

1 UNITED STATES DISTRICT COURT
2 DISTRICT OF NEVADA

3 MATTHEW J. KING, )
4 )
5 Plaintiff, )
6 vs. )
7 AMY CALDERWOOD, et al., )
8 Defendants. )

Case No.: 2:13-cv-02080-GMN-PAL

ORDER

9
10 Pending before the Court is a Motion for Summary Judgment (ECF No. 94) filed by
11 Defendants James G. Cox ("Cox") and Quentin Byrne ("Byrne") (collectively, "Defendants").
12 Pro se Plaintiff Matthew J. King ("Plaintiff") filed a Response (ECF No. 115),<sup>1</sup> and Defendants
13 filed a Reply (ECF No. 117).<sup>2</sup>

14 Also pending before the Court are several motions filed by Plaintiff, including Motion to
15 Extend Prison Work Limit (ECF No. 119), Motion for Reinstatement of Defendant Amy
16 Calderwood (ECF No. 120), Motion to Withdraw Motion for Reinstatement (ECF No. 122), and
17 Motion for Order Granting Motion to Extend Prison Work Limit (ECF No. 125).

18 I. BACKGROUND

19 This case arises out of a prisoner's Eighth Amendment claim for deliberate indifference
20 to a serious medical need. (See Def.'s Mot. for Summ. J. ("Def.'s MSJ") 2:13-15, ECF No. 94).

21
22 <sup>1</sup> In light of Plaintiff's status as a pro se litigant, the Court has liberally construed his filings, holding him to
23 standards less stringent than formal pleadings drafted by attorneys. See Erickson v. Pardus, 551 U.S. 89, 94
24 (2007).

25 <sup>2</sup> Defendants also filed a Motion to Extend Time to File Supplements to Defendant's Motion for Summary
Judgment. (ECF No. 95). Plaintiff did not file a Response. "The failure of an opposing party to file points and
authorities in response to any motion . . . constitutes a consent to the granting of the motion." D. Nev. Local Rule
7-2(d). Accordingly, Defendants' Motion to Extend Time (ECF No. 95) is granted and the Court will consider
Defendants' Supplement (ECF No. 96).

1 Plaintiff Matthew J. King (“Plaintiff”) is an inmate incarcerated in the Nevada Department of  
2 Corrections (“NDOC”). (Id. 2:15–17). Plaintiff was originally housed in High Desert State  
3 Prison (“HDSP”) and is currently at Southern Desert Correctional Center (“SDCC”). (Id.).

4 Plaintiff filed his Complaint on September 24, 2013, against numerous employees and  
5 officials at HDSP and NDOC, alleging § 1983 violations of “Plaintiff’s 8th amend. right as a  
6 disabled American seeking rehabilitation by acting deliberately indifferent to pleas for  
7 meaningfull [sic] access to substance abuse treatment.” (Compl. at 1, 11, ECF No. 7). Plaintiff  
8 sued each Defendant in his or her official capacity. (See id. at 3–5). Specifically, Plaintiff  
9 alleged denial of treatment for both substance abuse and Hepatitis-C. These treatments were  
10 related because a prison doctor informed Plaintiff that a mandatory substance abuse treatment  
11 program was required before receiving medical treatment for Hepatitis-C. (See id. at 4); (see  
12 also State of Nevada Department of Corrections Inmate Grievance History (“Inmate Grievance  
13 History”) at 23, Ex. C to Def.’s MSJ, ECF No. 94-1) (Grievance #20062956880).

14 On December 15, 2014, all Defendants from both HDSP and NDOC filed a Motion for  
15 Summary Judgment, arguing that nearly all of Plaintiff’s claims were mooted by his admission  
16 to the substance abuse treatment program and transfer to another facility. (Order 3:4–6, ECF No.  
17 58). Because Defendants asserted that Plaintiff’s claims were moot, the Court construed the  
18 matter under a 12(b)(1) standard rather than summary judgment. (Id. 4:15–17). The Court  
19 granted Defendants’ Motion as to the HDSP employees because Plaintiff was placed in and  
20 successfully completed substance abuse treatment. (Id. 5:24–6:2). The Court denied the Motion  
21 as to the two remaining Defendants, Cox and Byrne, the NDOC officials, finding that  
22 insufficient evidence was presented to support adequate and complete medical treatment for  
23 Plaintiff’s Hepatitis-C. (See id. 6:4–18).

