

IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF COLORADO

FILED
UNITED STATES DISTRICT COURT
DENVER, COLORADO

AUG 11 2025

JEFFREY P. COLWELL
CLERK

Civil Action No. _____
(To be supplied by the court)

GREGORY POPE, Plaintiff

v.

Jury Trial requested:
(please check one)
 Yes No

UNITED STATES OF AMERICA, Defendant(s).

(List each named defendant on a separate line. If you cannot fit the names of all defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Section B. Do not include addresses here.)

PRISONER COMPLAINT

NOTICE

Federal Rule of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should not contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include only: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

Plaintiff need not send exhibits, affidavits, grievances, witness statements, or any other materials to the Clerk's Office with this complaint.

A. PLAINTIFF INFORMATION

You must notify the court of any changes to your address where case-related papers may be served by filing a notice of change of address. Failure to keep a current address on file with the court may result in dismissal of your case.

Gregory Pope # 09871-028
FMC Butner, Federal Medical Center, P.O. Box 1600, Butner, NC 27509
(Name, prisoner identification number, and complete mailing address)

(Other names by which you have been known)

Indicate whether you are a prisoner or other confined person as follows: (check one)

- Pretrial detainee
- Civilly committed detainee
- Immigration detainee
- Convicted and sentenced state prisoner
- Convicted and sentenced federal prisoner
- Other: *(Please explain)* _____

B. DEFENDANT(S) INFORMATION

Please list the following information for each defendant listed in the caption of the complaint. If more space is needed, use extra paper to provide the information requested. The additional pages regarding defendants should be labeled "B. DEFENDANT(S) INFORMATION."

Defendant 1: United States of America
(Name, job title, and complete mailing address)

At the time the claim(s) in this complaint arose, was this defendant acting under color of state or federal law? Yes No *(check one)*. Briefly explain:

The United States of America and its employess
always act under color of federal law.

Defendant 1 is being sued in his/her individual and/or official capacity.

Defendant 2: _____
(Name, job title, and complete mailing address)

At the time the claim(s) in this complaint arose, was this defendant acting under color of state or federal law? ___ Yes ___ No (*check one*). Briefly explain:

Defendant 2 is being sued in his/her ___ individual and/or ___ official capacity.

Defendant 3: _____
(Name, job title, and complete mailing address)

At the time the claim(s) in this complaint arose, was this defendant acting under color of state or federal law? ___ Yes ___ No (*check one*). Briefly explain:

Defendant 3 is being sued in his/her ___ individual and/or ___ official capacity.

C. JURISDICTION

Indicate the federal legal basis for your claim(s): (check all that apply)

___ State/Local Official (42 U.S.C. § 1983)

___ Federal Official

As to the federal official, are you seeking:

___ Money damages pursuant to *Bivens v. Six Unknown Named Agents of Fed. Bureau of Narcotics*, 403 U.S. 388 (1971)

___ Declaratory/Injunctive relief pursuant to 28 U.S.C. § 1331, 28 U.S.C. § 1361, or 28 U.S.C. § 2201

XX Other: (*please identify*) Federal Tort Claims Act & 28 U.S.C. § 1346(b)

D. STATEMENT OF CLAIM(S)

State clearly and concisely every claim that you are asserting in this action. For each claim, specify the right that allegedly has been violated and state all facts that support your claim, including the date(s) on which the incident(s) occurred, the name(s) of the specific person(s) involved in each claim, and the specific facts that show how each person was involved in each claim. You do not need to cite specific legal cases to support your claim(s). If additional space is needed to describe any claim or to assert additional claims, use extra paper to continue that claim or to assert the additional claim(s). Please indicate that additional paper is attached and label the additional pages regarding the statement of claims as "D. STATEMENT OF CLAIMS."

CLAIM ONE: General Negligence

Claim one is asserted against these Defendant(s): United States of America

Supporting facts:

- (1) The plaintiff has complied with all prerequisites to a suit under the Federal Tort Claims Act ("FTCA") in that:
 - (a) On 2/10/2025, the plaintiff timely filed an administrative claim for the matters in dispute in this action in the amount of \$2,500,000.00 with the federal Bureau of Prisons. Exhibit A is a copy of said administrative claim.
 - (b) The defendant, by and through its agency, the Bureau of Prisons, denied plaintiff's administrative claim in July 2025 and mailed plaintiff its denial at his address via certified mail.
 - (c) This action was timely commenced following the denial of the administrative claim.
- (2) As a result of the fault of the defendant, by and through its agents, servants and employees, acting within the scope of their employment, plaintiff suffered a severe loss in vision rendering him legally blind, anxiety, depression, fear, and the loss of enjoyment of life as well as embarrassment.
- (3) These injuries resulted from the negligence of the agents, servants, and employees of defendant, acting within the scope of their employment, as follows:
- (4) Plaintiff has been diagnosed with macular degeneration in both eyes by multiple doctors. The particular form of macular degeneration which afflicts plaintiff is the form known as "wet" macular degeneration.

