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**IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF ARIZONA**

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10 Leeandra D. Corless,
11 Plaintiff,
12 v.
13 Commissioner of Social Security
14 Administration,
15 Defendant.

No. CV-16-00426-PHX-DLR
ORDER

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Plaintiff applied for social security benefits in October 2012, claiming disability since September 16, 2010. After state agency denials, Plaintiff and a vocational expert testified at a hearing before an Administrative Law Judge on April 2, 2014. (AR 32-64.) The ALJ issued a written decision two months later, finding Plaintiff not disabled within the meaning of the Social Security Act. (AR 12-25.) This became Defendant’s final decision when the Appeals Council denied review. (AR 1-4.)

Plaintiff then commenced this action for judicial review pursuant to 42 U.S.C. § 405(g). (Doc. 1.) After receipt of the administrative record (Doc. 12), the parties fully briefed the issues for review (Docs. 15, 20, 26). For reasons stated below, the Court finds that Defendant’s decision must be reversed and the case remanded for an award of benefits.

1 **STANDARD OF REVIEW**

2 It is not the district court’s role to review the ALJ’s decision de novo or otherwise
3 determine whether the claimant is disabled. Rather, the court is limited to reviewing the
4 ALJ’s decision to determine whether it “contains legal error or is not supported by
5 substantial evidence.” *Orn v. Astrue*, 495 F.3d 625, 630 (9th Cir. 2007). Substantial
6 evidence is more than a scintilla but less than a preponderance, and “such relevant
7 evidence that a reasonable mind might accept as adequate to support a conclusion.” *Id.*
8 “Where evidence is susceptible to more than one rational interpretation, the ALJ’s
9 decision should be upheld.” *Id.* The court, however, “must consider the entire record as
10 a whole and may not affirm simply by isolating a ‘specific quantum of supporting
11 evidence.’” *Id.* Nor may the court “affirm the ALJ on a ground upon which he did not
12 rely.” *Id.*

13 In determining whether the ALJ committed legal error, the district court is bound
14 to apply the legal standards imposed by the law of this Circuit. This includes the
15 requirement that, absent evidence of malingering, “the ALJ can reject the claimant’s
16 testimony about the severity of her symptoms only by offering specific, clear and
17 convincing reasons for doing so.” *Smolen v. Chater*, 80 F.3d 1273, 1281 (9th Cir. 1996).
18 Similarly, if “the ALJ wishes to disregard the opinion of the treating physician, he or she
19 must make findings setting forth specific, legitimate reasons for doing so that are based
20 on substantial evidence in the record.” *Murray v. Heckler*, 722 F.2d 499, 502 (9th Cir.
21 1983). Where the ALJ has failed to provide legally sufficient reasons for rejecting
22 evidence, and it is clear from the record that the ALJ would be required to find the
23 claimant disabled were such evidence credited as true, this Circuit has directed that the
24 case be remanded for an award of benefits. *Smolen*, 80 F.3d at 1292.

25 **DISCUSSION**

26 Whether a claimant is disabled is determined using a five-step evaluation process.
27 The claimant must show that (1) she is not currently working, (2) she has a severe
28 impairment, and (3) her impairment meets or equals a listed impairment or (4) her

1 residual functional capacity (RFC) precludes her from performing any past work. If the
2 claimant meets her burden at step three, she is presumed disabled and the process ends.
3 If the inquiry proceeds and the claimant meets her burden at step four, the Commissioner
4 must show at the fifth and final step that, despite her impairments, the claimant is able to
5 work given her RFC, age, education, and work experience. 20 C.F.R. §§ 404.1520,
6 416.920(a)(4).

7 Plaintiff has met her burden at steps one and two: she has not worked since the
8 alleged date of disability and has the following severe impairments: fibromyalgia,
9 neuropathy, migraine headaches, hand tremors, obesity, possible cognitive disorder with
10 memory loss, mood disorder, and post-traumatic stress disorder. (AR 15.) The ALJ
11 found at step three that Plaintiff's impairments do not meet or equal a listed impairment.
12 (AR 16-17.) The ALJ then determined that Plaintiff has the RFC to perform simple and
13 routine tasks and limited sedentary work. (AR 17.) Based on this RFC and the
14 vocational factors, the ALJ determined at step four that Plaintiff is not disabled because
15 there are a significant number of jobs that she can perform. (AR 24-25.)

