DISTRICT COURT, ADAMS COUNTY, COLORADO 1100 Judicial Center Dr. Brighton CO, 80601 COLORADO DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT, Plaintiff, v. THE GEO GROUP, INC. Defendant.	▲ **COURT USE ONLY** ▲
PHILIP J. WEISER, Attorney General RYAN K. LORCH, 51450* Senior Assistant Attorney General NORA PASSAMANECK, 49362* Senior Assistant Attorney General Ralph L. Carr Colorado Judicial Center 1300 Broadway, 10th Floor Denver, CO 80203 Telephone: (720) 508-6168 (720) 508-6633 FAX: (720) 508-6041 E-Mail: Ryan.Lorch@coag.gov Nora.Passamaneck@coag.gov *Counsel of Record *Attorneys for Colorado Department of Public Health and Environment*	Case No. Div:
VERIFIED COMPLAINT FOR INJUNCTIVE RELIEF	

The Colorado Department of Public Health and Environment, by and through counsel, the Office of the Attorney General, for their Complaint against Defendant allege as follows:

INTRODUCTION

1. The Colorado Department of Public Health and Environment ("CDPHE") brings this action to protect the public health of Coloradans against the spread of tuberculosis, a contagious and deadly infectious disease.

2. For decades, the Colorado General Assembly has tasked Colorado's state and local public health agencies with the duty to investigate and control the spread of tuberculosis throughout Colorado, including in congregate institutions, such as prisons, jails, and other detention institutions.

3. CDPHE and local public health agencies have successfully investigated and controlled the spread of tuberculosis in these institutions. This success was due, in part, to the cooperation of the entities that operate these institutions.

4. This cooperation no longer exists when it comes to the GEO Group-operated immigration detention and processing facility in Aurora, Colorado.

5. Despite confirming that a detainee of the facility tested positive for tuberculosis, the GEO Group has prevented CDPHE and local public health agencies from performing any meaningful and statutorily required disease investigation and control. Instead, the GEO Group asked Colorado to put blind-faith into the facility's response to the disease.

6. Colorado is therefore flying in the dark when it comes to a contagious and deadly infectious disease within its borders. Just-take-our-word-for-it is not a viable public health response to such a disease. Emergency injunctive relief from this Court is necessary.

PARTIES

7. Plaintiff Colorado Department of Public Health and Environment ("CDPHE") is a principle executive branch department of Colorado state government, created by C.R.S. § 25-1-102.

8. Defendant the GEO Group, Inc. ("GEO Group"), with its global headquarters located at 621 NW 53rd Street, Boca Raton, Florida 33487, is the operator of a property and commercial building located at 3130 Oakland St, Aurora, CO 80010 (the "Aurora Facility"). The Aurora Facility is operated as an immigration detention facility pursuant to a contract between the GEO Group and U.S. Immigration and Customs Enforcement ("ICE").

VENUE

9. Pursuant to Colorado's tuberculosis public health statutes, state district courts shall have original jurisdiction over violations of such statutes. C.R.S. § 25-4-510.

10. Venue in this Court is proper under C.R.C.P. 98(c)(1) because the Aurora Facility is located in Adams County and all events giving rise to the instant action occurred in Adams County.

GENERAL ALLEGATIONS

Tuberculosis is a Highly Contagious and Dangerous Disease

11. Tuberculosis is an infectious disease caused by bacteria that most often affects the lungs.

12. Symptoms typically depend on which part of the body is affected by the infection. While it usually affects the lungs, it can also affect the kidneys, brain, and spine.

13. Common symptoms of active tuberculosis disease in the lungs (pulmonary tuberculosis) are prolonged cough (sometimes with blood), chest pain, weakness, fatigue, weight loss, fever, and night sweats.

14. Tuberculosis is spread through the air when an infected person with active tuberculosis in the lungs or throat coughs, sneezes, or spits.

15. Some people with pulmonary tuberculosis do not have any symptoms but can still spread the disease.

16. For others, the symptoms may be mild for many months, which results in the spread of the disease to others without knowing it.

17. Tuberculosis is usually treated with antibiotics. However, it can be fatal without treatment. Certain strains of tuberculosis can be antimicrobial resistant, limiting the effectiveness of antibiotic treatment.

