NONPRECEDENTIAL DISPOSITION
To be cited only in accordance with FED. R. APP. P. 32.1

United States Court of Appeals

For the Seventh Circuit
Chicago, Illinois 60604

Submitted July 20, 2022*
Decided July 20, 2022

Before

MICHAEL B. BRENNAN, *Circuit Judge*

MICHAEL Y. SCUDDER, *Circuit Judge*

THOMAS L. KIRSCH II, *Circuit Judge*

No. 21-3407

JOVAN WILLIAMS,
Plaintiff-Appellant,

v.

KRISTIN JENSEN, et al.,
Defendants-Appellees.

Appeal from the United States District Court for the Eastern District of Wisconsin.

No. 19-cv-1699-bhl

Brett H. Ludwig,
Judge.

O R D E R

Jovan Williams, a Wisconsin prisoner with a history of drug abuse and suicide attempts, contends that prison staff violated his Eighth Amendment rights in two ways. *See* 42 U.S.C. § 1983. He accuses them, first, of ignoring his assertion that he overdosed on prescription drugs and, second, of improperly halting his access to those drugs. The district court entered summary judgment for the defendants. Because the record

* We have agreed to decide this case without oral argument because the briefs and record adequately present the facts and legal arguments, and oral argument would not significantly aid the court. FED. R. APP. P. 34(a)(2)(C).

indisputably shows that the defendants responded reasonably to Williams's medical needs, and the court reasonably denied his request for recruited counsel, we affirm.

We recount the facts in the light most favorable to Williams. *See Jones v. Mathews*, 2 F.4th 607, 612 (7th Cir. 2021). While in prison at Green Bay Correctional Institution in 2017, Williams was monitored closely because of his history of suicide attempts, self-harm, and abuse of prescribed drugs. His behavior led his psychiatrist to discontinue briefly several psychiatric drugs. After these drugs were reinstated, Williams told corrections officers that he had hoarded and overdosed on pills. Williams asserts that the officers initially ignored him, but prison logs and medical records show that later that day they arranged for him to go to an emergency room for treatment. His toxicology tests were normal, and he showed no problems during observation.

The next day, two doctors reviewed Williams's prescriptions and decided to halt temporarily his psychiatric drugs again because of his claimed attempt to overdose. They planned to review that decision periodically. Williams says that, after they halted his drugs, he had anxiety, fatigue, headaches, and vision problems. His medical records reflect that he did not attend an appointment to assess his symptoms from stopping the drugs. Over the next two months, as he reported overdosing on other drugs three times, he asked a nurse practitioner to restart his discontinued psychiatric drugs to relieve his asserted symptoms. To help resolve those symptoms, she advised him instead to eat and sleep regularly, drink electrolytes, and use his prescribed glasses.

Williams sued the corrections officers for their response to his self-reported overdose, the doctors who halted his drugs, the nurse practitioner who refused to dispense them, and a health-services manager, invoking the First and Eighth Amendments. The court dismissed the First Amendment claim and the claim against the manager because Williams had not exhausted administrative remedies for those claims. *See* 42 U.S.C. § 1997e(a). (Those claims are abandoned on appeal.) The other defendants moved for summary judgment, and Williams moved to recruit counsel. The court denied Williams's motion without prejudice. It explained that Williams's motions, exhibits, and discovery requests showed his competence to litigate the case, and it added that it would reconsider recruiting counsel on any claims that survived summary judgment. The court later granted the defendants' motion. It reasoned that Williams experienced no injury on which to base a claim against the corrections officers. As for the doctors, it ruled that their decision to "prioritize [Williams's] safety" over psychiatric drug therapy was, in light of his threats of drug abuse, a "classic example" of medical judgment. Finally, the court added, the nurse practitioner properly deferred

to the doctors' judgment by withholding the discontinued drugs, and she reasonably treated William's symptoms as they arose. Williams moved for relief under Rule 59(e) of the Federal Rules of Civil Procedure, reasserting that he had suffered harm from the claimed overdose and the withdrawn drugs, but the court denied that motion.

