.

189. Defendant Thomas took Ms. Lane's blood pressure, which measured approximately 170/110.

190. Severe preeclampsia is associated with systolic blood pressure of 160 mm Hg or higher **and/or** a diastolic blood pressure of 110 mm Hg or higher.

191. Defendant Thomas informed Ms. Lane that she would call the on-call doctor and left Ms. Lane in her cell with a cup of powdered Gatorade.

192. Upon information and belief, Defendant Huffman was the on-call doctor.

193. No one returned to provide Ms. Lane with care or to monitor her condition for approximately one hour.

194. During that hour, Ms. Lane continued to experience pain, headache, blurred vision, and other symptoms associated with severe preeclampsia.

195. Ms. Lane pressed the emergency call button multiple times during that hour but received no response.

196. Ms. Lane felt fear, devastation, and panic. She was terrified that she was going to give birth alone in her jail cell. She felt certain that she and/or her baby were going to die.

197. Approximately one hour after Defendant Thomas left her cell and nearly an hour and a half after Ms. Lane first pressed the emergency call button, a voice came over the intercom telling Ms. Lane to get dressed and to come to WCCF's intake area.

198. Ms. Lane's cell was opened remotely and she was forced to walk from her cell to the intake area without assistance.

199. An ambulance was waiting for Ms. Lane at the WCCF intake area.

200. The ambulance transported Ms. Lane to Magee under the custody of a WCCF correctional officer.

201. Ms. Lane was admitted to Magee at 6:02 A.M. on August 30, 2024.

202. Shortly after arriving at Magee on August 30, 2024, Magee medical staff determined that Ms. Lane had severe preeclampsia and induced labor.

### **Labor and Delivery**

203. At or around 10:00 A.M., the WCCF correctional officer who traveled with Ms. Lane in the ambulance transferred custody of her to Defendants Doe B and Doe C, sheriffs employed by the Washington County Sheriff's Department.

204. Defendant Doe B told Magee staff that Ms. Lane was not allowed to choose her own emergency contact and instructed Magee staff to list the Washington County Sheriff's Department as Ms. Lane's emergency contact.

205. Defendant Doe B threatened to transfer Ms. Lane to another hospital if anyone came to visit her.

206. Defendants Doe B and Doe C remained in Ms. Lane’s hospital room for almost the entire duration of her labor and delivery, including during contractions, internal exams, and when medical staff manually broke her water.

207. Upon taking over custody of Ms. Lane, Defendants Doe B and Doe C immediately shackled Ms. Lane to her hospital bed.

208. Defendants Doe B and Doe C handcuffed one of Ms. Lane’s wrists to the bed and shackled her opposite ankle to the bed using a leg iron.

209. Ms. Lane had not been shackled while under the supervision of the WCCF correctional officer.

210. In 2010, Pennsylvania passed the “Healthy Birth for Incarcerated Women” Act, which restricts the use of restraints on pregnant women. 61 Pa. Const. Stat. Ann. § 5905. [hereinafter “anti-shackling statute”]

211. The anti-shackling statute provides that, except for limited circumstances, “a correctional institution shall not apply restraints to a prisoner or detainee known to be pregnant during any stage of labor, any pregnancy-related medical distress, any period of delivery, any period of postpartum. . . .” 61 Pa. Const. Stat. Ann. § 5905(b)(1).

212. Under the statute, restraints can only be used after “an individualized determination that the prisoner or detainee presents a substantial risk of imminent flight or some other extraordinary medical or security circumstance dictates that the prisoner or detainee be restrained to ensure the safety and security of the prisoner or detainee, the staff of the correctional institution or medical facility, other prisoners or detainees or the public.” 61 Pa. Const. Stat. Ann. § 5905(b)(2).

213. The anti-shackling statute reflects community medical standards. The American College of Obstetricians and Gynecologists (ACOG) has stated: “Physical restraints have interfered with the ability of physicians to safely practice medicine by reducing their ability to assess and evaluate the physical condition of the mother and the fetus, and have similarly made the labor and delivery process more difficult than it needs to be; thus, overall putting the health and lives of the women and unborn children at risk. . . [t]he practice of shackling an incarcerated woman in labor may not only compromise her health care but is demeaning and unnecessary.”<sup>22</sup>

214. The National Task Force on the Use of Restraints with Pregnant Women under Correctional Custody, initially convened by the Department of Justice, recommended that the use of restraints on pregnant women be limited to “absolute necessity.”<sup>23</sup>

215. Similarly, the American Public Health Association has declared that “women must never be shackled during labor and delivery.”<sup>24</sup>

216. The American Medical Association opposes the shackling of women in labor or recuperating from delivery: “unless there are compelling grounds to believe that the incarcerated woman presents: An immediate and serious threat of harm to herself, staff or others; or a substantial flight risk and cannot be reasonably contained by other means. If an inmate who is in labor or who is delivering her baby is restrained, only the least restrictive restraints necessary to ensure safety and security shall be used.”<sup>25</sup>

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<sup>22</sup> Jennifer G. Clarke, MD, MPH & Rachel E. Simon, *Shackling and Separation: Motherhood in Prison*, 15 AM. MED. ASSOC. J. OF ETHICS 779, 780 (2013).

<sup>23</sup> Kristen King, *Best Practices in the Use of Restraints with Pregnant Women and Girls Under Correctional Custody* 1, 6 (2014), <https://s3.amazonaws.com/static.nicic.gov/Library/028143.pdf>.