24 On September 4, 2015, Defendants filed the instant Motion for Summary Judgment,  
25 asserting that Plaintiff’s claims fail on three grounds. (ECF No. 94). First, Defendants argue

1 that Plaintiff failed to exhaust his administrative remedies regarding his Hepatitis-C treatment  
2 because his prison grievances focus only on substance abuse treatment. (Def.'s MSJ 8:1–22).  
3 Second, Defendants contend that they had “no personal participation” in any alleged deprivation  
4 of Plaintiff’s right to medical treatment. (Id. 8:24–10:17). Lastly, Defendants assert that  
5 Plaintiff has failed to establish a claim for deliberate indifference to his serious medical needs.  
6 (Id. 12:1–14:3).

## 7 **II. LEGAL STANDARD**

8 The Federal Rules of Civil Procedure provide for summary adjudication when the  
9 pleadings, depositions, answers to interrogatories, and admissions on file, together with the  
10 affidavits, if any, show that “there is no genuine dispute as to any material fact and the movant is  
11 entitled to judgment as a matter of law.” Fed. R. Civ. P. 56(a). Material facts are those that may  
12 affect the outcome of the case. See *Anderson v. Liberty Lobby, Inc.*, 477 U.S. 242, 248 (1986).  
13 A dispute as to a material fact is genuine if there is sufficient evidence for a reasonable jury to  
14 return a verdict for the nonmoving party. See *id.* “Summary judgment is inappropriate if  
15 reasonable jurors, drawing all inferences in favor of the nonmoving party, could return a verdict  
16 in the nonmoving party’s favor.” *Diaz v. Eagle Produce Ltd. P’ship*, 521 F.3d 1201, 1207 (9th  
17 Cir. 2008) (citing *United States v. Shumway*, 199 F.3d 1093, 1103–04 (9th Cir. 1999)). A  
18 principal purpose of summary judgment is “to isolate and dispose of factually unsupported  
19 claims.” *Celotex Corp. v. Catrett*, 477 U.S. 317, 323–24 (1986).

20 In determining summary judgment, a court applies a burden-shifting analysis. “When the  
21 party moving for summary judgment would bear the burden of proof at trial, it must come  
22 forward with evidence which would entitle it to a directed verdict if the evidence went  
23 uncontroverted at trial. In such a case, the moving party has the initial burden of establishing  
24 the absence of a genuine issue of fact on each issue material to its case.” *C.A.R. Transp.*  
25 *Brokerage Co. v. Darden Rests., Inc.*, 213 F.3d 474, 480 (9th Cir. 2000) (citations omitted). In

1 contrast, when the nonmoving party bears the burden of proving the claim or defense, the  
2 moving party can meet its burden in two ways: (1) by presenting evidence to negate an essential  
3 element of the nonmoving party's case; or (2) by demonstrating that the nonmoving party failed  
4 to make a showing sufficient to establish an element essential to that party's case on which that  
5 party will bear the burden of proof at trial. See *Celotex Corp.*, 477 U.S. at 323–24. If the  
6 moving party fails to meet its initial burden, summary judgment must be denied and the court  
7 need not consider the nonmoving party's evidence. See *Adickes v. S. H. Kress & Co.*, 398 U.S.  
8 144, 159–60 (1970).

9         If the moving party satisfies its initial burden, the burden then shifts to the opposing party  
10 to establish that a genuine issue of material fact exists. See *Matsushita Elec. Indus. Co. v. Zenith*  
11 *Radio Corp.*, 475 U.S. 574, 586 (1986). To establish the existence of a factual dispute, the  
12 opposing party need not establish a material issue of fact conclusively in its favor. It is  
13 sufficient that “the claimed factual dispute be shown to require a jury or judge to resolve the  
14 parties' differing versions of the truth at trial.” *T.W. Elec. Serv., Inc. v. Pac. Elec. Contractors*  
15 *Ass'n*, 809 F.2d 626, 630 (9th Cir. 1987). In other words, the nonmoving party cannot avoid  
16 summary judgment by relying solely on conclusory allegations that are unsupported by factual  
17 data. See *Taylor v. List*, 880 F.2d 1040, 1045 (9th Cir. 1989). Instead, the opposition must go  
18 beyond the assertions and allegations of the pleadings and set forth “specific facts” by producing  
19 competent evidence that shows a genuine issue for trial. See *Celotex Corp.*, 477 U.S. at 324.

