United States Court of Appeals
For the Eighth Circuit

No. 25-1963

Jessica Ann McKee,

Plaintiff - Appellee,

v.

Jessica J. Brady, in her individual as well as her official capacity as a nurse at the Steele County Detention Center,

Defendant - Appellant,

Steele County,

Defendant.

Appeal from United States District Court
for the District of Minnesota

Submitted: February 11, 2026
Filed: August 17, 2026

Before COLLOTON, Chief Judge, BENTON and KELLY, Circuit Judges.

COLLOTON, Chief Judge.

Jessica McKee is a former pretrial detainee at the Steele County Detention Center in Minnesota. McKee sued Jessica Brady, a Registered Nurse and former employee of the jail, under 42 U.S.C. § 1983. McKee alleged that Brady deprived her of adequate medical care in violation of the Fourteenth Amendment. The district court denied Brady's motion for summary judgment. Brady appeals based on qualified immunity, and we reverse.

I.

McKee was diagnosed with Crohn's disease in 1994, but she characterizes her condition as "in remission until she became a pretrial detainee." In a pre-booking questionnaire on September 12, 2019, McKee circled "Yes" in response to whether she was currently feeling well, and wrote "None" when asked to list all of her medications. She also denied having seizures, a handicap, or any other medical problems.

Each housing unit at the detention center was equipped with a "kiosk" for detainees to contact jail personnel. Detainees could use the kiosk to send messages to jail administrators, order hygiene products, and request a medical visit or "sick call." The jail billed detainees for medical services, but the medical unit treated detainees regardless of their ability to pay.

On November 20, McKee sent a kiosk message to the jail medical unit requesting a low bunk. She reported that she was experiencing seizures "caused by malnutrition due to my chrones - which tends to act up in here as the diet leaves something to be desired." Nurse Brady denied the request. She explained that McKee's medical records contained "no note of a seizure disorder, medications for seizures, or being treated for a seizure disorder."

McKee sent another message on December 10. She stated that her Crohn's disease "has gotten significantly worse the last couple weeks" and that "[t]he blood loss is starting to make me feel light headed especially during my cycle." McKee requested a vegetarian diet in hope that "removal of processed meats may calm it down." Brady authorized the change in diet.

McKee followed up on December 16. She wrote that "[t]he change in diet seems to have made the bleeding worse" and requested to return to a regular diet. McKee also asked: "[C]an you tell me if you can get my prescription in here for my chrones? It is sulfasalazine." Brady authorized the change in diet and asked McKee for her outside care provider's information. Later that afternoon, Brady sent a fax to McKee's provider requesting all records related to McKee's treatment for Crohn's disease.

On December 18, McKee sought to "resubmit" her November 20 bunk request. She explained that her Crohn's disease required her to enter and exit the upper bunk frequently to access the restroom, and that a hip condition made the climb painful. Brady replied the next day that "[s]ick call is available if you would like to be evaluated to see if you meet criteria for a low bunk." McKee did not request a sick call.

McKee's outside care provider transmitted the relevant medical records to the jail that same afternoon. McKee's sulfasalazine prescription allowed for no remaining refills. Brady's nursing license did not authorize her to prescribe medication. Brady forwarded McKee's records to the jail's prescribing physician.

After 5:00 p.m. on January 9, 2020, McKee wrote that her Crohn's disease was "getting worse." She asked if the medical team had "any suggestions for staying hydrated." Brady saw the message when she arrived at the jail the following morning. She called McKee to the medical unit for an in-person evaluation, and

ultimately referred McKee to the emergency room. McKee received a blood transfusion and developed sepsis. She remained in the hospital until January 20 and alleges that she suffered permanent injuries.

McKee filed this action under 42 U.S.C. § 1983, alleging that Nurse Brady was deliberately indifferent to her medical needs and violated her rights as a pretrial detainee under the Due Process Clause of the Fourteenth Amendment. Brady moved for summary judgment based on qualified immunity. The district court denied the motion as to McKee's Fourteenth Amendment claim against Brady. "On appeal from the denial of summary judgment based on qualified immunity, we accept as true the facts that the district court found were adequately supported, as well as the facts that the district court likely assumed, to the extent they are not blatantly contradicted by the record." *Barton v. Taber*, 908 F.3d 1119, 1123 (8th Cir. 2018) (internal quotation omitted). We review issues of law *de novo*. *Id.*

II.