18. According to the World Health Organization ("WHO"), tuberculosis "is the world's leading cause of death from a single infectious agent and among the top

10 causes of death."[1] "In 2024, an estimated 10.7 million people fell ill with [tuberculosis] worldwide, including 5.8 million men, 3.7 million women and 1.2 million children." The WHO states that tuberculosis "is present in all countries and age groups."

19. The WHO explains that "[m]ultidrug-resistant [tuberculosis] (MDR-TB) remains a public health crisis and a health security threat." However, "[g]lobal efforts to combat [tuberculosis] have saved an estimated 83 million lives since the year 2000."[2]

20. Tuberculosis is much more common in other nations than in the United States. Individuals traveling from nations with greater prevalence—and therefore higher likelihood of exposure—are more likely to be infected with tuberculosis and develop active pulmonary disease that may spread to others.

The Risk of Tuberculosis is Even Higher in Congregate Settings

21. Congregate settings, such as prisons, jails, and other detention facilities, are at an especially high risk for tuberculosis outbreaks given the number of individuals living in an enclosed space.

22. Immigration detention facilities are at an even higher risk of tuberculosis outbreaks as they often house detainees who recently traveled from countries with an increased prevalence of tuberculosis.

23. Without proper disease mitigation efforts, such as proper ventilation and prompt identification, isolation, and treatment of those with active disease, spread of tuberculosis is likely.

24. The risk of tuberculosis spread is not limited to just the congregate facility or its detainees. Staff, such as guards, administrators, janitors, and others at these settings often will interact with detainees at the facility and each other.

25. These staff do not live at the facility. They leave the facility at the end of their shift and return to their respective communities. This means they will interact with the public at large, including vulnerable populations such as children and people who are immunocompromised or have chronic diseases at public places

[1] *Tuberculosis,* World Health Organization (Mar. 24, 2026), https://www.who.int/news-room/fact-sheets/detail/tuberculosis (on file at the Colo. Att'y Gen.'s Off.).
[2] *Id.*

like schools, healthcare facilities, and other community settings. If these staff go on to develop active disease, they may further spread tuberculosis.

CDPHE's Tuberculosis Investigation and Control Authorities

26. Pursuant to its inherent police powers to protect the welfare of Coloradans from infectious and deadly disease, the Colorado General Assembly tasked CDPHE and local public health agencies with the power and duty to control the spread of diseases such as tuberculosis.

27. CDPHE has the power and duty to investigate and control the causes of epidemic and communicable diseases affecting the public health. C.R.S. § 25-1.5-102(1)(a)(I); 6 CCR 1009-1.

28. As to tuberculosis specifically, the Colorado General Assembly "declared that tuberculosis is an infectious and communicable disease, that it endangers the population of this state, and that the treatment and control of such disease is a state and local responsibility." C.R.S. § 25-4-501.

29. The General Assembly further declared that so "tuberculosis may be brought better under control and multidrug-resistant tuberculosis prevented . . . the department and local public health agencies shall, within available resources, cooperatively promote control and treatment of persons suffering from tuberculosis." *Id*.

30. Pursuant to this declaration, the General Assembly directed CDPHE "to use every available means to investigate immediately and ascertain the existence of *all* reported or suspected cases of active tuberculosis within [its] jurisdiction, to determine the sources of such infections, and to identify and evaluate the contacts of such cases and offer treatment as appropriate." C.R.S. § 25-4-506(1) (emphasis added).

31. CDPHE is "invested with full powers of inspection and examination of *all persons* known to be infected with active tuberculosis and is directed to make or cause to be made such examinations as are deemed necessary of persons who, on reasonable grounds, are suspected of having active tuberculosis in an infectious form." *Id*. (emphasis added).

32. To obtain information necessary to perform these investigations, CDPHE is also invested with the power to "inspect and have access to all medical records of *all* medical practitioners, hospitals, institutions, and clinics, both public and private, where persons with known or suspected tuberculosis are treated[.]"

C.R.S. § 25-4-508 (emphasis added). This includes "laboratory records of persons tested for tuberculosis." *Id*.

33. CDPHE has promulgated regulations to further implement this tuberculosis disease control authority. These regulations are located at 6 CCR § 1009-1:4.

