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UNITED STATES DISTRICT COURT
CENTRAL DISTRICT OF ILLINOIS

RODREKUS WILLIAMS,	)	
	)	
Plaintiff,	)	
	)	
v.	)	**No.: 13-2162-CSB**
	)	
	)	
JASON DUNN, *et al.*,	)	
	)	
Defendants.	)	

ORDER

COLIN S. BRUCE, U.S. District Judge:

This cause is before the Court on Defendants' motions for summary judgment. The undisputed evidence establishes that Defendants were not deliberately indifferent to Plaintiff Rodrekus Williams' cataract. Therefore, Defendants are entitled to the summary judgment that they seek.

I.
MATERIAL FACTS

Plaintiff Rodrekus Williams is an inmate within the Illinois Department of Corrections ("IDOC") who is housed at the IDOC's Danville Correctional Center ("Danville"). Defendants P.H. Kehoe, Eric Johnson, and Jason Dunn are optometrists, each licensed to practice optometry in the State of Illinois. During the relevant time, Drs. Kehoe, Johnson, and Dunn provided eye care to the IDOC inmates at Danville. Defendant Mary Miller is the Health Care Unit Administrator at Danville.

On July 17, 2011, Dr. Kehoe examined Williams for complaints of a left eye cataract. Williams reported to Dr. Kehoe that he had suffered from the left eye cataract since 2006. During the examination, Dr. Kehoe assessed a very advanced left eye cataract, but he also determined that there was no immediate need for a referral to an ophthalmologist for a surgical evaluation. Instead, Dr. Kehoe noted that Williams would likely need surgery in one to two years, but in the meantime, Dr. Kehoe's plan was to monitor Williams' cataract for three months to ensure that the cataract did not hypermature.[1] The appointment on July 17, 2011, was the only medical contact that Dr. Kehoe had with Williams.

On October 28, 2011, Dr. Johnson examined Williams' left eye cataract as part of Dr. Kehoe's three-month monitoring plan. Dr. Johnson noted during his examination that Williams made no complaints of any changes in his visual acuity. Dr. Johnson assessed Williams as having an advanced eye cataract. Dr. Johnson determined that no surgical referral for Williams' cataract was needed at that time, and his plan was to continue with Dr. Kehoe's plan of monitoring Williams' cataract and to examine Williams again in three months. The appointment on October 28, 2011, was the only medical contact that Dr. Johnson had with Williams.

On January 25, 2012, Dr. Dunn examined Williams' left eye cataract as part of Dr. Kehoe's three-month monitoring plan. During this examination, Dr. Dunn assessed Williams as possessing a hypermature left eye cataract. Dr. Dunn opined that Williams

[1] A hypermature cataract is a cataract in which the lens cortex because liquid with the nucleus gravitating with the capsule.

needed surgery (or at least a referral to an ophthalmologist for a surgical evaluation), and therefore, Dr. Dunn submitted a request to Danville's medical director for Williams to be examined by an ophthalmologist. Dr. Dunn told Williams that he would continue to monitor his cataract to ensure that he did not develop glaucoma.

On April 19, 2012, Dr. Dunn examined Williams' left eye cataract based upon Williams' complaints of pain in his left eye. On November 1, 2012, Dr. Dunn, again, examined Williams' left eye. During this examination, Dr. Dunn informed Williams that he would not be receiving cataract surgery at that time because he failed to meet Wexford Health Sources, Inc.'s ("Wexford")[2] requirements to receive surgery, and therefore, the Danville medical director had denied his request for a surgical evaluation. Dr. Dunn advised Williams that he would continue to monitor his cataract, and Dr. Dunn further noted that Williams' cataract was not causing a decrease in vison in Williams' right eye.

On January 25, 2013, Dr. Dunn submitted a second request to the Danville medical director to have Williams seen by an ophthalmologist for a surgical evaluation of Williams' left eye. On February 15, 2013, Dr. Dunn explained to Williams that he had submitted a second request to the Danville medical director for a surgical evaluation of Williams' left eye. On March 19, 2013, Dr. Dunn's request for a surgical evaluation of Williams' left eye cataract was approved.

[2] Wexford maintains a contract with the IDOC whereby Wexford provides medical services to the IDOC's inmates, including the IDOC inmates at Danville.