16 Plaintiff challenges the RFC and step four determinations. Plaintiff argues that the
17 ALJ improperly weighed medical opinions and erred in rejecting her testimony about the
18 severity of her pain and other symptoms. Defendant counters that the ALJ properly
19 resolved conflicts in the medical opinions based on substantial evidence, and provided
20 sufficient reasons for finding Plaintiff not credible. The parties disagree as to whether
21 any remand should be for an award of benefits or further proceedings.

22 The Court agrees with Plaintiff that the ALJ erred in discrediting her testimony.
23 Because this legal error was not harmless, the ALJ's decision must be reversed and, for
24 reasons stated below, remanded for an award of benefits.

25 **I. Plaintiff's Symptom Testimony**

26 Plaintiff provided written reports and testified at the hearing about her pain,
27 fatigue, and other symptoms and how they severely limit her daily activities. (AR 42-56,
28 306-17, 347-55.) The ALJ found the testimony regarding the intensity, persistence, and

1 limiting effects of the symptoms not entirely credible. (AR 18.) The ALJ first claimed
2 that symptom testimony, standing alone, could not be the basis for a disability
3 determination absent the existence of a medically determinable impairment that could
4 reasonably be expected to produce the symptoms. (AR 18.) The ALJ concluded that
5 there was a “lack of evidence” in this regard, and that Plaintiff’s testimony about the
6 severity of her symptoms was “unsupported by the clinical findings and evidence as a
7 whole.” (AR 18-19.) But this conclusion is in direct contradiction with the ALJ’s earlier
8 finding that Plaintiff’s “medically determinable impairments could reasonably be
9 expected to cause the alleged symptoms[.]” (AR 18.)

10 Moreover, this Circuit has made clear that the claimant “need not produce
11 objective medical evidence of the pain or fatigue itself, or the severity thereof.” *Smolen*,
12 80 F.3d at 1282 (citing *Cotton v. Bowen*, 799 F.2d 1403, 1405 (9th Cir. 1986)). Rather,
13 by “requiring that the medical impairment ‘could reasonably be expected to produce’
14 pain or another symptom, the *Cotton* test requires only that the causal relationship be a
15 reasonable inference, not a medically proven phenomenon.” *Id.* The ALJ “may not
16 reject subjective symptom testimony under the *Cotton* analysis simply because there is no
17 showing that the impairment can reasonably produce the *degree* of symptom alleged.”
18 *Id.* An ALJ errs where, as in this case, he “effectively require[s] objective evidence for
19 [fibromyalgia,] a disease that eludes such measurement.” *Benecke v. Barnhart*, 379 F.3d
20 587, 590 (9th Cir. 2004).¹

21 As noted above, the ALJ specifically found that Plaintiff’s impairments could
22 reasonably be expected to cause the alleged symptoms. (AR 18.) Based on that finding,
23 and because there is no affirmative evidence of malingering, the ALJ could reject
24 Plaintiff’s testimony about the severity of her symptoms only by making “specific
25 findings stating clear and convincing reasons for doing so.” *Smolen*, 80 F.3d at 1284; *see*

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27 ¹ Defendant cites *Rollins v. Massinari*, 261 F.3d 853, 857 (9th Cir. 2001), for the
28 proposition that the ALJ may consider lack of medical evidence so long as it is not the
sole basis for discounting the claimant’s testimony. (Doc. 20 at 7.) As further explained,
however, the other reasons the ALJ gave are neither convincing nor supported by
substantial evidence.

1 20 C.F.R. § 404.1529(c)(2); SSR 96-7p, 1996 WL 374186, at *1 (July 2, 1996). The
2 reasons provided by the ALJ are neither convincing nor supported by substantial
3 evidence.