34. The Colorado General Assembly grants similar public health and tuberculosis control powers to local public health agencies. *See* C.R.S. §§ 25-1-506; -509; and § 25-4-506.

CDPHE's Efforts to Stem the Spread of Tuberculosis in Colorado's Congregate Settings

35. With these extensive statutory powers, and given the challenges to diagnose tuberculosis described above, CDPHE goes to great lengths to investigate and control tuberculosis in Colorado, including in congregate settings.

36. CDPHE and local public health agencies have successfully identified and stopped the spread of tuberculosis in congregate settings through case investigation, contact tracing, and case management. These steps require substantial investigative work, and the success of CDPHE's tuberculosis control hinges on the cooperation of the public and those institutions operating in Colorado.

37. Case investigation involves collecting clinical information, interviewing people infected with or suspected of having tuberculosis, and obtaining epidemiological information directly from such persons and/or the facility to fully understand the scope of disease transmission.

38. Contact tracing involves identifying people who may have been exposed to and infected with tuberculosis because of contact with an infected person. Within a congregate setting such as a detention center, contract tracing often requires interviewing staff and detainees at the facility to determine the scope of contact with infected people.

39. Public health officials will then use this contact tracing information to determine whether staff, detainees, and others present at the facility present a risk of spreading tuberculosis once they leave the facility and interact with the public at large.

40. If a person with active tuberculosis disease interacted with the public at large, the case investigation and contact tracing process begins anew based on who and where the infected person interacted.

41. The final step involves case management, which is ensuring that infected and exposed people receive treatment, counseling, and other services.

42. When CDPHE and local public health agency officials perform these required functions within a detention facility, they make sure not to interfere with the day-to-day activities of the facility.

43. These required functions should be performed by on-the-ground public health experts as compared to reviewing second- or third-hand information gathered by others, who may not have the requisite training and experience to adequately complete these vital tasks. Public health investigations based on second- or third-hand information do not lead to effective public health responses. Rather, they may result in miscommunication, confusion, and at worst, the continued spread of communicable disease.

44. Typically, local public health agencies take the initial lead when investigating and controlling tuberculosis in congregate settings in their respective counties. CDPHE will often provide support to these agencies and closely follow the local investigation.

45. If a local public health agency is unable to fully investigate or control the spread of tuberculosis, or if it asks for CDPHE to take a more active role, CDPHE will take over the investigation.

46. Pursuant to the authorities discussed above, CDPHE also has independent power to investigate and control tuberculosis in Colorado without local public health agency involvement.

47. When it comes to investigating and controlling tuberculosis in congregate facilities, CDPHE and local public health agencies typically work directly with the entities operating these facilities.

48. Entities operating facilities in Colorado must work collaboratively with public health officers in investigating and controlling disease.

49. In the rare instance that an entity does not cooperate, CDPHE will typically issue a letter to the entity outlining CDPHE's disease control authority discussed above. These letters will include specific requests for information, such as medical information and the contact information of those exposed to the disease. Sometimes, these letters will include a request for access to the institution for an in-person investigation and interviews of potentially exposed individuals.

50. If an entity does not comply with the letter's written requests, CDPHE will typically then issue a public health order.

51. Under Colorado law, it is unlawful for a person to willfully violate, disobey, or disregard the provisions of a public health order. C.R.S. § 25-1-114(1)(a).

The Aurora Detention and Processing Center Facility

52. The Aurora Facility is currently contracted as an ICE immigration detention and processing facility in Colorado.

53. It is operated by the GEO Group, a private corporation that operates other detention facilities around the country, including other immigration facilities and state prisons.

54. The GEO Group operates and controls the day-to-day activities of the facility.

55. Upon information and belief, the facility can hold up to 1,532 detainees.

56. Upon information and belief, around 1200 detainees were housed in the facility as recently as March of 2026.[3]

57. Upon information and belief, as of the end of 2025, the facility staff included 36 health professionals, including one doctor, two physician assistants, 18 registered nurses or licensed nurse practitioners, a health services administrator and an assistance health services administrator.

58. Upon information and belief, the facility staff includes dozens of other individuals such as guards, administrators, and janitors.

59. Upon information and belief, the facility staff do not live in the facility. Rather, these individuals live in nearby Colorado communities and commute to and from the facility.