On April 25, 2013, Dr. Aprahamian, an ophthalmologist with the Gaily Eye Clinic, performed a surgical consultation of Williams' left eye. Thereafter, Williams received a B-scan of his left eye in preparation for his surgery. On April 9, 2014, Dr. Aprahamian performed cataract removal surgery on Williams' left eye.

On July 15, 2013, Williams filed this suit under 42 U.S.C. § 1983. Thereafter, the Court conducted a merit review of Williams' Complaint and determined that his Complaint stated a claim against Defendants for being deliberately indifferent to his serious medical needs in violation of his Eighth Amendment rights. Defendants have now filed motions for summary judgment on Williams' claim against them.

II.
SUMMARY JUDGMENT STANDARD

Federal Rule of Civil Procedure 56(a) provides that summary judgment shall be granted if the movant shows that there is no genuine dispute as to any material fact and the movant is entitled to judgment as a matter of law. FED. R. CIV. P. 56(a); *Ruiz-Rivera v. Moyer,* 70 F.3d 498, 500-01 (7th Cir. 1995). The moving party has the burden of providing proper documentary evidence to show the absence of a genuine issue of material fact. *Celotex Corp. v. Catrett,* 477 U.S. 317, 323-24 (1986). Once the moving party has met its burden, the opposing party must come forward with specific evidence, not mere allegations or denials of the pleadings, which demonstrates that there is a genuine issue for trial. *Gracia v. Volvo Europa Truck, N.V.*, 112 F.3d 291, 294 (7th Cir. 1997). "[A] party moving for summary judgment can prevail just by showing that the other party has no evidence on an issue on which that party has the burden of proof." *Brazinski v.*

Amoco Petroleum Additives Co., 6 F.3d 1176, 1183 (7th Cir. 1993). "As with any summary judgment motion, we review cross-motions for summary judgment construing all facts, and drawing all reasonable inferences from those facts, in favor of the nonmoving party." *Laskin v. Siegel,* 728 F.3d 7314, 734 (7th Cir. 2013) (internal quotation marks omitted).

Accordingly, the non-movant cannot rest on the pleadings alone, but must designate specific facts in affidavits, depositions, answers to interrogatories or admissions that establish that there is a genuine triable issue; he must do more than simply show that there is some metaphysical doubt as to the material fact. *Anderson v. Liberty Lobby, Inc.,* 477 U.S. 242, 261 (Brennan, J., dissenting) (1986)(quoting *Matsushita Elec. Indus. Co. v. Zenith Radio Corp.,* 475 U.S. 574, 586 (1986)); *Hot Wax, Inc. v. Turtle Wax, Inc.,* 191 F.3d 813, 818 (7th Cir. 1999). Finally, a scintilla of evidence in support of the non-movant's position is not sufficient to oppose successfully a summary judgment motion; "there must be evidence on which the jury could reasonably find for the [non-movant]." *Anderson,* 477 U.S. at 252.

III.
DEFENDANTS ARE ENTTLED TO SUMMARY JUDGMENT

"The Eighth Amendment safeguards the prisoner against a lack of medical care that may result in pain and suffering which no one suggests would serve any penological purpose." *Arnett v. Webster*, 658 F.3d 742, 750 (7th Cir. 2011)(internal quotations and footnote omitted). "Prison officials violate the Constitution if they are deliberately indifferent to prisoners' serious medical needs." *Id.* (citing *Estelle v. Gamble*,

429 U.S. 97, 104 (1976)); *Rodriguez v. Plymouth Ambulance Serv.*, 577 F.3d 816, 828 (7th Cir. 2009) ("Deliberate indifference to serious medical needs of a prisoner constitutes the unnecessary and wanton infliction of pain forbidden by the Constitution.").

The deliberate indifference standard requires an inmate to clear a high threshold in order to maintain a claim for cruel and unusual punishment under the Eighth Amendment. *Dunigan ex rel. Nyman v. Winnebago County*, 165 F.3d 587, 590 (7th Cir. 1999). "In order to prevail on a deliberate indifference claim, a plaintiff must show (1) that his condition was 'objectively, sufficiently serious' and (2) that the 'prison officials acted with a sufficiently culpable state of mind." *Lee v. Young*, 533 F.3d 505, 509 (7th Cir. 2008)(quoting *Greeno v. Daley*, 414 F.3d 645, 652 (7th Cir. 2005)); *Duckworth v. Ahmad*, 532 F.3d 675, 679 (7th Cir. 2008)(same).