20         At summary judgment, a court's function is not to weigh the evidence and determine the  
21 truth but to determine whether there is a genuine issue for trial. See *Anderson*, 477 U.S. at 249.  
22 The nonmoving party's evidence is “to be believed, and all justifiable inferences are to be drawn  
23 in his favor.” *Id.* at 255. However, if the evidence of the nonmoving party is “merely colorable,  
24 or is not significantly probative, summary judgment may be granted.” See *id.* at 249–50  
25 (citations omitted).

1 **III. DISCUSSION**

2 **A. Exhaustion**

3 The Prison Litigation Reform Act (“PLRA”) provides that “[n]o action shall be brought  
4 with respect to prison conditions under [42 U.S.C. § 1983], or any other Federal law, by a  
5 prisoner confined in any jail, prison, or other correctional facility until such administrative  
6 remedies as are available are exhausted.” 42 U.S.C. § 1997e(a). Exhaustion in prisoner cases is  
7 mandatory. *Woodford v. Ngo*, 548 U.S. 81, 84 (2006). The PLRA requires “proper exhaustion”  
8 of administrative remedies. *Id.* at 93. Proper exhaustion “means that a grievant must use all  
9 steps the prison holds out, enabling the prison to reach the merits of the issues.” *Griffin v.*  
10 *Arpaio*, 557 F.3d 1117, 1119–20 (9th Cir. 2009). “Applicable procedural rules [for proper  
11 exhaustion] are defined not by the PLRA, but by the prison grievance process itself.” *Jones v.*  
12 *Bock*, 549 U.S. 199, 218 (2007).

13 Courts should decide exhaustion before examining the merits of a prisoner’s claim.  
14 *Albino v. Baca*, 747 F.3d 1162, 1170 (9th Cir. 2014). The defendant bears the initial burden to  
15 show that there was an available administrative remedy and that the prisoner did not exhaust it.  
16 *Id.* at 1169, 1172. Once that showing is made, the burden shifts to the prisoner, who must  
17 either demonstrate that he, in fact, exhausted administrative remedies or “come forward with  
18 evidence showing that there is something in his particular case that made the existing and  
19 generally available administrative remedies effectively unavailable to him.” *Id.* at 1172. The  
20 ultimate burden, however, rests with the defendant. *Id.* Summary judgment is appropriate if the  
21 undisputed evidence, viewed in the light most favorable to the prisoner, shows a failure to  
22 exhaust. *Id.* at 1166, 1168; see Fed. R. Civ. P. 56(a). If a court finds that the prisoner exhausted  
23 administrative remedies, that administrative remedies were not available, or that the failure to  
24 exhaust administrative remedies should be excused, the case then proceeds to the merits. *Albino*,  
25 747 F.3d at 1171.

1 Defendants' Motion for Summary Judgment includes a copy of the NDOC  
2 Administrative Regulation (AR) 740, entitled "Inmate Grievance Procedure," which governs the  
3 NDOC grievance policy. (AR 740 at 5, Ex. B to Def.'s MSJ, ECF No. 94-1). In order for a  
4 plaintiff to exhaust available remedies, AR 740 first requires the inmate to discuss the issue with  
5 a caseworker prior to initiating the grievance process. (AR 740.04 at 8). If the inmate cannot  
6 otherwise resolve the issue, then the inmate files an Informal Grievance, which is reviewed,  
7 investigated and responded to by the inmate's assigned caseworker, unless it is a medical issue,  
8 in which case the charge nurse of the institution should respond. (AR 740.05(2) at 8). If denied,  
9 the inmate can then appeal and proceed to the First Level Grievance, which is "responded to by  
10 the highest level of Nursing Administration at the institution" for medical issues.  
11 (AR 740.06(1)(B)). The third and final administrative proceeding is the Second Level  
12 Grievance, at which point the Medical Director reviews and responds to the medical-related  
13 grievance. (AR 740.07(1)(D)). For both the Informal Grievance and the First Level Grievance,  
14 the prison's response should be provided within forty-five days, and then "the inmate must file  
15 an appeal within five (5) days from receipt of the response to proceed to the next grievance  
16 level." (AR 740.05(12) at 10). Inmates may proceed to the next grievance level if they do not  
17 receive a response within the time frame indicated in the regulation, except for at the Second  
18 Level Grievance. (AR 740.03(8)(B) at 7). These three levels constitute the process required for  
19 an inmate to exhaust all available NDOC administrative procedures. (See AR 740 at 8–11).