[3] *ICE Aurora Contract Detention Facility Accountability Report*, https://crow.house.gov/sites/evo-subsites/crow-evo.house.gov/files/evo-media-document/3.10.2026-ice-accountability-report_1.pdf

60. Upon information and belief, these staff interact with the public at large when not at the facility, such as at schools, healthcare facilities, and other community settings.

61. The contract the GEO Group received from ICE to operate the Aurora Facility requires it to comply with state law, including state laws related to public health. Contract attached as Exhibit 1.

62. Specifically, the contract requires the GEO Group to: (1) accept and provide for "the secure custody, care, and safekeeping of detainees in accordance with the State and local laws, standards, policies;" (2) obtain permits and licenses from "federal, state, [or] local" officials and "comply with all applicable federal, state, and local laws;" (3) "comply with all federal and state laws regarding inspections, licensing, and registration for" vehicles; (4) employ transportation officers that meet federal and state licensing requirements; and (5) certify that all armed transportation officers have received firearms training "in accordance with State and local firearm certification requirements." Exhibit 1.

63. Moreover, the contract requires the GEO Group to operate the Aurora Facility in accordance with ICE's *Performance-Based National Detention Standards 2011* (PBNDS), U.S. Immigr. And Customs Enf't (Dec. 2016), available online here: https://www.ice.gov/doclib/detention-standards/2011/pbnds2011r2016.pdf.

64. The PBNDS specifies that the Aurora Facility must have a written plan to "address the management of infectious and communicable diseases, including screening, prevention, education, identification, monitoring and surveillance, immunization (when applicable), treatment, follow up, isolation (when indicated) and reporting to local, state and federal agencies." *Id.* at 261, Standard 4.3, V.C.1. The plan must include "coordination with local public health authorities." *Id.*

65. Furthermore, the PBNDS have specific requirements related to tuberculous management. *See id.* at 262, Standard 4.3, V.C.2. Under the PBNDS, the GEO Group must screen all detainees for tuberculous within 12 hours of intake. *Id.* Recognizing the substantial risk of outbreak, detainees must thereafter be tested annually or more periodically. *Id.*

66. The PBNDS require that when an inmate has confirmed or suspected active tuberculosis, the GEO Group must "[r]eport all cases to local and/or state health departments within one working day of meeting reporting criteria." *Id.*

67. The PBNDS further require that the GEO Group "[p]romptly report any movement of [tuberculosis] patients, including hospitalizations, facility

transfers, releases, or removals/deportations to the local and/or state health department." *Id.* The PBNDS require the GEO Group to consult state or local health departments to establish a customized treatment regimen and plan for detainees with drug-resistant or multi-drug-resistant tuberculosis. *Id.* Finally, the PBNDS require that designated GEO Group medical staff collaborate with the local and/or state health department on tuberculosis and other communicable diseases of public health significance. *Id.*

68. Upon information and belief, the GEO Group administers a screening test when detainees enter the Aurora Facility to determine whether they carry certain communicable diseases, such as tuberculosis.

69. Upon information and belief, the GEO Group may also send the medical samples taken from detainees to a commercial, third-party laboratory that tests the samples for the presence of communicable disease. These labs are required to provide notice of a tuberculosis diagnosis to CDPHE within 24 hours. C.R.S. § 25-4-502(3).

70. The GEO Group historically has worked public health officials from local and state public health agencies to provide access to the Aurora Facility to conduct disease control case investigations.

71. For example, CDPHE performed a public health investigation at the Aurora Facility related to a mumps outbreak in 2019. In early 2019, CDPHE and Tri-County Health Department (TCHD)[4] investigated an outbreak of mumps at the Aurora facility, which was part of a national outbreak of mumps among detainees. For the 2019 mumps investigation, CDPHE and TCHD conducted phone calls and an in-person site visit with the Aurora Facility to identify cases; provided testing, vaccination, and disease control recommendations for detainees and staff; and reviewed public health reporting requirements. The Aurora Facility proactively offered MMR vaccine to all staff and detainees. MMR vaccination was being used in other U.S. detention facilities to contain outbreaks, but CDPHE believes the GEO Aurora Facility was the first ICE detention facility in the U.S. to proactively offer MMR vaccine to all staff and detainees. During the 2019 mumps investigation, public health staff detected five cases of varicella (chickenpox) over several months at the facility, so disease control guidance for varicella was provided as well.