"A medical condition is serious if it 'has been diagnosed by a physician as mandating treatment or one that is so obvious that even a lay person would perceive the need for a doctor's attention.'" *Lee*, 533 F.3d at 509 (quoting *Greeno,* 414 F.3d at 653). "With respect to the culpable state of mind, negligence or even gross negligence is not enough; the conduct must be reckless in the criminal sense." *Id.*; *Farmer v. Brennan*, 511 U.S. 825, 836-37 (1994)("We hold . . . that a prison official cannot be found liable under the Eighth Amendment for denying an inmate humane conditions of confinement unless the official knows of and disregards an excessive risk to inmate health or safety; the official must both be aware of facts from which the inference could be drawn that a substantial risk of harm exists, and he must also draw the inference.").

"Deliberate indifference is not medical malpractice; the Eighth Amendment does not codify common law torts. And although deliberate means more than negligent, it is something less than purposeful. The point between these two poles lies where the official knows of and disregards an excessive risk to inmate health or safety or where the official is both aware of facts from which the inference could be drawn that a substantial risk of serious harm exists, and he . . . draws the inference." *Duckworth*, 532 F.3d at 679 (internal quotations and citations omitted). The Seventh Circuit has cautioned, however, that "[a] prisoner [] need not prove that the prison officials intended, hoped for, or desired the harm that transpired. Nor does a prisoner need to show that he was literally ignored. That the prisoner received some treatment does not foreclose his deliberate indifference claim if the treatment received was so blatantly inappropriate as to evidence intentional mistreatment likely to seriously aggravate his condition." *Arnett*, 658 F.3d at 751 (internal citations and quotations omitted).

For claims that a delay in treatment, rather than non-treatment or the treatment received, constituted deliberate indifference, the United States Court of Appeals for the Seventh Circuit has held that the test is slightly different:

> In cases where prison officials delayed rather than denied medical assistance to an inmate, courts have required the plaintiff to offer "verifying medical evidence" that the delay (rather than the inmate's underlying condition) caused some degree of harm. That is, a plaintiff must offer medical evidence that tends to confirm or corroborate a claim that the delay was detrimental.

Williams v. Liefer, 491 F.3d 710, 714-15 (7th Cir. 2007)(internal citations omitted); *Berry v. Peterman*, 604 F.3d 435, 441 (7th Cir. 2010)("A significant delay in effective medical

treatment also may support a claim of deliberate indifference, especially where the result is prolonged and unnecessary pain.").

A. The Doctors were not deliberately indifferent to Williams' cataract.

Williams' deliberate indifference claim is based upon his belief that that treatment provided by the eye doctors, in reality, constituted no treatment at all. Williams contends that "monitoring" his cataract constituted insufficient care, and he further asserts that he should have received cataract surgery much sooner. Because he did not receive surgery sooner (he notes that he has had cataract in his left eye since 2006), Williams states that he remained at risk to develop glaucoma and blindness.

Williams further argues that the testing equipment at Danville was insufficient for the eye doctors to make a proper diagnosis of his eye condition. As a result, Williams claims that the doctors could not and did not properly monitor his cataract. In short, Williams argues that Drs. Kehoe, Johnson, and Dunn were deliberately indifferent to his serious medical condition because, rather than properly treating his eye condition, they offered excuses and "passed the buck" for three years until he finally received surgery.

Williams' claim suffers from three fatal defects. *First*, Williams has offered no evidence that Drs. Kehoe and Johnson's opinions and plans (*i.e.*, that Williams did not need surgery at the times when they examined him and that monitoring Williams' condition was proper) constituted deliberate indifference. According to Dr. Kehoe and Dr. Johnson, surgery was unnecessary until and unless Williams' cataract was

hypermature. These opinions and plans are supported as being reasonable by Dr. Johnson's expert witness' testimony.

When Dr. Dunn first diagnosed Williams as having a hypermature cataract, he submitted a request to Danville's medical director for a surgical evaluation of Williams' left eye. Although Williams was not approved for surgery until Dr. Dunn's second request, there is no evidence in the record to support a finding that the Dr. Dunn's initial denial was based upon any actions taken or any inaction by Dr. Dunn.