20 Here, Defendants argue that Plaintiff failed to exhaust the issue of deliberate indifference  
21 as to his Hepatitis-C treatment. (Def.'s MSJ 8:1–22). The particular grievance at issue is  
22 Grievance ID Number 20062956880 (the "Particular Grievance"). (See Inmate Grievance  
23 History at 23–24). Defendants argue that "the purpose of the [Particular Grievance] was to  
24 obtain admission into an NDOC drug and alcohol treatment program so that Plaintiff could  
25 concurrently 'get continued medical treatment for [his] Hep-C as stated through HDSP medical

1 staff as being a requirement.” (Def.’s MSJ 8:7–10). Further, Defendants explain, “All  
2 responses to Plaintiff’s [Particular Grievance] address Plaintiff’s admission into a drug and  
3 alcohol treatment program.” (Id. 8:10–12). Ultimately, Defendants contend that “Plaintiff has  
4 never submitted a grievance on any level, at either SDCC or HDSP, regarding his alleged denial  
5 of treatment for Hepatitis-C.” (Id. 8:13–15). The Court disagrees.

6 While Defendants appear to be arguing that the Hepatitis-C treatment and the substance  
7 abuse treatment are two separate grievances, the two issues actually appear to be interrelated.  
8 From the text of the grievances and the responses, it is clear that Plaintiff’s original and main  
9 concern was the Hepatitis-C treatment. His Informal Grievance requesting Hepatitis-C  
10 treatment specifically states: “I need drug/alcohol treatment and programing in order to get  
11 continued medical treatment for my Hep-C as stated through HDSP medical staff as being a  
12 requirement.” (See Inmate Grievance History at 23); (Grievance Statements at 38, Ex. D to  
13 Def.’s MSJ, ECF No. 94-1). Defendants do not dispute that Plaintiff properly proceeded  
14 through all three levels requesting the substance abuse treatment. (See Grievance Statements at  
15 38, 40–45) (copies of Plaintiff’s Informal, First Level, and Second Level Grievance Statements  
16 for the Particular Grievance). Because Plaintiff was requesting the substance abuse treatment  
17 under the impression that it was required to obtain Hepatitis-C treatment, the Court finds that the  
18 two issues are interconnected and Plaintiff properly exhausted his administrative remedies prior  
19 to filing this civil suit. Accordingly, the Court will proceed to the merits.

## 20 **B. Deliberate Indifference**

21 Generally, a prisoner’s deliberate indifference claims arise from the Eighth Amendment’s  
22 safeguard against cruel and unusual punishment. *Gibson v. County of Washoe*, 290 F.3d 1175,  
23 1187–88 (9th Cir. 2002). Deliberate indifference “may appear when prison officials deny, delay  
24 or intentionally interfere with medical treatment, or it may be shown by the way in which prison  
25 officials provided medical care.” *Crowley v. Bannister*, 734 F.3d 967, 978 (9th Cir. 2013)

1 (quoting *Jett v. Penner*, 439 F.3d 1091, 1096 (9th Cir. 2006)). However, the deliberate  
2 indifference test is not an easy test for a plaintiff to satisfy. *Hallett v. Morgan*, 296 F.3d 732, 745  
3 (9th Cir. 2002); see also *Hoptowit v. Ray*, 682 F.2d 1237, 1246 (9th Cir. 1982) (“The Eighth  
4 Amendment is not a basis for broad prison reform. It requires neither that prisons be comfortable  
5 nor that they provide every amenity that one might find desirable. Rather, the Eighth  
6 Amendment proscribes the unnecessary and wanton infliction of pain”).