72. Another example was an active tuberculosis case in a detainee at the Aurora Facility reported to public health in 2024. Adams County Health

[4] TCHD provided public health services to Adams, Arapahoe, and Douglas counties during this time; TCHD dissolved in December 2022, and individual county health departments were established in January 2023.

Department, the local public health agency overseeing the county in which the Aurora Facility is located, and the Denver Health Tuberculosis Clinic, who contracts with CDPHE and Adams to perform tuberculosis case investigation, were able to access the facility to interview the patient and perform a contact investigation. They were able to ensure the case was put on proper treatment and appropriate disease control measures were implemented to prevent further spread. Thirty-four contacts of the case were identified and tested for tuberculosis infection; among the 34 contacts, 12 were determined to have inactive tuberculosis infection, although it is possible that these individuals were exposed to tuberculosis in other locations throughout their lives. This investigation led to the Aurora Facility and Denver Health Tuberculosis Clinic having weekly check-ins focused on tuberculosis reporting and disease control activities.

73. As another example, in January 2026, CDPHE and Adams County Health Department received multiple complaints from members of the public about widespread gastrointestinal illness in the Aurora Facility. Adams staff followed up with the facility by phone, and seven public health staff (three epidemiologists from Adams, one epidemiologist from CDPHE, two environmental health specialists from Adams, and one environmental health specialist from CDPHE) conducted a facility site visit. Epidemiologists interviewed a sample of detainees and facility staff to collect information about a potential outbreak, and environmental health specialists inspected the facility. Also in January 2026, a bacterial enteric infection in an Aurora Facility detainee was reported to Adams staff by a clinical laboratory via routine public health disease reporting. Adams staff worked with the Aurora Facility to review the detainee's medical records at the facility, conduct an interview with the detainee to gather information about their illness and implement disease control measures within the facility to control further spread of illness.

The Discovery of Tuberculosis at the Aurora Facility and the Local Public Health Agency's Response

74. Around June 11, 2026, the Adams County Health Department became aware of a suspected case of tuberculosis in the Aurora Facility.

75. The Adams County Health Department confirmed the suspected case was infectious tuberculosis disease on June 22, 2026.

76. On June 25, 2026, the Adams County Health Department issued a public health order directed at the Aurora Facility and the GEO Group. Attached as Exhibit 2.

77. The public health order was issued pursuant to Adams County's local public health authority, including the tuberculosis statutory authority discussed above.

78. The public health order required the GEO Group to provide certain information and access to the facility to the Adams County Health Department and the Denver Tuberculosis Clinic.

79. The GEO Group initially responded to this public health order by providing some information, such as staff and detainee lists.

80. The GEO Group also attended a weekly meeting scheduled with and by the Adams County Health Department to monitor the tuberculosis case.

81. The GEO Group then facilitated a phone interview with the individual infected with tuberculosis and public health staff, which occurred on June 30, 2026.

82. During that call, the individual confirmed that he was isolated within the facility, but he was reluctant to provide any information about those he had been in contact with both in and out of the Aurora Facility. As a result, the interview did not provide the full information necessary to perform a case investigation or contact tracing.

83. Shortly thereafter, around July 1, the GEO Group stopped communicating directly with Adams County Health Department staff and stopped attending the weekly meeting.

84. Instead, the GEO Group requested that all communication be directed through its lawyers. These communications did not result in the production of any meaningful information.

85. The GEO Group provided no medical information for the detainee with infectious tuberculosis.

86. It provided no information as to how many staff, detainees, and others have been in contact with the detainee with infectious tuberculosis.

87. It provided no information as to whether these staff, detainees, and others have been tested for tuberculosis, tested positive, and offered treatment.

88. It provided no information as to whether and to what extent the facility was performing contact tracing given this staff's interaction with the Colorado public.

Concerned that the GEO Group Failed to Comply with the Adams County Health Department's Public Health Order, CDPHE Initiates its Investigation

89. After the GEO Group failed to respond to Adams' June 25, 2026, Public Health Order, CDPHE became more involved to determine if it could receive the information, whether through the GEO Group or its historically productive-working relationships with federal partners.