<sup>24</sup> AM. PUB. HEALTH ASSOC., STANDARDS FOR HEALTH SERVICES IN CORRECTIONAL INSTITUTIONS, 108 (3<sup>rd</sup> ed. 2003).

<sup>25</sup> Am. Med. Assoc. Resource Ctr., *An “Act to Prohibit the Shackling of Pregnant Prisoners” Model State Legislation* 1, 1, <https://www.ama-assn.org/media/9791/download> (on file with

217. Ms. Lane was a non-violent offender.

218. Ms. Lane never attempted an escape or endangered the safety of herself or anyone else while incarcerated at WCCF.

219. At the time Defendants Doe B and Doe C shackled Ms. Lane, she was 38 weeks pregnant, in labor, and suffering from severe preeclampsia.

220. Her physical condition was such that no reasonable person would believe she presented a risk of escape or danger to others.

221. There is no evidence that Ms. Lane presented a substantial risk of imminent flight or that any extraordinary circumstances existed necessitating use of restraints on Ms. Lane during her labor, delivery, or postpartum recovery.

222. Defendants Doe B and Doe C kept Ms. Lane shackled from the time of their arrival at the hospital around 10:00 A.M. until approximately 3:30 P.M.

223. The shackles caused Ms. Lane physical pain.

224. Due to the shackles, Ms. Lane was unable to reposition, walk, stretch or use standard childbirth pain-management techniques for approximately five-and-a-half hours of labor.

225. At approximately 3:30 P.M., an anesthesiologist arrived to administer Ms. Lane's epidural.

226. Defendants Doe B and C only removed Ms. Lane's shackles when the anesthesiologist demanded they do so to enable him to administer her epidural.

227. Defendants Doe B and C remained in the room until Ms. Lane began pushing, at which point they made snide comments and left the room.

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undersigned counsel).

228. Defendants Doe B and Doe C then stood in the hallway just outside Ms. Lane's door.

229. While posted in the hallway, Defendants Doe B and Doe C kept the door to Ms. Lane's hospital room open.

230. While the door was open, other patients, staff, and visitors could see into Ms. Lane's hospital room. Strangers were able to see Ms. Lane in labor and were able to watch her vaginally deliver her daughter.

231. Ms. Lane felt humiliated by this invasion of her privacy.

232. Ms. Lane gave birth to her daughter at 4:18 P.M. on August 30, 2024, without the presence of family or chosen support people.

233. Ms. Lane experienced a first-degree vaginal tear during delivery and significant post-labor bleeding.

234. Following delivery, Defendants Doe B and Doe C immediately reentered Ms. Lane's hospital room and re-shackled her.

235. Upon information and belief, Defendants Doe B and Doe C shackled Ms. Lane throughout labor pursuant to a policy or practice of the Washington County Sheriff's Department, overseen by Defendant Washington County.

236. Ms. Lane's family and the father of her child did not know she had given birth until five days after her delivery.

### **Postpartum Recovery**

237. Following labor and delivery, Ms. Lane exhibited symptoms of postpartum preeclampsia, including elevated blood pressure and a persistent headache.

238. Postpartum preeclampsia is a dangerous condition that can lead to life-threatening complications, including pulmonary edema, thromboembolism, or stroke.<sup>26</sup>

239. Due to these symptoms, Ms. Lane was transferred to a special hospital ward where she received five days of monitoring, treatment, and postpartum care.

240. Approximately 10-12 Sheriffs from the Washington County Sheriff's Department, including Defendant Patterson, and Defendants Does A-J, kept Ms. Lane shackled for nearly the entire duration of her postpartum care at Magee.

241. 61 Pa. Const. Stat. Ann. §§ 5905 and 5911 prohibit the use of restraints on individuals in postpartum recovery.

242. There is no evidence that Ms. Lane presented a risk of harm to herself or others, presented a substantial risk of imminent flight, or that any extraordinary circumstances existed necessitating use of restraints on Ms. Lane during her postpartum recovery period.

243. The shackles caused Ms. Lane physical pain.

244. As a result of being shackled, Ms. Lane had difficulty holding, caring for, and feeding her newborn.

245. As a result of being shackled, Ms. Lane was not able to walk around her room or the hospital ward, including to stretch, to view her daughter in the nursery, or to work on her physical recovery.

246. Ms. Lane was not permitted to bathe herself for a full day following labor and delivery because Defendants Doe B and Doe C told Magee staff that Ms. Lane could not shower without supervision.

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<sup>26</sup>*Postpartum Preeclampsia*, MAYO CLINIC (Aug 17, 2021), <https://www.mayoclinic.org/diseases-conditions/postpartum-preeclampsia/symptoms-causes/syc-20376646>.

247. Ms. Lane was only allowed to bathe herself after Magee staff insisted Ms. Lane's shackles be removed and that she be permitted to shower.

248. Two sheriffs removed Ms. Lane's shackles while supervising Ms. Lane. One of these sheriffs told Ms. Lane that removing the shackles was against Washington County Sheriff Department's policy and instructed Ms. Lane not to tell any of the other sheriffs that they had removed the shackles.

249. Upon information and belief, Defendant Sheriffs would report back to their supervisors at the end of each shift regarding Ms. Lane's hospitalization.

250. Defendant Sheriffs kept the door to Ms. Lane's hospital room open during her postpartum recovery, allowing other patients, staff, and visitors to witness Ms. Lane shackled to her hospital bed.