4 The ALJ first claimed that Plaintiff did not seek “aggressive treatment” and “has
5 not received the type of medical treatment one would expect for a totally disabled
6 individual.” (AR 18-20.) Although conservative treatment, generally speaking, may be a
7 legitimate reason for disbelieving a claimant’s allegations of disabling pain, *see Parra v.*
8 *Astrue*, 481 F.3d 742, 750-51 (9th Cir. 2007), the ALJ in this case “did not specify what
9 evidence in the record there was to suggest that Plaintiff’s fibromyalgia treatment was
10 conservative, as opposed to some other more aggressive treatment used to treat this
11 disease, which she refused.” *Chavez v. Colvin*, No. CV-12-1771-PJW, 2014 WL
12 1289778, at *5 (C.D. Cal. Mar. 31, 2014). “An ALJ errs in relying on conservative
13 treatment if ‘the record does not reflect that more aggressive treatment options are
14 appropriate or available.’” *Cortes v. Colvin*, No. 2:15-cv-2277 (GJS), 2016 WL
15 1192638, at *4 (C.D. Cal. Mar. 28, 2016) (quoting *Lapeirre-Gutt v. Astrue*, 382 Fed.
16 App’x 662, 664 (9th Cir. 2010)). Here, the ALJ failed to describe the type of treatment
17 Plaintiff purportedly should have sought for her fibromyalgia, a disease for which there is
18 no known cause or cure. *Benecke*, 379 F.3d at 590.

19 Moreover, Plaintiff was prescribed various pain medications for her fibromyalgia
20 and migraine headaches, including Flexeril (cyclobenzaprine), Lyrica (pregabalin),
21 Relpax (eletriptan), and narcotic drugs such as Norco and Lortab (hydrocodone and
22 acetaminophen) and Percocet (oxycodone and acetaminophen). (AR 471, 476, 601, 620,
23 627, 632-33, 659.) This is not a case where, as in *Parra*, the claimant’s “ailments were
24 treated with an over-the-counter pain medication.” 481 F.3d at 750. Rather, Plaintiff was
25 referred for pain management and her doctors prescribed opioid medications which did
26 not always prove effective in relieving her pain. Plaintiff also was prescribed anti-
27 inflammatory injections (depo-medrol) and topical gel (Ketoprofen) (AR 471, 476), and
28 sought emergency care for her pain on multiple occasions (AR 599, 618, 631, 635, 645,

1 655, 671). A fair review of the record does not support the ALJ’s finding that Plaintiff’s
2 care was “routine and conservative” or that “aggressive treatment” was available. (AR
3 19-20.)

4 The ALJ next claimed that “there is no evidence that [Plaintiff] followed her
5 doctor’s advice for exercise.” (AR 19.) The ALJ neither elaborated on this point nor
6 cited to the record regarding a prescribed exercise regimen. Defendant cites a treatment
7 note indicating that Plaintiff’s goal was to begin “regular stretching and [a] low grade
8 exercise program.” (AR 422.) Plaintiff testified that she “does stretching types of
9 things” and leg lifts and chair exercises to the best of her ability. (AR 54.) She further
10 explained that she tried physical therapy and water therapy with poor results. (AR 51,
11 463.) The ALJ was wrong in concluding that there is no evidence that Plaintiff exercised.

12 The ALJ found that Plaintiff’s impairments, although severe, “do not appear to
13 significantly limit her daily functional abilities.” (AR 21.) This finding is based on a
14 mischaracterization of the evidence. An examination of the record as a whole shows that
15 the ALJ omitted a number of salient details when recounting Plaintiff’s activity level.

16 The ALJ claims that Plaintiff indicated she could care for her child and parents, do
17 household chores, shop outside the home, and spend time with others on a regular basis.
18 Despite having personally heard Plaintiff’s testimony in this regard, the ALJ for some
19 reason failed to address the limited nature of these activities. Plaintiff testified that her
20 teenage son gets himself ready in the morning and she often has a hard time even taking
21 him to school and sometimes has her elderly mother do so instead. (AR 42, 47-48; *see*
22 AR 458.) With respect to “caring for her parents,” Plaintiff said she did nothing more
23 than fill up her terminally ill father’s medicine pill box on a weekly basis because her
24 mother cannot read the prescription labels. (AR 55.)

25 Regarding household chores, she stated that she can do housework only for 15-20
26 minutes at time – needing a 30 minute break in between vacuuming the small living room
27 and hallway. (AR 43.) She can fold a little laundry out of the dryer until it becomes
28 painful, so most laundry goes into a “clean basket” to be folded later. (AR 49.) She

1 made clear that her housework gets backed up because she hurts so much and needs to
2 “take it little step by little step[.]” (AR 43.) Even the simplest of chores become
3 “horrible” to do and can feel “like torture.” (AR 49-50.) Plaintiff testified that her son
4 goes grocery shopping with her because she cannot always reach or grab items from the
5 shelves, and she sometimes uses an electric cart because “it’s too much to walk the whole
6 grocery store.” (AR 49; *see* AR 321, 350, 353, 458.)