90. CDPHE, along with the Adams County Health Department, sought to obtain information from the U.S. Department of Homeland Security ("DHS") and the Centers for Disease Control ("CDC") given this previous productive working relationship.

91. However, this did not result in any meaningful public health coordination. Instead, federal staff simply relayed information they learned second hand from the GEO Group and ICE.

92. CDPHE continued to not have the information necessary to conduct a public health investigation.

Media Reports of Tuberculosis Spreading in the Aurora Facility Confirmed the Need for Information Necessary to Investigate

93. While Colorado public health officials were without knowledge of the scope of tuberculosis within the facility, news reporting suggested broader public safety issues at the Aurora Facility.

94. For example, on July 14, Richard Luscombe with the Guardian published an article titled "Tuberculosis outbreak at Colorado ICE jail sickens at least 12 detainees."[5]

95. The article stated that: "[a]t least 12 people detained at a federal immigration jail in Colorado have contracted tuberculosis in recent days, according to testimony from inside the facility where dozens of others have reportedly been placed in quarantine."

[5] Richard Luscombe, *Tuberculosis outbreak at Colorado ICE jail sickens at least 12 detainees*, The Guardian (Jul. 14, 2026), https://www.theguardian.com/us-news/2026/jul/14/tuberculosis-outbreak-colorado-ice-jail (on file at the Colo. Att'y Gen.'s Off.).

96. On July 17, Seth Klamann with the Denver Post published an article titled "Adams County says ICE resistance has slowed tuberculosis investigation at immigration detention center."[6]

97. The Denver Post reported: "GEO spokesman Christopher Ferreira referred a request for comment to ICE. In an unsigned statement Monday evening, a representative for the Department of Homeland Security, which oversees ICE, said the Aurora Facility had no confirmed, active cases of TB."

98. Despite this assertion, the Denver Post reported that an immigration advocate learned on June 24, 2026, from someone who had just visited a detainee in the facility that an inmate had tuberculosis. The Denver Post stated that the advocate believed, based on reports from other detainees, that "there was an outbreak in a housing unit in the facility's southern annex."

99. The Denver Post reporting also included statements from an immigration attorney who works with detainees. The attorney stated they were aware of two people who were placed in precautionary quarantine and that one sick patient was also moved from the facility, though it was unclear if that person had tuberculosis.

100. These news reports and conflicting statements from the GEO Group and DHS, coupled with the lack of meaningful information from either the GEO Group or any federal partner, emphasize the importance of allowing state and local public health departments to conduct investigations within their statutory authority.

101. CPDHE therefore requested information from the GEO Group that would allow it to comply with its public safety obligations.

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[6] Seth Klamann, Adams County says ICE resistance has slowed tuberculosis investigation at immigration detention center, The Denver Post (Jul. 17, 2026), https://www.denverpost.com/2026/07/14/tuberculosis-investigation-ice-detention-center-aurora/?trk_msg=T9G8D46HKL0KF13UQQJBCPOCV8&trk_contact=MGETQ6IT244UN3MOUVB8KHSJ38&trk_module=new&trk_sid=JT775522RRS3AD3L2O2O1TNOOO&trk_link=2EGEVRCTPU24B4J3LDDQ14L1RC&utm_email=B5727529F45154AED2FEB4DCFB&lctg=B5727529F45154AED2FEB4DCFB&active=yesD&utm_source=listrak&utm_medium=Email&utm_term=https%3a%2f%2fwww.denverpost.com%2f2026%2f07%2f14%2ftuberculosis-investigation-ice-detention-center-aurora%2f&utm_campaign=denv-denver_post-afternoon_update-nl&utm_content=automated (on file at the Colo. Att'y Gen.'s Off.).

The GEO Group's Continued Refusal to Provide Information Necessitated that CDPHE Issue a Public Health Order

102. On July 14, 2026, CDPHE issued a letter to Juan Baltazar, the warden of the Aurora Facility, Anhtaun Pham, the health administrator of the facility, and the GEO Group itself. Attached as Exhibit 3.

103. The letter outlined CDPHE's concern that tuberculosis was spreading within the Aurora Facility and the jeopardy that spread posed to the community, CDPHE's public health authority to investigate and control tuberculosis in Colorado, and a list of information CDPHE required to investigate and control the spread of tuberculosis in the Aurora Facility.