- (4) With wet macular degeneration, there occurs an abnormal growth of red blood cells underneath the epithelium of the retina. With this disease, certain waste products are deposited into the retina, called drusen. About ten percent of patients with macular degeneration who have these waste products in the retina form cracks in the retina. Through these cracks, blood vessels then grow up from the layer underneath the retina called the retina called the choroid. These blood vessels can leak, or bleed, and, in some cases, can burst with a resulting hemorrhage of blood into the retina. The hemorrhage from these new and abnormal blood vessels causes inflammation, scarring underneath the retina and blindness.
- (5) Plaintiff was afforded treatment for his wet macular degeneration after an inordinate delay by prison medical staff. Plaintiff was ultimately sent to see a specialist for treatment of his macular degeneration. The specialist prescribed "serial monthly VEGF inhibition OS." The specialist also prescribed Avastin injections every two to three months to prevent plaintiff's macular degeneration from progressing and causing the loss of plaintiff's eyesight.
- (6) Plaintiff's medical records from the Bureau of Prisons indicate that he was diagnosed with macular degeneration on or about March 2012. Plaintiff was seen by an ophthalmologist during the years 2022, 2023, and 2024 in which the ophthalmologist treating plaintiff's macular degeneration prescribed follow up treatment, eye injections each month of VEGF inhibition OS, and Avastin. All of this treatment could only be provided by a specialist and the prison medical staff were not qualified to treat plaintiff's macular degeneration.
- (7) Plaintiff's care providers and employees or agents of the Defendant failed to transport plaintiff to his specialist for treatment of his macular degeneration. Further, the same actors also prevented plaintiff from receiving his prescribed medication to treat his macular degeneration as ordered by his treating physician.
- (8) Plaintiff made numerous complaints to the medical staff at FCI Englewood about his vision loss and the fact that the prison staff was not taking him to his ophthalmologist appointments for his eye injections. In response to these complaints, plaintiff was told that the prison "did not have the staff available to take him to receive his prescribed treatment for his macular degeneration and on several occasions he was told that the medical staff responsible for scheduling the outside provider's treatment had forgotten to schedule him for the required treatment.

- (9) Plaintiff was transferred to a medical center called Federal Medical Center (FMC) Butner in 2024 where his care providers began treating his cancer but failed to provide care for his macular degeneration as prescribed by his eye specialist.
- (10) Defendant's employees, agents, and servants were negligent in failing to take him to his outside specialist treating his macular degeneration and by failing to otherwise treat plaintiff's macular degeneration. Had defendant's employees, agents, and servants arranged for plaintiff to be transported to his follow up medical appointments as prescribed by his eye specialist, plaintiff would not have suffered the loss of his vision and he would not be legally blind.
- (11) As a direct and proximate result of the combined negligence of defendant's agents, servants, and employees, plaintiff has suffered the loss of his vision and the additional damages described in paragraph number 2 (supra).

E. PREVIOUS LAWSUITS

Have you ever filed a lawsuit, other than this lawsuit, in any federal or state court while you were incarcerated? ___ Yes No (*check one*).

If your answer is "Yes," complete this section of the form. If you have filed more than one previous lawsuit, use additional paper to provide the requested information for each previous lawsuit. Please indicate that additional paper is attached and label the additional pages regarding previous lawsuits as "E. PREVIOUS LAWSUITS."

Name(s) of defendant(s): _____

Docket number and court: _____

Claims raised: _____

Disposition: (is the case still pending?
has it been dismissed?; was relief granted?) _____

Reasons for dismissal, if dismissed: _____

Result on appeal, if appealed: _____

F. ADMINISTRATIVE REMEDIES

WARNING: Prisoners must exhaust administrative remedies before filing an action in federal court regarding prison conditions. See 42 U.S.C. § 1997e(a). Your case may be dismissed or judgment entered against you if you have not exhausted administrative remedies.

Is there a formal grievance procedure at the institution in which you are confined?

Yes ___ No (*check one*)

Did you exhaust administrative remedies?

Yes ___ No (*check one*)

G. REQUEST FOR RELIEF

State the relief you are requesting or what you want the court to do. If additional space is needed to identify the relief you are requesting, use extra paper to request relief. Please indicate that additional paper is attached and label the additional pages regarding relief as "G. REQUEST FOR RELIEF."