7 The ALJ noted that Plaintiff is capable of showering and caring for her own
8 personal hygiene (AR 21), but failed to mention that Plaintiff sometimes needs help
9 getting in and out of the shower and off the toilet, needs help putting on socks and shoes,
10 has a hard time shaving, and has difficulty doing her hair because it hurts to lift her arms
11 (AR 320, 349). The ALJ also noted that Plaintiff could prepare simple meals, but failed
12 to explain that meals were sometimes difficult to make and that a lot of easy crockpot
13 meals and frozen dinners were made. (AR 320, 349, 458.) Plaintiff stated that she is
14 only able to go out with friends for karaoke “once in a blue moon” and often needs to
15 cancel plans and stay home for a movie and pizza night. (AR 53; *see* AR 322-23.)

16 The ALJ conspicuously omitted the pain and difficulties Plaintiff experiences
17 performing even the simplest daily activity. “Such an inaccurate representation of the
18 record cannot constitute a specific, clear, and convincing reason for rejecting [Plaintiff’s]
19 testimony regarding her pain.” *Rawa v. Colvin*, No. 14-17154, 2016 WL 7107990, at *1
20 (9th Cir. Dec. 6, 2016). This Circuit has repeatedly made clear that the mere fact that a
21 claimant engages in routine activities such as grocery shopping, driving a car, and getting
22 together with friends “does not in any way detract from her credibility as to her overall
23 disability. One does not need to be ‘utterly incapacitated’ in order to be disabled.”
24 *Vertigan v. Halter*, 260 F.3d 1044, 1050 (9th Cir. 2001) (quoting *Fair v. Bowen*, 885 F.2d
25 597, 603 (9th Cir. 1989)); *see Cooper v. Bowen*, 815 F.2d 557, 561 (9th Cir. 1987)
26 (a claimant need not “vegetate in a dark room” to be eligible for benefits).

27 Defendant contends that daily activities may be grounds for discrediting the
28 claimant’s testimony even when they are done with some difficulty (Doc. 20 at 10), but

1 even if this were true, the ALJ erred by failing to account for the difficulties and pain
2 Plaintiff experiences performing even simple tasks. Defendant notes that Plaintiff
3 reported to her doctor that a typical day involved “doing chores and childcare, [and]
4 caring for her parents.” (AR 463.) But Plaintiff explained at the hearing that these
5 activities were limited due to her pain and fatigue, and she reported that her days also
6 involved “taking many showers [for pain relief] and sleeping.” (*Id.*; AR 44.)

7 In short, an examination of the entire record “shows that the ALJ has erred in
8 characterizing statements and documents contained therein to reach the conclusion that
9 [Plaintiff] exaggerated her symptoms.” *Reddick v. Chater*, 157 F.3d 715, 722 (9th Cir.
10 1998); *see Orn*, 495 F.3d at 639 (ALJ erred where the claimant’s activities did not
11 contradict his other testimony and were not transferable work skills); *Benecke*, 379 F.3d
12 at 594 (rejecting ALJ’s adverse credibility finding where it was based in large part on the
13 claimant’s “ability to carry out certain routine tasks”).²

14 The ALJ found that Plaintiff’s activities were greater than she claimed given that
15 she attempted to work part-time after the alleged onset of disability, noting that she
16 stopped working for reasons unrelated to her medical condition. (AR 21, 23.) Plaintiff
17 made clear, however, that although the store she worked at was closing, “it was
18 recommended that [she] not continue working by the employer because [she] missed so
19 many days.” (AR 308.) The fact that Plaintiff unsuccessfully sought to return to work
20 despite her impairments is “not, by itself, a clear and convincing reason for discounting
21 her testimony.” *Quarles v. Astrue*, No. CV-09-01015-PHX-ROS, 2010 WL 3614654,
22 at *5 (D. Ariz. Sept. 10, 2010); *see Lingenfelter v. Astrue*, 504 F.3d 1028, 1036 (9th Cir.
23 2007) (“That Lingenfelter, after the relevant time period during which he claimed to be
24 disabled and facing difficult economic circumstances, tried to work for nine weeks and,
25 because of his impairments, failed, is not a clear and convincing reason for [the adverse

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27 ² The ALJ noted that Plaintiff is able to count change, handle a savings account,
28 and use a checkbook (AR 21), but the ALJ does not explain, and it is not otherwise clear
to the Court, how these tasks in any way render Plaintiff’s testimony about her pain and
fatigue not credible.