251. On or around August 31, 2024, after pumping her breast milk for the first time, Ms. Lane placed her breast pump on a bedside table in her hospital room.

252. Shortly afterwards, while Ms. Lane was holding her newborn and handcuffed to her bed, Defendant Patterson arrived in Ms. Lane's hospital room.

253. Upon entering her room, Defendant Patterson threw Ms. Lane's breast pump off the table, and yelled, "What are you doing? This is my table! You're over here pumping, you don't have any rights, you're incarcerated."

254. Defendant Patterson then yelled, "You don't run this s\*\*\*, I run this s\*\*\*. We don't have to let you see your baby. We can take away your baby right now."

255. As a result of Defendant Patterson's threats and conduct Ms. Lane started to cry. She began to shake and had trouble breathing and holding her baby securely.

256. As a result of Defendant Patterson's threats and conduct Ms. Lane felt panic, fear, distress and had racing thoughts, including that Defendant Sheriffs were going to prevent her from seeing or holding her newborn.

257. Based on Defendant Patterson's berating, Ms. Lane believed that she was not allowed to pump breast milk or breastfeed her daughter. During and after her five days of recovery at Magee, Ms. Lane only pumped breastmilk this one time.

258. Ms. Lane experienced breast engorgement, pain and discomfort because she was not pumping or breastfeeding.

259. Ms. Lane had planned to feed her daughter breastmilk while at Magee because she understood the nutritional benefits that breast milk provides to newborns.

260. Defendant Sheriffs made numerous statements to or within earshot of Magee staff and Ms. Lane about hating hospital duty.

261. Defendant John Doe D questioned Ms. Lane's medical team about her medications and about the need for certain tests, including an MRI and CAT Scan.

262. Defendant Doe D repeatedly asked Ms. Lane's medical team when she could leave the hospital.

263. Defendant Doe D told medical staff that Ms. Lane was lying about her postpartum headache because she did not want to return to jail.

264. Ms. Lane was scheduled to be discharged from Magee on September 4, 2024. Ms. Lane was in the custody of Defendant Doe D at this time.

265. At or around the time of discharge, Ms. Lane's medical team determined that her blood pressure was still elevated.

266. Magee staff informed Ms. Lane and Defendant Doe D that Ms. Lane could not leave the hospital with an elevated blood pressure.

267. Upon learning that Ms. Lane might remain at the hospital for further treatment and monitoring, Defendant Doe D informed Ms. Lane that she had a probation hearing scheduled at WCCF the following day.

268. Ms. Lane had been unaware that a probation hearing was scheduled.

269. Upon learning about the probation hearing, Ms. Lane became hopeful that if she were released on probation she would be able to retain custody of her newborn daughter.

270. Absent knowledge of the probation hearing, Ms. Lane would have preferred to remain at Magee for further treatment and monitoring.

271. After talking with hospital staff and re-assessing her blood pressure, Magee staff agreed to discharge Ms. Lane on September 4, 2024.

272. Ms. Lane was returned to WCCF, where she learned that she did not have a probation hearing scheduled for the following day.

273. Upon information and belief, no such hearing was ever scheduled.

274. Upon information and belief, no one from WCCF informed Defendant Doe D or anyone at the Washington County Sheriff's Department that Ms. Lane had a probation hearing scheduled for September 5, 2024.

#### **Postpartum Care at WCCF**

275. Upon return to WCCF, Ms. Lane was housed in solitary confinement in the medical unit.

276. Upon return, WCCF provided Ms. Lane with one uniform and one towel.

277. WCCF did not provide Ms. Lane with underwear or sanitary napkins.<sup>27</sup>

278. The mattress provided to Ms. Lane in the medical unit had blood on it.

279. As part of her postpartum care, Magee staff gave Ms. Lane products to clean her stitches, alleviate pain and manage her continued recovery. These postpartum care items included disposable underwear, extra absorbent sanitary napkins, medicated wipes, a perineal spray bottle, and pain medication.

280. WCCF confiscated all of the postpartum care items Ms. Lane received from Magee.

281. Ms. Lane asked WCCF and PrimeCare staff, including Defendants Agostinella, Fisher, and Whewell, for these postpartum care items to be returned to her approximately five times between September 5, 2024, and September 7, 2024.

282. Defendants denied or ignored these requests.

283. Defendants did not return the postpartum care items to Ms. Lane during her postpartum recovery.

284. As a result of not being provided with underwear or sanitary napkins, Ms. Lane bled through her prison uniform and mattress sheets.

285. Because she was not provided with adequate sanitary supplies, Ms. Lane was forced to use the only towel provided to her for showering to soak up blood.

286. On September 6, 2024, Ms. Lane used the call button in her cell to inform WCCF staff that she had bled through her uniform and to request a new uniform.

287. Ms. Lane was given a second uniform. She was not given underwear or sanitary napkins. Ms. Lane placed her bloody uniform in the corner of her cell.

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<sup>27</sup> Defendants' refusal to provide Ms. Lane with sanitary napkins also contravened Pennsylvania law which requires that "feminine hygiene products relating to menstruation" be provided to all incarcerated individuals who menstruate. *See* 61 Pa. Const. Stat. Ann. § 5910.

288. Between September 6, 2024, and September 7, 2024, Ms. Lane bled through the second uniform.

289. On September 7, 2024, after two days of bleeding on her clothes, towel, and sheets, Ms. Lane was given a third uniform, and only then was she finally provided underwear and sanitary napkins. She was not provided with clean sheets or a clean towel.