Plaintiff requests that the Court render judgment against the defendants:

- A. In the sum to be shown at trial, but in no event less than \$2,500,000.00;
- B. Including whatever pre- and postjudgment interest may be allowed by law, and that
- C. Plaintiff to be awarded costs of suit.

H. PLAINTIFF'S SIGNATURE

I declare under penalty of perjury that I am the plaintiff in this action, that I have read this complaint, and that the information in this complaint is true and correct. *See* 28 U.S.C. § 1746; 18 U.S.C. § 1621.

Under Federal Rule of Civil Procedure 11, by signing below, I also certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending or modifying existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

Gregory Pope by Amanda Roberts
(Plaintiff's signature) POA

July 15, 2025
(Date)

(Revised November 2022)

EXHIBIT A

Plaintiff's Administrative Claim (submitted to BOP on 2/10/2025)

CLAIM FOR DAMAGE, INJURY, OR DEATH		INSTRUCTIONS: Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheet(s) if necessary. See reverse side for additional instructions.		FORM APPROVED OMB NO. 1105-0008	
1. Submit To Appropriate Federal Agency: Federal Bureau of Prisons Regional Director 400 State Ave., 8th Floor Kansas City, Kansas 66101-2492			2. Name, Address of claimant and claimant's personal representative, if any. (See instructions on reverse.) (Number, Street, City, State and Zip Code) Gregory Pope # 09871-028 FMC Butner Old NC Hwy 75 Butner, NC 27509		
3. TYPE OF EMPLOYMENT <input type="checkbox"/> MILITARY <input checked="" type="checkbox"/> CIVILIAN	4. DATE OF BIRTH	5. MARITAL STATUS Single	6. DATE AND DAY OF ACCIDENT see declaration	7. TIME (A.M. OR P.M.) -----	
8. Basis of Claim (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof. Use additional pages if necessary.) Negligence - See attached declaration and exhibit.					
9. PROPERTY DAMAGE					
NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, Street, City, State, and Zip Code).					
BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF DAMAGE AND THE LOCATION WHERE PROPERTY MAY BE INSPECTED. (See Instructions on reverse side.)					
10. PERSONAL INJURY/WRONGFUL DEATH					
STATE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE NAME OF INJURED PERSON OR DECEDENT. I suffered from emotional injuries including anxiety & depression along with fear of losing my vision entirely. I also suffered the loss of my vision (I am legally blind) due to the negligence described.					
11. WITNESSES					
NAME		ADDRESS (Number, Street, City, State, and Zip Code)			
12. (See instructions on reverse.) AMOUNT OF CLAIM (in dollars)					
12a. PROPERTY DAMAGE -----	12b. PERSONAL INJURY \$2,500,000.00	12c. WRONGFUL DEATH -----	12d. TOTAL (Failure to specify may cause forfeiture of your rights.) \$2,500,000.00		
I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE INCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM.					
13a. SIGNATURE OF CLAIMANT (See instructions on reverse side.)			13b. Phone number of person signing form n/a	14. DATE OF SIGNATURE 2/10/2025	
CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM The claimant is liable to the United States Government for the civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages sustained by the Government. (See 31 U.S.C. 3729.)			CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS Fine of not more than \$10,000 or imprisonment for not more than 5 years or both. (See 18 U.S.C. 287, 1001.)		

DECLARATION OF GREGORY POPE

Gregory Pope states:

1. I am an inmate incarcerated in the Bureau of Prisons. I was incarcerated at FCI Englewood for several years ending in October 2024.

2. I have been diagnosed with macular degeneration by multiple doctors. In order to prevent my condition from further deterioration I was prescribed "serial monthly VEGF inhibition OS" by a specialist. I was also prescribed Avastin injections by a specialist. These treatments must be performed offsite by an ophthalmologist. See Exhibit A, my medical record generated on 10/1/2024 by Renee Grimes-Boorman.

3. From the time that I was prescribed the above indicated treatments for my macular degeneration the medical care providers at FCI Englewood who were tasked with providing for my my medical care failed to ensure that I obtained the prescribed treatments for my macular degeneration. I was given several different excuses when I complained about my lack of treatment. These excuses included: "We don't have the ability to take you to your eye doctor appointments due to staff shortages," "We forgot to schedule you for your Avastin injections." and "I cannot help you with that." Instead of adequate treatment and timely arranging for my transportation to the eye specialist who was to give me the monthly and quarterly treatments indicated in my attached (Exhibit A) medical record and required to prevent my blindness, the medical staff at FCI Englewood were grossly negligent and failed to ensure my treatments were rendered by the

specialist.

4. As a result of the gross negligence described above my vision was adversely affected and I suffered a severe loss of vision. I am now "legally blind" according to my medical records. My macular degeneration was left unchecked by the prescribed medications and treatments which resulted in my blindness. I cannot recover my vision.