7         The test for deliberate indifference contains two parts. “First, the plaintiff must show a  
8 serious medical need by demonstrating that failure to treat a prisoner’s condition could result in  
9 further significant injury or the unnecessary and wanton infliction of pain.” *Jett*, 439 F.3d at  
10 1096. “Second, the plaintiff must show the defendant’s response to the need was deliberately  
11 indifferent.” *Id.* Such deliberate indifference is shown by proving (a) a purposeful act or failure  
12 to respond to a prisoner’s pain or possible medical need and (b) harm caused by the indifference.  
13 *Id.* However, “an ‘inadvertent or negligent failure to provide adequate medical care’ alone does  
14 not state a claim under § 1983.” *Id.* (citing *Estelle v. Gamble*, 429 U.S. 97, 105 (1976)); see also  
15 *Wood v. Housewright*, 900 F.2d 1332, 1334 (9th Cir. 1990) (“While poor medical treatment will  
16 at a certain point rise to the level of constitutional violation, mere malpractice, or even gross  
17 negligence, does not suffice.”).

18         Defendants assert that no genuine issue of material fact exists as to Plaintiff’s claim for  
19 deliberate indifference because “[i]n the past three years, Plaintiff has been seen by medical  
20 providers on a consistent basis for his Hepatitis-C.” (Def.’s MSJ 13:6–8). Defendants provide a  
21 Declaration from NDOC Medical Director Dr. Romeo Aranas to support this contention.  
22 (Aranas Decl., Ex. F to Def.’s MSJ, ECF No. 96-1). Dr. Aranas is the Medical Director of  
23 NDOC and oversees the advanced Chronic Hepatitis-C treatment program at NDOC’s Northern  
24 Nevada Correctional Center (“NNCC”). (Aranas Decl. ¶¶ 2, 15). To determine which inmates  
25 require advanced treatment, Dr. Aranas reviews test results and medical records, specifically

1 examining the inmate's Aspartate Aminotransferase Platelet Ratio Index ("APRI") formula,  
2 along with clinical symptoms. (Id. ¶¶ 10, 15). According to Dr. Aranas, "If a patient's APRI  
3 Score is above 0.5, there is likely some liver damage (fibrosis). If the APRI score is above 1.5,  
4 the patient likely has, or is quickly approaching, cirrhosis of the liver." (Id. ¶ 13). Dr. Aranas  
5 explained that he "almost always decline[s] to recommend an NDOC inmate with Chronic  
6 Hepatitis-C, who has an APRI score below 1.0, for advanced forms of Chronic Hepatitis-C  
7 treatment due to the risk that drug intervention may cause to a patient with Chronic Hepatitis-  
8 C." (Id. ¶ 16).

9 Here, Dr. Aranas determined Plaintiff's most recent APRI score was 0.2, and he found  
10 that Plaintiff was "not exhibit[ing] any symptoms of decreased liver function." (Id. ¶¶ 17(b)-  
11 (c)). Plaintiff is "currently enrolled in the Chronic Disease Clinic at [SDCC]," where his APRI  
12 levels and liver function levels are "monitored on a regular basis approximately every six  
13 months." (Id. ¶ 19). NDOC Certified Nurse Nowell Granados oversees the Chronic Disease  
14 Clinic at SDCC, in which Plaintiff is enrolled. (Granados Decl. ¶¶ 2-3, 8, Ex. G to Def.'s MSJ,  
15 ECF No. 96-1). According to Nurse Granados, Plaintiff's "liver enzyme function has been  
16 tested and analyzed on four (4) separate occasions" in the past eighteen months. (Id. ¶ 8).<sup>3</sup>

17 In Plaintiff's Response, he disputes Dr. Aranas's determination based on "lack of  
18 symptoms" because Plaintiff states he has been experiencing painful symptoms. (Pl.'s Resp. at  
19 5-6, ECF No. 115). Plaintiff also argues that he "has not asked for liver treatment . . . [he] has  
20 only asked to be cured of the Hep-C virus that causes liver damage." (Id. at 5). Plaintiff's  
21 Response references several doctors, Dr. Hanf and Dr. Sanchez, who may have seen Plaintiff  
22 and made notes in Plaintiff's medical chart, but the handwriting is practically illegible. (See  
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24  
25 <sup>3</sup> Both Parties provide Plaintiff's medical chart as an exhibit to the Motion and Response. (See Ex. H to Def.'s MSJ, ECF No. 94-1); (Ex. B to Pl.'s Resp., ECF No. 115). As the Court noted in its previous Order (Order 6:13-16), the handwritten notes in the medical chart are illegible.

1 supra note 3). Plaintiff states: “Dr. Sanchez on July 22, 2015 recommended Plaintiff for Hep-C  
2 treatment and to begin process.” (Pl.’s Resp. at 9).