290. The sanitary napkins provided to Ms. Lane were rough, uncomfortable, and not absorbent enough for her postpartum needs.

291. Ms. Lane remained in solitary confinement in the medical unit for five to six days.

292. During this time, Ms. Lane had to use bloody sheets and a bloody towel, and her blood-soaked uniforms remained in the corner of her cell.

293. WCCF's and PrimeCare's denial of necessary medical supplies and treatment caused Ms. Lane unnecessary pain and humiliation and put her at risk of infection.

294. Ms. Lane did not shower during her time in the medical unit because she was concerned about getting an infection and not having her postpartum care items.

295. Ms. Lane did not have any reading or writing material, or anything to occupy herself while in the medical unit.

296. Ms. Lane's experiences during her pregnancy, labor and delivery, and postpartum care left her traumatized.

297. Upon returning to WCCF, Ms. Lane continued to suffer from postpartum psychological symptoms, including paranoia, depression, anxiety, loss of appetite, and difficulty sleeping.

298. Following her labor and delivery, Ms. Lane experienced a reoccurring nightmare where her newborn daughter was drowning in front of her and she was unable to save her baby because she was shackled to a pole.

299. Ms. Lane experienced flashbacks to being handcuffed while in labor.

300. Ms. Lane experienced suicidal thoughts and wished she had died during childbirth.

301. Ms. Lane was released from WCCF on March 21, 2025.

302. Her experiences enduring severe pregnancy complications while incarcerated and going through labor, delivery, and postpartum care in shackles continue to cause her severe distress.

303. She continues to suffer from nightmares and depression related to her experiences at WCCF and her time under the supervision of the Washington County Sheriffs.

304. Ms. Lane works with a therapist to address the trauma she experienced while incarcerated at WCCF.

### **Denial of Access to MOUD**

305. Ms. Lane is an individual with a disability, opioid use disorder (“OUD”), which substantially limits her major life activities of interacting with others, sleeping, thinking, and communicating.

306. OUD is a chronic disease of the brain.<sup>28</sup>

307. OUD is progressive, meaning it often becomes more severe over time. Without effective treatment, patients with OUD are rarely able to control their use of opioids, often resulting in serious physical harm or premature death, including due to accidental overdose.

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<sup>28</sup> *What is drug addiction?*, NATIONAL INSTITUTE ON DRUG ABUSE, DRUGS, BRAINS, AND BEHAVIOR: THE SCIENCE OF ADDICTION (Jul. 2018), <https://nida.nih.gov/publications/drugs-brains-behavior-science-addiction/drug-misuse-addiction>.

308. As with other chronic diseases, broad consensus in the medical and scientific communities, as well as the National Commission on Correctional Health Care (“NCCHC”) and the National Sheriffs’ Association, is that medication is necessary to effectively treat OUD.<sup>29</sup>

309. Medication for Opioid Use Disorder (“MOUD”), in particular agonist MOUD such as buprenorphine and methadone, reduces illicit drug use, overdoses, and all-cause mortality (death from any cause).<sup>30</sup>

310. Methadone and buprenorphine are “agonists,” which means they bind to the opioid receptors in the brain to relieve withdrawal symptoms and control cravings. Agonist medication, i.e., buprenorphine (including Suboxone and Sublocade) and methadone, are the standard of care for OUD.

311. The effect of both methadone and buprenorphine is much milder, steadier, and longer-lasting than drugs such as heroin, fentanyl, or oxycodone. Because methadone and buprenorphine bind to the opioid receptors they stimulate, they block the receptors from being stimulated by more powerful agonists—meaning that patients taking methadone and buprenorphine cannot get the same “high” from illicit drugs like heroin and fentanyl. This trains buprenorphine patients’ brains to gradually decrease their response to, and interest in, opioids. This process is known as “extinction learning.”

312. Naltrexone is an “antagonist,” which means it blocks opioid receptors without activating them, preventing the euphoric effect of opioids. However, naltrexone does not relieve

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<sup>29</sup> *Jail-Based Medication-Assisted Treatment Promising Practices, Guidelines, and Resources for the Field*, THE NAT’L SHERIFF’S ASS’N AND NAT’L COMM’N ON CORRECTIONAL HEALTHCARE, (Oct. 2018), <https://www.sheriffs.org/publications/Jail-Based-MAT-PPG.pdf>.

<sup>30</sup> See Alexander Y. Walley, et al, *Association between mortality rates and medication and residential treatment after inpatient medically managed opioid withdrawal: A cohort analysis*, 115 ADDICTION 1 (2020).

withdrawal symptoms and can trigger acute and severe withdrawal. That withdrawal is especially severe when a patient has recently taken an opioid agonist such as methadone or buprenorphine. For that reason, medical standards require patients to be fully withdrawn from opioids, including other forms of MOUD, before receiving naltrexone—a process that requires not using opioids for anywhere from seven to fourteen days. Studies have shown that naltrexone treatment produces substantially poorer outcomes in terms of treatment retention than either methadone or buprenorphine.