I declare under penalty of perjury that the foregoing is true and correct and executed this 10th day of February at Butner, North Carolina.

Gregory Pope
Prisoner No. 09871-028
FMC Butner
Old NC Hwy 75
Butner, NC 27509

EXHIBIT A

Medical Record regarding specialized care for macular degeneration

SENSITIVE BUT UNCLASSIFIED – This information is confidential and must be appropriately safeguarded.

Consultation/Procedure Requested: Radiology
Subtype: MRI, Offsite
Location: Offsite
Ordered Date: 04/10/2024
Scheduled Target Date: 08/14/2024
Level Of Care: Medically Necessary - Non-Emergent
Reason for Request: IM c/o dizziness, poor balance, and +nystagmus R eye x "months".

PLEASE SCHEDULE IM FOR AN MRI W/CONTRAST.

Provisional Diagnosis:

Consultation/Procedure Requested: Ophthalmology
Subtype: Offsite Appt
Location: Offsite
Ordered Date: 05/07/2024
Scheduled Target Date: 09/18/2024
Level Of Care: Medically Necessary - Non-Emergent
Reason for Request: IM seen by ophthalmologist APRIL 2024 and recommended f/u in 3-4 mos. for repeat of Avastin injection.

PLEASE SCHEDULE IM WITH OPHTHAMOLOGIST FOR A REPEAT AVASTIN INJ.

Provisional Diagnosis:

Consultation/Procedure Requested: Ophthalmology
Subtype: Offsite Appt
Location: Offsite
Ordered Date: 05/07/2024
Scheduled Target Date: 07/10/2024
Level Of Care: Medically Necessary - Non-Emergent
Reason for Request: IM seen by ophthalmologist APRIL 2024 and recommended serial monthly VEGF inhibition OS.

PLEASE SCHEDULE IM FOR SERIEL MONTHLY VEGF INHIBITION THERAPY.

Provisional Diagnosis:

Consultation/Procedure Requested: Urology
Subtype: Offsite Appt
Location: Offsite
Ordered Date: 09/05/2024
Scheduled Target Date: 09/19/2024
Level Of Care: Medically Necessary - Non-Emergent
Reason for Request: Hx of bladder CA
Last visit biopsy completed and pending
Will submit consult for follow up

Provisional Diagnosis:

Pending Consultation

Consultation/Procedure Requested: Urology
Subtype: Offsite Appt
Location: Offsite
Ordered Date: 11/01/2023
Scheduled Target Date: 02/01/2024
Scheduled Date: **SEE BEMR**
Level Of Care: Medically Necessary - Non-Emergent
Reason for Request: S/p TURBT 11/1/2023.
Urologist recommends repeat cystoscopy in 3 months.

PLEASE SCHEDULE IM FOR F/U CYSTOCSCOPY.

Provisional Diagnosis:



**U.S. Department of Justice
Federal Bureau of Prisons**

North Central Regional Office

Office of the Regional Counsel

*400 State Avenue
Tower II, Suite 800
Kansas City, KS 66101*

June 26, 2025

Gregory Pope, Reg No: 09871-028
Butner FMC
P.O. BOX 1600
Butner, NC 27509

RE: Tort Claim TRT-NCR-2025-05746
Amount of Claim: \$2,500,000.00


Certified Mail Receipt No: 9589 0710 5270 2387 3919 69

Dear Claimant:

The above referenced tort claim has been considered for administrative review pursuant to 28 C.F.R. § 0.172, Authority: Federal Tort Claims and 28 C.F.R. Part 14, Administrative Claims under Federal Tort Claims Act. Investigation of your claim did not reveal that you suffered any personal injury as a result of the negligent acts or omissions of Bureau of Prisons employees acting within the scope of their employment.

As a result of this investigation, your claim is denied. This memorandum serves as a notification of final denial under 28 C.F.R. § 14.9, Final Denial of Claim. If you are dissatisfied with our agency's action, you may file suit in an appropriate U.S. District Court no later than 6 months after the date of mailing of this notification.

Sincerely,


Mary A. Nolan
Regional Counsel

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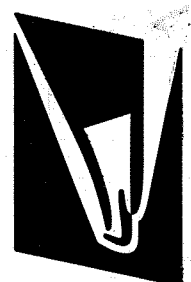
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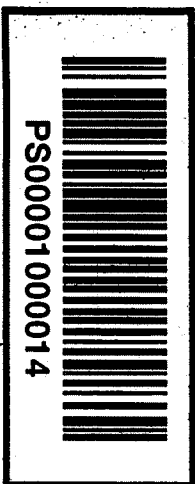
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