104. As discussed above, this letter is standard procedure for CDPHE when a congregate facility does not initially cooperate with local or state public health authorities.

105. The GEO Group responded through counsel on July 16, but it did not provide the requested information or request for access. Instead, it simply stated that ICE controls access to the facility and that records to detainees are property of the United States government. See Email attached as Exhibit 4.

106. On July 17, 2026, the Office of the Governor of Colorado asked Warden Baltazar if he or another representative of the GEO Group would be willing to speak with the Governor that day regarding the situation. *See* Email Chain attached as Exhibit 5.

107. The GEO Group's legal counsel responded that same day, stating:

> GEO operates the Aurora ICE Processing Center on behalf of its client, the Department of Homeland Security. We have informed them of this request and hope to have a response early next week.
>
> Also, we understand that there has recently been some misleading reporting on tuberculosis at the facility. We wanted to make sure that the Governor is aware that DHS and CDC are directly and actively involved, and DHS publicly stated two days ago that the facility has no confirmed cases of tuberculosis.

Id.

108. The Governor's Office acknowledged the response but again asked for someone at the facility to speak with Governor Polis. *Id*.

109. Through counsel, the GEO Group declined. *Id*.

110. That same day, the Governor's Office sent a list of requests for information to the GEO Group related to the spread of tuberculosis within the facility. *Id*.

111. On July 21, counsel for the GEO Group responded, again without providing the requested information. Instead, the GEO Group asserted narrowly that there were "no active cases of tuberculosis" at the facility. The GEO Group also claimed that DHS controlled access to the facility and its records, noting that it had informed DHS of CDPHE's request. But the GEO Group never informed CDPHE that DHS was instructing it to either deny access to the facility—despite CDPHE having previously been granted regular access—or to deny sharing the requested public health information. *Id*.

112. Over the next several weeks, state officials again attempted to gain more information about the potential spread of tuberculosis in the Aurora Facility from federal agency staff. In response, state officials received no meaningful information that would allow CDPHE to conduct its disease control duties.

113. While the GEO Group refused to provide information to CDPHE, news organizations reported that the detainee known to have tuberculosis was later transferred out of Colorado to a detention facility in Texas and may have been subsequently deported out of the country.

114. Even if true, this does not end the public health emergency. If anything, it makes the need to obtain information from the facility even more pressing, because CDPHE's ability to conduct its investigation only becomes harder with the passage of time.

115. Because of the GEO Group's persistent stonewalling, CDPHE has yet to identify the scope of disease and the risk to Colorado's public health.

116. Given the pressing need to protect Coloradans from this deadly disease and after exhausting other avenues to obtain information, CDPHE issued Public Health Order 26-02 on August 13, 2026. PHO attached as Exhibit 6.

117. The order requests that the GEO Group provide categories of information related to individuals with confirmed or suspected active tuberculosis from June 1, 2026 to August 13, 2026 and to those who were determined to be contacts to any individual diagnosed with tuberculosis. The order also requests discharge planning information concerning the individual diagnosed with tuberculosis.

118. This information is critical for CDPHE to conduct its disease control investigation. It will allow CDPHE to identify the scope of tuberculosis within the facility and the risk to Coloradans at large. Without this information, CDPHE will continue to be in the dark as to the scope of tuberculosis within the facility, the risk of spread outside the facility, and how the GEO Group responded within the facility to the confirmed disease.

119. Public Health Order 26-02 provided the GEO Group a deadline of August 17, 2026, to provide the demanded information. The GEO Group did not comply.

120. Instead, on August 17, the GEO Group, through counsel, stated that requests for records should be directed to DHS, that DHS has confirmed that there are no active cases of tuberculosis at the Aurora Facility, that "GEO has engaged in numerous conversations and meetings with the Adams County Health Department and other Colorado officials and has provided information to the State as authorized by DHS," that "DHS is the appropriate entity to address questions concerning the status of individuals in its custody, including individuals who have been released," and that DHS and CDC "remain actively involved in the day-to-day management of any necessary disease-prevention and control measures." Email attached as Exhibit 7. The GEO Group again did not assert a lack of knowledge of the information requested by the Public Health Order or that DHS had instructed the GEO Group not to provide such information.