1 credibility determination].”³

2 The ALJ discounted Plaintiff’s complaints of “whole body pain,” a symptom the
3 treating physicians reasonably believed was caused by fibromyalgia. (AR 19.) The ALJ
4 noted that examinations by the rheumatologist showed only eight tender points, not the
5 eleven purportedly required by Social Security Ruling 12-2p and the criteria for
6 fibromyalgia set forth by the American College of Rheumatology in 1990. (*Id.*) Plaintiff
7 correctly notes, however, that the new “2010 diagnostic criteria do not require a specific
8 number of tender points.” *Rounds v. Comm’r Soc. Sec. Admin.*, 807 F.3d 996, 1005 (9th
9 Cir. 2015); *see* SSR 12-2P, 2012 WL 3104869, at *3 (July 25, 2012). “Even more
10 significantly, the ALJ already found Plaintiff’s fibromyalgia to be a severe impairment at
11 step two.” *Dorsett v. Colvin*, No. CV-16-01101-PHX-DGC, 2017 WL 840694, at *5 (D.
12 Ariz. Mar. 3, 2017). Thus, her criticism of the purported lack of sufficient tender points
13 and diagnosis of fibromyalgia is irrelevant. *See id.*

14 The ALJ found that Plaintiff’s “healthy and comfortable appearance” during some
15 of her doctor visits was “in sharp contrast to [her] allegations[.]” (AR 20.) This is not a
16 convincing reason for rejecting Plaintiff’s symptom testimony. “A person may be
17 disabled without constantly appearing unhealthy or in acute distress.” *Dorsett*, 2017 WL
18 840694, at *17. The ALJ seemed to agree, as he noted that his observation of Plaintiff
19 appearing comfortable was “only one among many being relied upon in reaching” his
20 conclusion that Plaintiff’s symptom testimony was not credible. (AR 20.)

21 Another factor the ALJ relied on in disbelieving Plaintiff was her “unpersuasive
22 appearance and demeanor while testifying at the hearing” at which she displayed “no
23 evidence of pain or discomfort.” (AR 23.) The ALJ properly considered Plaintiff’s
24 demeanor, but he is not free to reject her “complaints solely on the basis of . . . personal
25 observations.” SSR 96-7p, 1996 WL 374186, at *8 (July 2, 1996); *see Orn*, 495 F.3d at
26 639; *Smith v. Colvin*, No. C-14-1413 EMC, 2015 WL 1814433, at *4 (Apr. 21, 2015)

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28 ³ Defendant notes that Plaintiff failed in her attempt to work only to prove that she
is disabled. (Doc. 20 at 11-12). But even if this somehow adversely affected Plaintiff’s
credibility, it was not a reason given by the ALJ for rejecting her testimony.

1 (noting that SSR 96-7p confirms the “demanding standard” required for an adverse
2 credibility finding and that “[n]othing in SSR 96-7p allows the ALJ to reject the
3 claimant's credibility based solely on appearance and demeanor at the hearing”).

4 Finally, the ALJ found that Plaintiff’s “history of relatively low and inconsistent
5 earnings prior to the alleged onset date . . . suggests a lack of motivation and undermines
6 [her] credibility.” (AR 23.) The ALJ cited to an earnings record which shows several
7 years with no or only modest earnings (AR 294-95), but the ALJ does not address what
8 Plaintiff was doing during those years or why her earnings may have been low. The
9 Court cannot conclude that the ALJ erred in considering this factor, but when it is
10 combined with the only other factor the Court finds proper – the “slight” negative weight
11 assessed by the ALJ on the basis of Plaintiff’s demeanor at the hearing (AR 23) – the
12 Court does not find that “the ALJ has provided specific, clear, and convincing reasons,
13 supported by substantial evidence, for disbelieving Plaintiff’s claims concerning the
14 severity of her conditions.” *Dorsett*, 2017 WL 840694, at *20.