313. The Substance Abuse and Mental Health Services Administration (“SAMHSA”) has concluded that “just as it is inadvisable to deny people with diabetes the medication they need to help manage their illness, it is also not sound medical practice to deny people with OUD access to FDA-approved medications for their illness.”<sup>31</sup>

314. While all three OUD medications, methadone, buprenorphine, and naltrexone, can be effective for certain individuals with OUD, they are not interchangeable. A medical provider’s decision about which OUD medication is appropriate for a particular patient will depend on an individualized assessment of the patient’s medical, psychiatric, and substance use histories, their current level of physical dependence on opioids, their prior responses to medication, and their treatment preferences.<sup>32</sup>

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<sup>31</sup> SAMHSA, *Medications for Opioid Use Disorder for Healthcare and Addiction Professionals, Patients, and Families, Treatment Improvement Protocol Tip 63*, ES-2 (2020), <https://www.ncbi.nlm.nih.gov/books/NBK574914/>.

<sup>32</sup> *Id.* At ES-3, ES-4, 2-9, 2-18.

315. Within the first two weeks after release from incarceration, the risk of death from overdose is 12.7 times higher than for the general population.<sup>33</sup> This is the result of a decreased tolerance for opioids and a lack of treatment provided to people while they are incarcerated.

316. Without treatment, people with OUD will continue to experience cravings for opioids, leading them to return to using opioids once they are accessible.

317. MOUD is proven to decrease the risk of death upon release by ridding people of these cravings.<sup>34</sup>

318. Ms. Lane has had OUD since she was in her twenties.

319. When prescribed MOUD in the form of buprenorphine previously, Ms. Lane found that it allowed her to maintain longer periods of sobriety from illicit drugs.

320. Buprenorphine helps prevent “cravings” for opioids, a key element in controlling the symptoms of OUD.

321. Without buprenorphine, Ms. Lane obsessively thinks about obtaining more opioids.

322. Buprenorphine does not make Ms. Lane “high” or intoxicated.

323. Upon arrest on June 21, 2024, Ms. Lane was taken to Washington Hospital for medical evaluation, where she was prescribed Subutex, a form of buprenorphine.

324. When she arrived at WCCF, PrimeCare staff were aware that she was pregnant and had OUD.

325. PrimeCare staff provided Ms. Lane with Subutex throughout her pregnancy while she was incarcerated.

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<sup>33</sup> Elizabeth Needham Waddell et al, *Reducing overdose after release from incarceration*, 8 HEALTH & JUSTICE 1, 1 (2020).

<sup>34</sup> See Sungwoo Lim et al, *Association between jail-based methadone or buprenorphine treatment for opioid use disorder and overdose mortality after release from New York City jails 2011-17*, 3 ADDICTION 118 (2023).

326. Defendants Washington County, Washington County Prison Board, PrimeCare and Medical Director Doe maintained a policy and/or practice of only providing buprenorphine (Suboxone and Sublocade) to incarcerated people who were pregnant, regardless of medical need.

327. As a result, Washington County, Washington County Prison Board, PrimeCare and Medical Director Doe's policy and/or practice functioned as a blanket ban on the provision of any form of buprenorphine to non-pregnant people, regardless of medical need.

328. Defendants' blanket buprenorphine ban for non-pregnant people deprives the prison medical staff of any discretion to authorize buprenorphine treatment, barring medical staff from providing this treatment option even when it is based on medical necessity and the medical standard of care.

329. The only form of MOUD available to non-pregnant people at WCCF was naltrexone (Vivitrol).

330. Defendants Washington County, Washington County Prison Board, PrimeCare, and Medical Director Doe were responsible for creating and enforcing the policy of only providing buprenorphine to pregnant people.

331. After the delivery of her baby, Ms. Lane discussed with her healthcare providers at Magee the fact that WCCF would not continue her prescription for Subutex, or any other form of buprenorphine, now that she was no longer pregnant.

332. In an attempt to provide her with necessary medical care for OUD, the hospital provided Ms. Lane with a Sublocade injection.

333. Sublocade is an extended-release, injectable form of the same medication as Subutex, buprenorphine. Generally, a Sublocade injection lasts around 28 days.

334. Ms. Lane's providers at Magee also scheduled her for a follow-up appointment to receive her next dose of Sublocade.

335. Ms. Lane was not taken to that appointment and it was never rescheduled.

336. As a result of Defendants not continuing to provide her with Sublocade, or another form of buprenorphine, Ms. Lane went through withdrawal, while still postpartum.

337. Ms. Lane's withdrawal symptoms included nausea, vomiting, hot and cold sweats, and severe anxiety.

338. Following her acute withdrawal phase, Ms. Lane experienced post-acute withdrawal symptoms including heightened anxiety and cravings for opioids.

339. During this time, Ms. Lane tested positive for buprenorphine on a urine drug screening test. As a result, she was punished and placed in solitary confinement.

340. A Sublocade injection can cause a positive result for buprenorphine on a urine test for a year or longer.

341. Counsel for Plaintiff contacted WCCF on December 11, 2024, on Ms. Lane's behalf. Counsel explained the legal obligation to provide treatment for OUD in the form of buprenorphine or other medication and requested that Ms. Lane be prescribed and provided buprenorphine.

342. Subsequently, WCCF began providing Ms. Lane and one other incarcerated person with buprenorphine.

343. Later, WCCF began providing buprenorphine to those who were being treated with buprenorphine at the time of their arrest.