121. Per the contractual provisions cited above, *see* ¶¶ 63-67, and its independent obligation to comply with Colorado law, the GEO Group has a duty to comply with CPDHE's Public Health Order, reflected in its contract with DHS and provided by the PBNDS. *See* Exhibit 1.

First Claim for Relief
(Violation of Public Health Order 26-02 pursuant to C.R.S. § 25-1-114 and Request for Injunctive Relief pursuant to C.R.C.P. 65(b))

122. It is unlawful for a person to willfully violate, disobey, or disregard the provisions of the public health laws or the terms of any lawful notice, order, standard, rule, or regulation issued pursuant thereto. C.R.S. § 25-1-114(1)(a).

123. The GEO Group violated CDPHE's lawful public health order by not allowing public health officials to conduct an investigation of the confirmed tuberculosis case within the facility. C.R.S. § 25-4-506.

124. The GEO Group violated CDPHE's lawful public health order by not providing any of the requested medical information to public health officers necessary to conduct an investigation of the confirmed tuberculosis case within the facility. C.R.S. §§ 25-4-506; 508.

125. CDPHE is authorized and required to bring this action to enforce the public health order and to protect the public health from tuberculosis. C.R.S. §§ 25-1-114; 25-4-102(1)(a)(I); 25-4-506; 25-4-508.

126. CDPHE is entitled to preliminary injunctive relief because:

a. CDPHE is likely to succeed on the merits because the GEO Group unequivocally violated a lawfully issued public health order pursuant to C.R.S. §§ 25-1-114; 25-4-506; and 25-1-102(1)(a)(I);

b. There is danger of real, immediate, and irreparable injury because public health officials' inability to perform a case investigation of the identified tuberculosis case within the facility presents a real risk of tuberculosis spread to detainees, staff, and the public outside the facility;

c. There is no plain, speedy, and adequate remedy available to enjoin the GEO Group from withholding access to public health officials to perform these necessary public health functions;

d. An injunction is not contrary to the public interest because there is a strong public interest in protecting Colorado's public health from the spread of a contagious and deadly communicable disease;

e. The balance of the equities heavily favors an injunction due to the public health risks at issue, but also because Colorado's public health officials do not, in any way, intend to impede the GEO Group's operations of the facility, particularly as to the facilitating of immigration-related services. Rather, an injunction would simply allow these officials to perform the same case investigation they have historically performed at the Aurora Facility; and

f. An injunction would preserve the status quo pending a trial on the merits because without an injunction, and by the time a trial takes place, staff who came into contact with the infectious detainee may no longer be employed at the facility or may have forgotten who they were in contact with, making contact tracing with these individuals near impossible, the infected individual may have been transferred to a different facility or deported out of the country, which may have already happened, again

making contact tracing near impossible, and worst of all, the irreparable harm may have already occurred, in that tuberculosis from the facility may have already spread to Coloradans at large, again making public health efforts too late and ineffective.

127. CDPHE is also entitled to permanent injunctive relief upon its showing of actual success on the merits, and because irreparable harm will result unless the injunction is issued, the threatened injury outweighs the harm that the injunction may cause to the opposing party, and the injunction, if issued, will not adversely affect the public interest.

WHEREFORE, the Colorado Department of Public Health and Environment requests judgment in its favor for the relief requested herein, including the issuance of injunctive relief as requested; an award of reasonable costs; and for such other and further orders and relief as the Court deems just.

Dated this 19th day of August, 2026.

PHILIP J. WEISER
Attorney General

/s/ Ryan K. Lorch

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Plaintiff's Address:
4300 Cherry Creek Drive South, Denver, CO 80246

VERIFICATION

The undersigned, a duly authorized representative of the Colorado Department of Public Health and Environment, being personally familiar with the matters recited in this Complaint, hereby swear and affirm under penalty of perjury that the facts stated herein are true and correct to the best of my knowledge, information, and belief.

Colorado Department of Public Health and Environment

By: Rachel Herlihy, M.D.
Title: Colorado State Epidemiologist

Subscribed and affirmed, or sworn to before me, in the County of Arapahoe, State of Colorado, this 19th day of August, 2026.

MONICA WILKERSON
NOTARY PUBLIC
STATE OF COLORADO
NOTARY ID 20164014531
MY COMMISSION EXPIRES APRIL 14, 2028

NOTARY PUBLIC