15 **II. Remand**

16 Having found that the ALJ erred, the Court has discretion to remand the case for
17 further proceedings or for an award of benefits. *See Reddick*, 157 F.3d at 728.
18 In *Smolen*, the Ninth Circuit held that evidence should be credited as true and the case
19 remanded for an award of benefits when the following three conditions are met: (1) the
20 ALJ has failed to provide legally sufficient reasons for rejecting evidence, (2) the record
21 has been fully developed and further proceedings would serve no useful purpose, and (3)
22 it is clear from the record that the ALJ would be required to find the claimant disabled
23 were such evidence credited. 80 F.3d at 1292; *see Varney v. Sec. of HHS*, 859 F.2d 1396,
24 1400 (9th Cir. 1988); *Hammock v. Bowen*, 879 F.2d 498, 503 (9th Cir.
25 1989) (extending *Varney*’s “credit as true” rule to a case with outstanding issues where
26 the claimant already had experienced a long delay and a treating doctor supported the
27 claimant’s testimony).

28 The Court has found that the ALJ failed to provide legally sufficient reasons for

1 rejecting Plaintiff’s testimony about the severity of her symptoms. The uncontroverted
2 testimony of the vocational expert makes clear that, if Plaintiff’s testimony were credited
3 as true, the ALJ would be required to find that Plaintiff’s impairments preclude her from
4 performing all work. (AR 62.) Indeed, Defendant acknowledges that whether Plaintiff’s
5 symptom testimony is credible is the “seminal issue” in this case. (Doc. 20 at 3.)
6 Crediting Plaintiff’s testimony as true, as the Court must under Ninth Circuit law, “it is
7 clear from the record that the ALJ would be required to find [Plaintiff] disabled[.]”
8 *Benecke*, 379 F.3d at 593. Because the record in this case has been fully developed (AR
9 1-713) and further proceedings would serve no useful purpose, remand for an award of
10 benefits is appropriate.

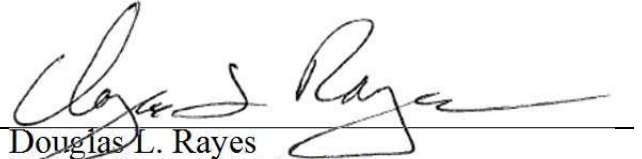
11 Defendant argues that such a remand is unwarranted because “there is conflicting
12 evidence, and not all essential factual issues have been resolved.” (Doc. 20 at 19.) But
13 Defendant had ample opportunity during the administrative proceedings below to
14 carefully review the record and appropriately resolve conflicts. This Circuit’s “precedent
15 and the objectives of the credit-as-true rule foreclose the argument that a remand for the
16 purpose of allowing the ALJ to have a mulligan qualifies as a remand for a ‘useful
17 purpose[.]’” *Garrison v. Colvin*, 759 F.3d 995, 1021 (9th Cir. 2014). Defendant, “having
18 lost this appeal, should not have another opportunity . . . any more than [Plaintiff], had
19 [she] lost, should have an opportunity for remand and further proceedings to establish
20 [disability].” *Moisa v. Barnhart*, 367 F.3d 882, 887 (9th Cir. 2004).

21 Moreover, it already has been more than four years since Plaintiff applied for
22 benefits. (AR 205-15.) Remanding a disability claim for further proceedings can delay
23 much needed income for claimants who are unable to work and are entitled to benefits,
24 often subjecting them to “tremendous financial difficulties while awaiting the outcome of
25 their appeals and proceedings on remand.” *Varney*, 859 F.2d at 1398. Because it is clear
26 from the record that the ALJ would be required to find Plaintiff disabled, further delay in
27 the issuance of benefits is unwarranted.⁴

28 ⁴ Given this ruling, the Court need not address Plaintiff’s argument that the ALJ

1 **IT IS ORDERED** that the final decision of the Commissioner of Social Security
2 is **REVERSED** and the case **REMANDED** for payment of benefits. The Clerk shall
3 enter judgment accordingly and terminate the case.

4 Dated this 19th day of May, 2017.

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9 Douglas L. Rayes
10 United States District Judge

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28 erred in giving little weight to the treating physician's opinion. It is worth noting,
however, that in light of the discussion above, the doctor's opinion should not have been
discounted for relying in part on Plaintiff's reports of her symptoms. (AR 23.)