Our review of Williams's Rule 59 motion merges with the underlying judgment, *Banister v. Davis*, 140 S. Ct. 1698, 1703 (2020), which we review de novo, *see Jones*, 2 F.4th at 612. We begin with Williams's § 1983 claim against the corrections officers. Williams argues that the record contains a factual dispute about how quickly the officers responded to his claim of a drug overdose. But this dispute is immaterial, for he concedes that his medical records from his treatment in the emergency room from that day contain no evidence that he overdosed. To get past summary judgment on his claim that officers deliberately ignoring his medical needs, he needed to furnish evidence of an objectively serious medical condition. *See Lord v. Beahm*, 952 F.3d 902, 905 (7th Cir. 2020). In light of the normal toxicology report and 12 hours of uneventful observation, he has not.

Williams has two unpersuasive replies. First, he argues that the medical records are falsified and inadmissible. But he supplies no basis for his assertion that the records are fake, and he did not argue for their exclusion in the district court; therefore, this argument is waived. *See Mahran v. Advoc. Christ Med. Ctr.*, 12 F.4th 708, 713 (7th Cir. 2021). Second, Williams argues that he and the officers dispute how many pills Williams says he ingested, but again that dispute is immaterial because Williams admits that the officers had him taken to a hospital after he told them he overdosed, and he suffered no harm. *See Olson v. Morgan*, 750 F.3d 708, 713 (7th Cir. 2014).

That brings us to the two doctors. Williams contends that because he abused only one psychiatric drug, they recklessly discontinued others and caused symptoms of anxiety, headaches, fatigue, and vision loss. But the doctors' decision to keep Williams physically safe by minimizing the opportunities for drug overdoses, even if that meant other manageable symptoms might surface, reflects the proper exercise of professional judgment. *Stewart v. Wexford Health Sources, Inc.*, 14 F.4th 757, 763 (7th Cir. 2021). Williams did not provide evidence that this judgment substantially departed from medical standards or that the other symptoms were significantly worse than the life-threatening risks of an overdose; thus, his preference for a different treatment did not justify a trial. *See Lockett v. Bonson*, 937 F.3d 1016, 1024 (7th Cir. 2019).

Williams responds that, by stopping the drugs "cold turkey" rather than tapering him off the drugs, the doctors increased his pain. Evidence of needless exacerbation of pain may support a deliberate-indifference claim. *Lisle v. Welborn*, 933 F.3d 705, 718 (7th Cir. 2019) (psychological); *Gabb v. Wexford Health Sources, Inc.*, 945 F.3d 1027, 1034 (7th Cir. 2019) (physical). But the sudden halting of the psychiatric drugs was not needless. The doctors needed to respond quickly to Williams's repeated threats of suicide or self-harm by overdose. Moreover, Williams's medical records reflect that his symptoms arising from the withdrawal of the drugs were treated as they arose; indeed, he even felt well enough to once decline a monitoring visit. *See Lockett*, 937 F.3d at 1025. Finally, even if the doctors were arguably negligent in not tapering his medications, negligence does not violate the Eighth Amendment. *Id.* at 1023.

The district court also correctly ruled that Williams failed to state an Eighth Amendment claim against the nurse practitioner. She was entitled to follow doctors' orders to halt his psychiatric drugs. *See Pulera v. Sarzant*, 966 F.3d 540, 553 (7th Cir. 2020). And, within those limits, she was "continually solicitous" of his complaints, treating them at office visits and offering non-drug-based treatments, none of which he has shown to be inappropriate for his symptoms. *Lockett*, 937 F.3d at 1025.

Finally, the district court reasonably denied Williams's motion to recruit trial counsel. The court properly exercised its discretion because it reasonably assessed that, based on the quality of his filings, he was cognitively equipped to handle the litigation at the summary-judgment stage. *See Pruitt v. Mote*, 503 F.3d 647, 655 (7th Cir. 2007) (en banc).

AFFIRMED