## CAUSES OF ACTION

### **Count I – Violation of the Eighth/Fourteenth Amendment to the U.S. Constitution: Inadequate Prenatal Medical Care**

(Against Defendants Washington County, Washington County Prison Board, PrimeCare, Fewell, Medical Director John Doe, Huffman, Agostinella, Fischer, Hallett, Hardy, Sisler, Thomas and Whewell)

344. The allegations set forth in each of the preceding paragraphs are incorporated herein by reference.

345. Defendants Medical Director Doe, Huffman, Agostinella, Fischer, Hallett, Hardy, Sisler, Thomas, and Whewell's acts and/or omissions were objectively unreasonable, not rationally related to any legitimate purpose, and exhibited deliberate indifference to Ms. Lane's serious prenatal medical needs and a substantial risk of serious harm, including premature, preventable death of her or her child.

346. At all relevant times, Defendant Washington County and Washington County Prison Board had a non-delegable duty to provide adequate medical care to individuals incarcerated in Washington County Correctional Facility and are therefore liable for any violations of Ms. Lane's rights caused by PrimeCare's policies or customs.

347. Defendants Washington County, Washington County Prison Board, Fewell, PrimeCare, and Medical Director Doe have, with objective unreasonableness and deliberate indifference, failed to establish policies, practices, and procedures and/or have failed to properly train, supervise, and discipline their employees regarding the provision of adequate medical care to incarcerated people who are pregnant.

348. Through their blanket ban on providing buprenorphine to non-pregnant people, Defendants Washington County, Washington County Prison Board, Fewell, Medical Director John

Doe, and PrimeCare were objectively unreasonable and deliberately indifferent to Ms. Lane's serious medical needs after the delivery of her child.

349. Defendants' acts and/or omissions caused Ms. Lane unnecessary pain and suffering and significant health consequences.

**Count II: Professional Negligence and Vicarious Liability under Pennsylvania Law**  
(Against Defendants PrimeCare, Medical Director Doe, Huffman, Agostinella, Fischer, Hallett, Hardy, Sisler, Thomas and Whewell)

350. The allegations set forth in each of the preceding paragraphs are incorporated herein by reference.

351. At all relevant times, the individual Defendants had a duty to act in accordance with the standard of care required of medical professionals and to act as a reasonable person would under the same or similar circumstances.

352. Defendant Huffman breached her duty as a doctor when she failed to provide adequate medical care to Ms. Lane, including her failure to ensure appropriate access to standard prenatal care, specialized prenatal care for Ms. Lane's high-risk pregnancy, testing, and monitoring of Ms. Lane's dangerous health conditions, and her failure to respond appropriately to Ms. Lane's symptoms.

353. Defendants Agostinella, Fischer, Hallett, Hardy, and Whewell breached their duty as nurses when they failed to provide adequate medical care to Ms. Lane, including their failure to ensure appropriate access to standard prenatal care, specialized prenatal care for Ms. Lane's high-risk pregnancy, testing and monitoring of Ms. Lane's dangerous health conditions, and their failure to respond appropriately to Ms. Lane's symptoms.

354. Defendants Sisler and Thomas breached their duty as nurses when they failed to adequately monitor Ms. Lane, as ordered, and when Defendant Thomas failed to timely and adequately respond to Ms. Lane's health crisis.

355. Defendant Medical Director John Doe breached their duty as a doctor when they failed to provide adequate medical care to Ms. Lane, including their failure to ensure appropriate access to adequate prenatal care. They also breached their duty when they failed to treat Ms. Lane's opioid use disorder in accordance with the standard of care and authorized a policy which prohibited necessary and standard care.

356. As a result of the individual Defendants' acts and omissions, Ms. Lane suffered physical harm, pain, and suffering.

357. Defendant PrimeCare Medical, Inc. is vicariously liable for the negligence of its employees, Defendants Huffman, Agostinella, Fischer, Hallett, Hardy, Sisler, Thomas, and Whewell.

**Count III – Violation of the Eighth/Fourteenth Amendment to the U.S. Constitution:  
Shackling During Pregnancy, Labor, and Post Partum**  
(Against Defendants Washington County, Fewell, Patterson and Sheriffs John Doe A-J)

358. The allegations set forth in each of the preceding paragraphs are incorporated herein by reference.

359. Defendant Washington County's practice and/or policy of using and requiring mechanical restraints on pregnant people while in labor and during postpartum recovery, in the absence of a specific and individualized assessment that a pregnant person presents a substantial flight risk or extraordinary threat to the safety of staff or other detainees, creates a serious risk that pregnant incarcerated individuals will be subjected to inhumane conditions and/or denial of adequate medical care.

360. Defendant Washington County was aware of and understood this risk, and acting with objective unreasonableness and deliberate indifference, continued to maintain and enforce this practice and/or policy, including with respect to Ms. Lane.

361. Defendants Fewell, Patterson, and Sheriffs John Doe A-J's participated in, enforced, and/or approved of shackling Ms. Lane while she was pregnant, in labor, and during postpartum recovery, conduct that was objectively unreasonable, not rationally related to any legitimate purpose, and which created a substantial risk of serious harm.

362. Defendants Fewell, Patterson, and Sheriffs John Doe A-J actions were objectively unreasonable and exhibited deliberate indifference to Ms. Lane's serious medical needs, to the substantial risk of serious harm shackling posed to Ms. Lane, and to Ms. Lane's constitutional rights, when they shackled her during labor and postpartum recovery.

363. Defendant Washington County's practice and/or policy and Defendants Fewell, Patterson and Sheriffs John Doe A-J's conduct, subjected Ms. Lane to inhumane conditions and/or denial of adequate medical care, in violation of her rights under the Fourteenth Amendment, or, alternatively, the Eighth Amendment.