3 Administrative Regulation 600 dictates the policy for NDOC Health Care Services. (See  
4 Ex. E to Def.’s MSJ, ECF No. 94-1); (Ex. G to Pl.’s Resp., ECF No. 115). AR 600(2) states:  
5 “The Medical Director has overall responsibility for the clinical operation of the Medical  
6 Division.” (Ex. G to Pl.’s Resp. at 84). Therefore, Dr. Aranas, as the Medical Director, is  
7 ultimately responsible for the medical decisions in NDOC. While there is an entry on Plaintiff’s  
8 medical chart for July 22, 2015, it is not clear exactly what is handwritten. However, drawing  
9 all inferences in favor of Plaintiff, even if Dr. Sanchez<sup>4</sup> recommended Plaintiff for the advanced  
10 Hepatitis-C treatment program at NNCC, Dr. Aranas’s opinion would have superseded that of  
11 Dr. Sanchez because Dr. Aranas both oversees the NNCC advanced Hepatitis-C treatment  
12 program and is the NDOC Medical Director.

13 Plaintiff argues that he should be provided with a drug called “Harvoni” which Plaintiff  
14 insists is a “cure” for Hepatitis-C. (See, e.g., Pl.’s Resp. at 27). In Dr. Aranas’s medical opinion,  
15 he did not believe that Plaintiff required “drug intervention to treat his Hepatitis-C at this  
16 time.” (Aranas Decl. ¶ 18). As such, Plaintiff’s contentions constitute a disagreement regarding  
17 the appropriate course of treatment. It is well established that “[a] difference of opinion between  
18 a prisoner-patient and prison medical authorities regarding treatment does not give rise to a  
19 § 1983 claim.” *Franklin v. Oregon*, 662 F.2d 1337, 1344 (9th Cir. 1981). To establish that a  
20 difference of opinion amounted to deliberate indifference, a plaintiff “must show that the course  
21 of treatment the doctors chose was medically unacceptable under the circumstances” and “that  
22 they chose this course in conscious disregard of an excessive risk to [the plaintiff’s] health.”

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25 <sup>4</sup> Neither Party provides any further information about Dr. Sanchez, so it is unclear exactly who he or she is.  
From Plaintiff’s briefing, it appears that Dr. Sanchez may be one of the treating physicians at SDCC.

1 Jackson v. McIntosh, 90 F.3d 330, 332 (9th Cir. 1996). Plaintiff has not provided any evidence  
2 to support such a finding.

3 Plaintiff insists that he “does not have a difference of opinion with medical personel [sic],  
4 this difference of opinion is amongst themselves.” (Pl.’s Resp. at 27). However, Plaintiff does  
5 not contend that any other physician specifically prescribed Harvoni for him. To the extent that  
6 there was a difference in medical professional opinions regarding Plaintiff, as explained above,  
7 Dr. Aranas’s opinion would have been the deciding opinion under AR 600 because he is the  
8 NDOC Medical Director.

9 Accordingly, the Court finds that Plaintiff has not offered evidence to demonstrate  
10 deliberate indifference on behalf of NDOC. Defendants are therefore entitled to summary  
11 judgment on this claim.<sup>5</sup>

#### 12 **IV. CONCLUSION**

13 **IT IS HEREBY ORDERED** that Defendants’ Motion for Summary Judgment (ECF No.  
14 94) is **GRANTED**.

15 **IT IS FURTHER ORDERED** that Defendants’ Motion to Extend Time (ECF No. 95) is  
16 **GRANTED**.

17 **IT IS FURTHER ORDERED** that Plaintiff’s Motion to Extend Prison Work Limit  
18 (ECF No. 119) and Motion for Order Granting Motion to Extend Prison Work Limit (ECF No.  
19 125) are **DENIED as moot**.

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23 <sup>5</sup> Because the Court grants Defendants’ Motion for Summary Judgment, Plaintiff’s Motions to Extend Prison  
24 Work Limit (ECF Nos. 119, 125) are denied as moot. Further, Plaintiff’s Motion to Withdraw Motion for  
25 Reinstatement of Defendant Amy Calderwood (ECF No. 122) is unopposed. (See Non-Opposition, ECF No. 124).  
Accordingly, the Court grants Plaintiff’s Motion to Withdraw. (ECF No. 122).