Brady asserts that she is entitled to qualified immunity because her actions do not constitute deliberate indifference. "Government officials performing discretionary functions are entitled to qualified immunity unless they violate clearly established statutory or constitutional rights of which a reasonable person would have known." *Whisman ex rel. Whisman v. Rinehart*, 119 F.3d 1303, 1309 (8th Cir. 1997). To establish a constitutional violation based on deliberate indifference, McKee must show that she suffered from an objectively serious medical need of which Brady had actual knowledge and that Brady deliberately disregarded. *Barton*, 908 F.3d at 1124.

The district court concluded that "Nurse Brady has not met her burden for qualified immunity," because a reasonable jury could find she was deliberately indifferent to McKee's serious medical needs. Brady, however, does not bear the burden of proof. To defeat a motion for summary judgment, plaintiff McKee must

show that "it was clearly established that [Brady's] conduct constituted deliberate indifference to [McKee's] serious medical needs." *Givens v. Jones*, 900 F.2d 1229, 1232 (8th Cir. 1990). We conclude McKee has not made this showing.

Brady responded to each of McKee's requests. She initiated an in-person evaluation when she saw McKee's message about hydration. She granted McKee's requests to change diet. She reasonably denied McKee's bunk requests because McKee lacked supporting documentation. Brady also reminded McKee that she could request a sick call in order to request a change in bunk. McKee could have requested a sick call from the same kiosk that she used to send the messages, but she did not.

When McKee requested prescription medication, her last prescription did not allow for another refill, and Brady was not authorized to prescribe medication. Brady forwarded McKee's records to the jail's physician with authority to prescribe medication, and there was no clearly established right to have Brady do more. *See Blank v. Bell*, 634 F. App'x 445, 449 (5th Cir. 2016) (jail nurse's failure to provide medication did not violate a clearly established right when the medical officer did not write a prescription); *Figueroa v. Vose*, No. 94-2062, 1995 WL 564496, at *1 (1st Cir. Sept. 22, 1995) (nurse was not deliberately indifferent where she declined to provide medication that was not prescribed, and did not unreasonably delay in having staff doctor evaluate prisoner's request for prescription). The district court assumed that Brady "could have gone to the Jail Administrator for a disagreement with [the prescribing physician's] decision-making." But Brady had no clearly established constitutional obligation to monitor a physician's treatment decisions or to report any disagreement with a physician's decision on medication that was outside the scope of the nurse's authority.

McKee argues that Brady should have proactively provided care that McKee did not request. McKee described concerning symptoms, including blood loss that

made her feel light-headed. The district court concluded that Brady "admitted that a bleeding issue would require immediate medical attention." Brady's actual testimony was that if a detainee were passing blood, then she would want more information about the reason for the bleeding, so she could relay that information to the provider. Brady said she figured that if the detainee's symptoms were acting up to the point that the detainee wanted medical attention, then sick call was available for the detainee to schedule an evaluation.

Brady did respond to all of McKee's requests, and McKee has not presented evidence that Brady's mental state was "akin to criminal recklessness." *Saylor v. Nebraska*, 812 F.3d 637, 644 (8th Cir. 2016) (internal quotation omitted). Brady may have been negligent in relying on McKee's self-assessment of what steps were appropriate to address her condition. But even if Brady "could be second-guessed for not acting more aggressively," negligence or even gross negligence is insufficient to establish deliberate indifference. *Morris v. Cradduck*, 954 F.3d 1055, 1059 (8th Cir. 2020); *see Green v. Shaw*, 827 F. App'x 95, 97 (2d Cir. 2020) (jail nurse entitled to qualified immunity even though she misdiagnosed inmate's rectal bleeding as hemorrhoids, performed no visual exam, did not refer inmate to doctor, and told inmate to return in three or four days). We therefore conclude that Brady is entitled to qualified immunity.

For the foregoing reasons, the district court's order denying summary judgment is reversed.