364. Defendants' practice, policy, acts and/or omissions caused Ms. Lane unnecessary pain and suffering and significant health consequences.

**Count IV – Violation of the Eighth/Fourteenth Amendment to the U.S. Constitution:  
Conditions of Confinement**

(Against Defendants Washington County, Washington County Prison Board, PrimeCare Medical, Fewell, Medical Director Doe, McDonough, Jane Smith, Agostinella, Fischer, and Whewell)

365. The allegations set forth in each of the preceding paragraphs are incorporated herein by reference.

366. Defendants Washington County, Washington County Prison Board, Fewell, Medical Director Doe, and PrimeCare have, with objective unreasonableness and deliberate indifference, failed to establish policies, practices, and procedures and/or have failed to properly train, supervise, and discipline their employees regarding the risk of excessive heat and inadequate nutrition to incarcerated people who are pregnant. They have also failed to ensure that staff took appropriate steps to monitor and address heat exposure and ensure adequate nutrition for incarcerated people who are pregnant.

367. Defendants Washington County, Washington County Prison Board, Fewell, Medical Director Doe, and PrimeCare have, with objective unreasonableness and deliberate indifference, failed to establish policies, practices, and procedures and/or have failed to properly train, supervise, discipline, or taken other steps to ensure sanitary conditions at WCCF, including in the WCCF medical clinic, for incarcerated people who are recovering from labor and delivery.

368. Defendant McDonough acted with objective unreasonableness and deliberate indifference to a substantial risk of serious harm to Ms. Lane's health and safety when he failed to attempt to ameliorate the excessive heat Ms. Lane experienced during her pregnancy.

369. Defendant Jane Smith, Food Services Supervisor, acted with objective unreasonableness and deliberate indifference to a substantial risk of serious harm to Ms. Lane's health and safety when she failed to ensure that Ms. Lane's nutrition requirements were met.

370. Defendants Agostinella, Fischer, and Whewell acted with objective unreasonableness and deliberate indifference to a substantial risk of serious harm to Ms. Lane's health and safety when they failed to provide Ms. Lane with sanitary pads and underwear while postpartum, resulting in her bleeding on her clothes, sheets, and towel; denied Ms. Lane the postpartum care and hygiene items provided by her medical team at Magee, without a penological

reason; and forced Ms. Lane to use blood-soaked sheets, a blood-soaked towel, a bloody mattress, and to remain in a room with bloody clothes for five to six days.

371. Defendants' failures subjected Ms. Lane to inhumane conditions of confinement in violation of the United States Constitution.

372. Defendants' acts and/or omissions caused Ms. Lane unnecessary pain and suffering and significant health consequences.

**Count V– Violation of Fourteenth Amendment Right to Privacy**  
(Against Defendants Patterson and Sheriffs John Doe A-J)

373. The allegations set forth in each of the preceding paragraphs are incorporated herein by reference.

374. Defendants deprived Ms. Lane of her constitutional right to bodily and medical privacy under the Fourteenth Amendment when they remained in the room during her labor, insisted the door to her hospital room remain open during her vaginal delivery, and kept the door to her hospital room open while she was shackled for five days of postpartum care, conduct which resulted in strangers being able to view Ms. Lane during intensely private moments.

375. Defendants, particularly male defendants, knew or should have known that childbirth is a particularly vulnerable state and that remaining in the room of an incarcerated individual while they give birth is objectively unreasonable, especially in light of Pennsylvania law prohibiting such conduct. 61 Pa. Cons. Stat. § 1104(c).

376. Defendants' conduct was not necessary for security purposes and Defendants had no legitimate penological justification for this extensive invasion of Ms. Lane's privacy.

377. Defendants' conduct subjected Ms. Lane to a gratuitous invasion of privacy, in violation of her Fourteenth Amendment rights.

**Count VI – Americans With Disabilities Act**  
(Against Defendant Washington County and Washington County Prison Board)

378. The allegations set forth in each of the preceding paragraphs are incorporated herein by reference.

379. Ms. Lane is a qualified individual with a disability, OUD, which substantially limits her major life activities.

380. Between June 21, 2024, and August 30, 2024, Ms. Lane was also a qualified individual with a disability as she was pregnant and suffering from gestational hypertension, preeclampsia, and/or cholestasis, disabilities that substantially limited major life activities.

381. After giving birth on August 31, 2024, Ms. Lane was a qualified individual with a disability as she was recovering from labor and suffering from postpartum preeclampsia, serious medical conditions which substantially limited major life activities.

382. Washington County and Washington County Prison Board, which operate Washington County Correctional Facility, are public entities subject to the ADA.

383. Defendant Washington County and Washington County Prison Board discriminated against and caused Ms. Lane to be excluded from programs, services, and activities at Washington County Correctional Facility, due to her disabilities, in violation of Title II of the Americans with Disabilities Act.

384. Defendant refused to make a reasonable accommodation available to Ms. Lane when they failed to provide her with access to buprenorphine after her delivery, thereby discriminating against her on the basis of disability.

385. Defendants refused to make reasonable accommodations available to Ms. Lane when they, *inter alia*, failed to provide her with adequate accommodations to address the excessive heat at WCCF, failed to provide her with an adequate diet to address her nutritional needs, and

failed to provide her with necessary medical supplies for her postpartum recovery, thereby discriminating against her on the basis of disability.