The Eighth Amendment guarantees a prisoner treatment of his serious medical needs, not a doctor of his own choosing. *Estelle*, 429 U.S. at 104-106 (1976); *United States v. Rovetuso*, 768 F.2d 809, 825 (7th Cir. 1985). It does not guarantee access to the latest technology or to a specific medical test. *Glenn v. Barua*, 2007 WL 3194051, * 3 (3d Cir. 2007)(noting that "a decision not to use an x-ray or other diagnostic technique is "a classic example of a matter for medical judgment, and does not by itself amount to constitutionally deficient treatment.") (internal quotation omitted).

In other words, "[a] prisoner has the right to medical care; however, he does not have the right to determine the type and scope of the medical care he personally desires." Carter v. Ameji, 2011 WL 3924159, * 8 (C.D. Ill. Sept. 7, 2011)(citing *Coppinger v. Townsend*, 398 F.3d 392, 394 (10th Cir. 1968)). "The Eighth Amendment does not require that prisoners receive unqualified access to healthcare. Rather, inmates are entitled only to adequate medical care." Leyva v. Acevedo, 2011 WL 1231349, * 10 (C.D. Ill. Mar. 28, 2011)(internal quotations omitted). Drs. Kehoe, Johnson, and Dunn exercised their professional opinions that Williams did not need surgery until Dr. Dunn diagnosed

Williams' cataract as hypermature. Once Dr. Dunn made that diagnosis, he submitted a request for a surgical evaluation of Williams' left eye. Just because Williams subjectively believed that the referral and surgery should have occurred sooner, that does not mean that the doctors were deliberately indifferent or that summary judgment must be denied. Oden v. Mueller, 1995 WL 417605, * 4 (7th Cir. July 13, 1995) (holding that the failure to refer the plaintiff to a specialist did not constitute deliberate indifference); Young v. Winnebago County, 2003 WL 1475384, * 1 (N.D. Ill. 2003)(holding that "a mere disagreement with prescribed course of treatment does not amount to deliberate indifference.").

"[A] difference of opinion between a physician and the patient does not give rise to a constitutional right, nor does it state a cause of action under § 1983." Carter, 2011 WL 3924159 at * 8. "A prisoner's dissatisfaction with a doctor's prescribed course of treatment does not give rise to a constitutional claim unless the medical treatment is so blatantly inappropriate as to evidence intentional mistreatment likely to seriously aggravate the prisoner's condition." *Snipes v. Detella,* 95 F.3d 586, 592 (7th Cir. 1996).

Drs. Kehoe, Johnson, and Dunn exercised their professional opinions in treating Williams' cataract, and there is no evidence to undercut their opinions other than Williams' subjective belief that the doctors' opinions were wrong. There also is no evidence that the doctors could not have reached their opinions without the type of medical equipment that Williams claims was necessary and that was unavailable at Danville. Drs. Kehoe, Johnson, and Dunn's opinions are entitled to deference, and

nothing about their opinions raise the specter of deliberate indifference. *Pyle v. Fahim*, 771 F.3d 403, 409 (7th Cir. 2014).

Second, Williams has offered no evidence to show that the doctors possessed the necessary mental state to support his deliberate indifference claim. As previously noted, a defendant must act with criminal recklessness in order to establish a deliberate indifference claim.

Here, Williams has offered no evidence that Drs. Kehoe, Johnson, or Dunn acted with criminal recklessness in treating his cataract or in denying or refusing surgery. At most, Williams offers his personal opinion that he should have received surgery sooner. But, even if Williams is correct and even if the medical providers were wrong, Williams offers no evidence that the doctors' decision was based upon any deliberate indifference. At most, his evidence might support a negligence finding, but negligence or malpractice is not deliberate indifference.

Third, to the extent that Williams' claim is premised upon the delay in receiving surgery, his claim fails because he has offered no verifying medical evidence that the delay, as opposed to his underlying eye condition, caused him some degree of harm. Williams states that he told each of the doctors that the cataract caused him to experience pain. Even if this claim is true, Williams has offered nothing to show that the treatment of monitoring his cataract was inappropriate until it became hypermature. On the other hand, Defendants have offered evidence that their course of treatment was appropriate. Accordingly, Drs. Kehoe, Johnson, and Dunn are entitled to the summary judgment that they seek because there are no issues of fact to be

determined by a trier of fact and because they have shown that they are entitled to judgment as a matter of law on Williams' deliberate indifference claim against them.