**Count VII – Section 504 of the Rehabilitation Act of 1973, 29 U.S.C. § 794**  
(Against Defendant Washington County, Washington County Prison Board, and  
PrimeCare Medical)

386. The allegations set forth in each of the preceding paragraphs are incorporated herein by reference.

387. Ms. Lane is and was a qualified individual with a disability as defined in Section 504 of the Rehabilitation Act, 29 U.S.C. § 794. *See supra* ¶¶ 379-381.

388. Defendants Washington County, Washington County Prison Board, and PrimeCare Medical receive federal funding within the meaning of the Rehabilitation Act.

389. Defendants discriminated against and caused Ms. Lane to be excluded from participation in programs, services, and activities at Washington County Correctional Facility due to her disability, in violation of Section 504 of the Rehabilitation Act. *See supra* ¶¶ 384-385.

**Count VIII – Violation of the Healthy Birth for Incarcerated Women Act**  
(Against Defendants Washington County, Patterson and Sheriffs John Doe A-J)

390. The allegations set forth in each of the preceding paragraphs are incorporated herein by reference.

391. At all relevant times, Defendant Sheriffs knew that Ms. Lane was pregnant, in labor, admitted to a hospital for delivery, or recovering from labor and delivery.

392. Ms. Lane did not present a substantial risk of imminent flight, harm to herself or others, or some other extraordinary medical or security circumstance while she was in labor, delivery, or postpartum recovery.

393. Defendants did not make an individualized determination that Ms. Lane presented a substantial risk of imminent flight, harm to herself or others, or some other extraordinary medical or security circumstance necessitating the use of restraints during her labor, delivery, or postpartum recovery.

394. Defendant Patterson and Defendants Doe A-J, individually and collectively, placed Ms. Lane in restraints during her pregnancy, labor and postpartum recovery, in violation of 61 Pa. Const. Stat. Ann. § 5905, the Healthy Birth for Incarcerated Women Act.

395. At all relevant times, Defendant Patterson and Defendants Doe A-J were employed by and acting as agents of Defendant Washington County. The acts alleged herein occurred during working hours, while Defendants were performing duties assigned by Defendant Washington County, including maintaining custody, supervision, and control over Ms. Lane.

396. Defendant Washington County is vicariously liable for violations of 61 Pa. Const. Stat. Ann. § 5905 committed by Defendant Patterson and Defendants Doe A-J within the course and scope of their employment.

397. As a direct and proximate result of Defendants' actions, Ms. Lane experienced unnecessary pain and suffering and significant health consequences.

**Count IX- Intentional Infliction of Emotional Distress**

(Against Defendants Washington County, Sheriff Patterson and Sheriff John Doe A-J)

398. The allegations set forth in each of the preceding paragraphs are incorporated herein by reference.

399. Defendants Washington County, Sheriff Patterson, and Sheriffs John Doe A-J participated in, directed, enforced, approved, and/or knowingly acquiesced in shackling Ms. Lane throughout her labor and postpartum recovery. This conduct was intentional, extreme and

outrageous, went beyond all possible bounds of decency, and is atrocious and intolerable in a civilized society.

400. As a direct and proximate result of Defendants' conduct, Ms. Lane suffered and continues to suffer severe emotional distress, depression, flashbacks, PTSD, and persistent nightmares. Due to the psychological injuries inflicted by Defendants, Ms. Lane requires ongoing mental health treatment and counseling.

401. Defendant intended to cause Ms. Lane distress or knew that their actions were substantially certain to cause such distress.

**Count X- Intentional Infliction of Emotional Distress**  
(Against Defendant Sheriff Patterson)

402. The allegations set forth in each of the preceding paragraphs are incorporated herein by reference.

403. Defendant Patterson's actions when he threw Ms. Lane's breast pump, yelled, and threatened her were extreme and outrageous, went beyond all possible bounds of human decency, and were atrocious and intolerable in a civilized society.

404. Defendant Patterson knew that Ms. Lane was in a particularly vulnerable condition when he made these statements.

405. As a direct and proximate result of Defendant Patterson's conduct and statements, Ms. Lane felt panic, fear, and distress and only pumped breastmilk for her newborn on that one occasion.

406. Defendant intended to cause Ms. Lane distress or knew that his actions were substantially certain to cause such distress.

**REQUESTED RELIEF**

WHEREFORE, Plaintiff Nicole Lane respectfully requests the following relief:

- A. An award of appropriate compensatory damages against Defendants in an amount to be determined by the finder of fact;
- B. An award of appropriate punitive damages against Defendants in an amount to be determined by the finder of fact;
- C. Reasonable attorneys' fees and costs; and
- D. Such other relief the Court deems just and proper.

Respectfully submitted,

By: /s/ Alexandra Morgan-Kurtz

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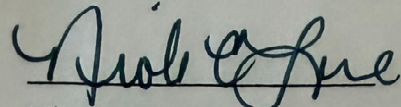
*Attorneys for Plaintiff Nicole Lane*

*\*Application for admission pro hac vice pending*

DATED: June 17, 2026

**VERIFICATION**

Pursuant to 28 U.S.C. § 1746, I, Nicole Lane, hereby verify under penalty of perjury that the allegations contained in the foregoing Complaint are true and accurate to the best of my knowledge. Executed on 6/17/, 2026.

  
\_\_\_\_\_  
Nicole Lane