B. Miller was not deliberately indifferent to Williams' cataract.

Likewise, Defendant Mary Miller is entitled to summary judgment on Williams' deliberate indifference claim against her. The undisputed evidence demonstrates that, as the Health Care Unit Administrator at Danville, Miller does not schedule medical visits for inmates either with the medical providers who work within the IDOC or outside the IDOC. Instead, Miller's role was to monitor the contract between IDOC and Wexford to ensure compliance with the terms of the contract.

Notably, Miller had no responsibility whatsoever to provide medical care to inmates. Miller could ensure that an inmate was seen by a doctor or nurse, but she had no authority to direct that the inmate receive any specified treatment. In other words, Miller could make sure that an inmate received care, but that is where her responsibility ended. Miller could not override or overrule a treatment decision or course of treatment made by a doctor or nurse.

As a result, Miller is entitled to summary judgment because the evidence in the summary judgment record shows that she verified that Williams was receiving care for his cataract, and she was entitled to rely upon the medical records demonstrating that Williams was receiving care without subjecting her to liability under § 1983. As the Health Care Administrator, Miller was allowed to rely on the eye doctors' diagnosis and treatment of Williams. *Johnson v. Snyder,* 444 F.3d 579, 585–86 (7th Cir. 2006)(*overruled on other grounds Hill v. Tangherlini,* 724 F.3d 965, 967 n. 1 (7th Cir.

2013)(health care administrator who reviewed medical records and relied on doctor's diagnosis in responding to inmate's grievance was not deliberately indifferent); *Hayes v. Snyder,* 546 F.3d 516, 527 (7th Cir. 2008)(no deliberate indifference when grievance officer investigated and referred the complaint to medical staff); *Greeno v. Daley,* 414 F.3d at 655 (prison official who reviewed complaints and verified with staff that inmate was receiving treatment was not deliberately indifferent); *Spruill v. Gillis,* 372 F.3d 218, 236 (7th Cir. 2004)(non-medical official is able to rely on the belief that a prisoner is in capable hands when under the care of medical experts).

Miller fulfilled her responsibilities and duties owed to Williams when she verified that he was receiving medical attention for his eye condition. Contrary to Williams' belief, even though she is a registered nurse, Miller could not override the doctors' decision, could not overrule the Danville medical director's decision, and could not challenge Wexford's decision regarding his treatment or when he would receive surgery for his cataract. Accordingly, Miller is entitled to the summary judgment that she seeks.

In addition, Miller has asked the Court for permission to withdraw the automatic admissions that she made as a result of failing to respond timely to Williams' requests to admit pursuant to Federal Rule of Civil Procedure 36. Miller states that it was not her intention to make these admissions, that her current counsel only became involved in this case after the time to respond to the requests to admit were due, and that the admissions are inconsistent with the other discovery responses that she has made and the positions that she has taken in this case. Accordingly, Miller asks for leave to

withdraw her automatic admissions that occurred as a result of her failure to respond to Williams' Rule 36 requests.

Miller's motion is granted. "Under Rule 36, facts are deemed admitted unless the receiving party denies or objects to them within 30 days." *Bryant v. Fort Wayne Metro. Human Relations Comm'n*, 2008 WL 2595919, * 2 (7th Cir. July 1, 2008). However, "the Rule offers a way to withdraw admissions by filing a motion and showing lack of prejudice to the requesting party . . . ." *Id.* Specifically, "[t]he district court has the discretion to allow a party to withdraw or amend its admissions only if: (a) the withdrawal or amendment would promote the presentation of the merits of the action, and (b) allowing the withdrawal or amendment would not prejudice the party that obtained the admission." *Wilson v. Comlux Am.*, 2013 WL 593974, * 1 (S.D. Ind. Feb. 14, 2013)(citing Fed. R. Civ. Pro.36(b)).

Here, Miller has satisfied both elements necessary to allow her to withdraw her admissions. Allowing her to withdraw her admissions will promote a decision on the merits. More importantly, allowing the withdrawal will not prejudice Williams. Williams did not rely upon any of the admissions in his response to Miller's motion for summary judgment, and there will not be a trial in this case. Accordingly, Williams can claim no prejudice from the withdrawal.

Finally, because there will be no trial, there is no reason to find counsel to represent Williams. The Court does not possess the authority to require an attorney to accept pro bono appointments on civil cases such as this. *Pruitt v. Mote*, 503 F.3d 647, 653 (7th Cir. 2007). The most that the Court can do is to ask for volunteer counsel.

Jackson v. County of McLean, 953 F.2d 1070, 1071 (7th Cir. 1992)(holding that it is a "fundamental premise that indigent civil litigants have no constitutional or statutory right to be represented by counsel in federal court.").

In determining whether the Court should attempt to find an attorney to voluntarily take a case, "the question is whether the difficulty of the case—factually and legally—exceeds the particular plaintiff's capacity as a layperson to coherently present it to the judge or jury himself . . . . The question is whether the plaintiff appears competent to *litigate* his own claims, given their degree of difficulty, and this includes the tasks that normally attend litigation: evidence gathering, preparing and responding to motions and other court filings, and trial." *Pruitt*, 503 F.3d at 655 (emphasis in original). In other words, this inquiry is an individualized one based upon the record as a whole, the nature of the claims, and the plaintiff's ability to pursue his claims through all phases of the case, including discovery and trial. *Navejar v. Iyioloa*, 718 F.3d 692, 696 (7th Cir. 2013). As the Seventh Circuit has acknowledged, "[a]lmost everyone would benefit from having a lawyer, but there are too many indigent litigants and too few lawyers willing and able to volunteer for these cases. *DeWitt v. Corizon, Inc.*, 760 F.3d 654, 657 (7th Cir. 2014)(internal quotation omitted). Although the Seventh Circuit has held that appointment of counsel should occur in cases in which counsel would have made a difference in the outcome of the litigation (*Santiago v. Walls*, 599 F.3d 749, 465 (7th Cir. 2010)), the Seventh Circuit has also held that the test for appointment of counsel is not whether a lawyer could more effectively handle the case. *Pruitt*, 503 F.3d at 655. The test is whether the litigant is competent to litigate his own claims. *Id*.

Here, Williams did a good job at litigating his claim. Ultimately, Williams' claim failed at summary judgment, not due to a lack of an attorney, but due to a lack of evidence. The Court does not believe that having an attorney during the discovery period would have changed this outcome. Because the case is now closed, Williams' motion for counsel is denied.

IT IS, THEREFORE, ORDERED:

1. Plaintiff's motion to request counsel [108] is DENIED.

2. Plaintiff's motion to add exhibits [117] is GRANTED, and the exhibits attached to Plaintiff's motion were considered by the Court in ruling upon Defendant Kehoe's motion for summary judgment

3. Defendant Miller's motion to withdraw admissions [104] is GRANTED.

4. Defendant Miller's motion for summary judgment [95] is GRANTED.

5. Defendant Dunn's motion for summary judgment [79] is GRANTED.

6. Defendant Johnson's motion for summary judgment [84] is GRANTED.

7. Defendant Kehoe's motion for summary judgment [111] is GRANTED.

8. Accordingly, the Clerk of the Court is directed to enter judgment in Defendants' favor and against Plaintiff. All other pending motions are denied as moot, and this case is terminated with the Parties to bear their own costs. All deadlines and settings on the Court's calendar are vacated.

9. If Plaintiff wishes to appeal this judgment, he must file a notice of appeal with this Court within 30 days of the entry of judgment. Fed. R. App. P. 4(a)(4).

10. If Plaintiff wishes to proceed in forma pauperis on appeal, his motion for leave to appeal in forma pauperis must identify the issues that he will present on appeal to assist the Court in determining whether the appeal is taken in good faith. Fed. R. App. P. 24(a)(1)(c); *Celske v. Edwards*, 164 F.3d 396, 398 (7th Cir. 1999)(an appellant should be given an opportunity to submit a statement of his grounds for appealing so that the district judge "can make a responsible assessment of the issue of good faith."); *Walker v. O'Brien*, 216 F.3d 626, 632 (7th Cir. 2000)(providing that a good faith appeal is an appeal that "a reasonable person could suppose . . . has some merit" from a legal perspective). If Plaintiff chooses to appeal, he will be liable for the $505.00 appellate filing fee regardless of the outcome of the appeal.

Entered this 16th day of August, 2016

s/ Colin S. Bruce
COLIN S. BRUCE
UNITED STATES DISTRICT JUDGE