

1 per 28 U.S.C. § 1915(g). An inmate who has had three or more prior actions or appeals dismissed
2 as frivolous, malicious, or for failure to state a claim upon which relief may be granted, and has
3 not alleged imminent danger of serious physical injury does not qualify to proceed *in forma*
4 *pauperis*. See 28 U.S.C. § 1915(g); *Richey v. Dahne*, 807 F.3d 1201, 1208 (9th Cir. 2015).

5 Section 1983 “provides a cause of action for the deprivation of any rights, privileges, or
6 immunities secured by the Constitution and laws of the United States.” *Wilder v. Virginia Hosp.*
7 *Ass’n*, 496 U.S. 498, 508 (1990) (quoting 42 U.S.C. § 1983). Section 1983 is not itself a source of
8 substantive rights, but merely provides a method for vindicating federal rights conferred
9 elsewhere. *Graham v. Connor*, 490 U.S. 386, 393-94 (1989).

10 To state a claim under § 1983, a plaintiff must allege two essential elements: (1) that a
11 right secured by the Constitution or laws of the United States was violated and (2) that the alleged
12 violation was committed by a person acting under the color of state law. See *West v. Atkins*, 487
13 U.S. 42, 48 (1988); *Ketchum v. Alameda Cnty.*, 811 F.2d 1243, 1245 (9th Cir. 1987). A complaint
14 will be dismissed if it lacks a cognizable legal theory or fails to allege sufficient facts under a
15 cognizable legal theory. See *Balistreri v. Pacifica Police Department*, 901 F.2d 696, 699 (9th
16 Cir. 1990).

17 **A. Federal Rule of Civil Procedure 8(a)**

18 “Rule 8(a)’s simplified pleading standard applies to all civil actions, with limited
19 exceptions,” none of which applies to section 1983 actions. *Swierkiewicz v. Sorema N. A.*, 534
20 U.S. 506, 512 (2002); Fed. R. Civ. Pro. 8(a). A complaint must contain “a short and plain
21 statement of the claim showing that the pleader is entitled to relief” Fed. R. Civ. Pro. 8(a).
22 “Such a statement must simply give the defendant fair notice of what the plaintiff’s claim is and
23 the grounds upon which it rests.” *Swierkiewicz*, 534 U.S. at 512.

24 Detailed factual allegations are not required, but “[t]hreadbare recitals of the elements of a
25 cause of action, supported by mere conclusory statements, do not suffice.” *Ashcroft v. Iqbal*, 556
26 U.S. 662, 678 (2009), quoting *Bell Atlantic Corp. v. Twombly*, 550 U.S. 544, 555 (2007).
27 Plaintiff must set forth “sufficient factual matter, accepted as true, to ‘state a claim that is
28 plausible on its face.’” *Iqbal*, 556 U.S. at 678, quoting *Twombly*, 550 U.S. at 555. Factual

1 allegations are accepted as true, but legal conclusions are not. *Iqbal*. at 678; *see also Moss v. U.S.*
2 *Secret Service*, 572 F.3d 962, 969 (9th Cir. 2009); *Twombly*, 550 U.S. at 556-557.

3 While “plaintiffs [now] face a higher burden of pleadings facts . . .,” *Al-Kidd v. Ashcroft*,
4 580 F.3d 949, 977 (9th Cir. 2009), the pleadings of *pro se* prisoners are still construed liberally
5 and are afforded the benefit of any doubt. *Hebbe v. Pliler*, 627 F.3d 338, 342 (9th Cir. 2010).
6 However, “the liberal pleading standard . . . applies only to a plaintiff’s factual allegations,”
7 *Neitze v. Williams*, 490 U.S. 319, 330 n.9 (1989), “a liberal interpretation of a civil rights
8 complaint may not supply essential elements of the claim that were not initially pled,” *Bruns v.*
9 *Nat’l Credit Union Admin.*, 122 F.3d 1251, 1257 (9th Cir. 1997) quoting *Ivey v. Bd. of Regents*,
10 673 F.2d 266, 268 (9th Cir. 1982), and courts are not required to indulge unwarranted inferences,
11 *Doe I v. Wal-Mart Stores, Inc.*, 572 F.3d 677, 681 (9th Cir. 2009) (internal quotation marks and
12 citation omitted). The “sheer possibility that a defendant has acted unlawfully” is not sufficient,
13 and “facts that are ‘merely consistent with’ a defendant’s liability” fall short of satisfying the
14 plausibility standard. *Iqbal*, 556 U.S. at 678; *Moss*, 572 F.3d at 969.

15 Despite Plaintiff previously being informed of the specificity requirements for his
16 allegations, the FAC is replete with general, conclusory statements such as:

17 The acts and omissions of Dr. Kokor and Nurse Powell, individually and
18 collectively by refusing and delaying Edward Spencer’s medication of
19 ciprofloxacin and prednisolone, in mistreating and punishing the plaintiff, and
20 failing to heed to his pleas for medication and failing to adequately monitor
21 his condition, and in being indifferent to plaintiff’s post eye surgery condition
22 were the proximate cause of the plaintiff’s pain, suffering and injury; said acts
23 and omissions were undertaken in disregard of clearly established
24 constitutional standards, and laws. (Doc. 10, p. 10.)

25 Defendant Kokor’s denial and delay to refill medications ciprofloxacin and
26 prednisolone antibiotics for Edward B. Spencer corneal Transplant and
27 Cataract surgery posed a substantial risk of serious harm to Edward B.
28 Spencer. Defendant Kokor knew that the medications are a reasonable and
necessary lifetime prescription for Edward Spencer’s corneal transplant to
protect against temporary and/or permanent blindness. Yet, Dr. Kokor
deliberately failed to take reasonable measures to abate that risk. (*Id.*, p. 11.)

Defendant Kokor, despite, or in spite of, knowledge about the risk to Edward
Spencer by not constantly taking his medication, thus exposed plaintiff to the
risk of temporary and permanent blindness, and was intentional, or willful

1 reckless and done with callous malfeasance to the constitutional and civil
2 rights of Edward Spencer. (*Id.*)

3 Despite Defendant Dr. Kokor and Nurse Powell’s knowledge of plaintiff’s
4 condition of hypertension and his need of medication, plaintiff did not timely
5 receive his medication of Lisinopril, thus, defendants Dr. Kokor and Nurse
6 Powell, by exposing Edward Spencer to the risk of cardiac arrest, were
7 intentional, or willful, reckless, and acted with callous indifference to the
8 constitutional and civil rights of plaintiff. (*Id.*, p. 12.)

9 The acts and omissions of Dr. Kokor and Nurse Powell, individually and
10 collectively by refusing and delaying Edward Spencer’s medication of
11 Metformin, in mistreating and punishing the plaintiff, and failing to heed to
12 his pleas for medication and failing to adequately monitor his condition, and
13 in being indifferent to plaintiff’s condition were the proximate cause of the
14 plaintiff’s pain, suffering and injury; said acts and omissions were undertaken
15 in disregard of clearly established constitutional standards, and laws. (*Id.*, p.
16 13.)

17 (*See also*, pp. 14-15.) Statements such as these are not considered since they are merely
18 consistent with Defendants’ liability and fall short of satisfying the plausibility standard. *Iqbal*,
19 556 U.S. at 678; *Moss*, 572 F.3d at 969. Likewise, Plaintiff’s allegations, peppered throughout
20 the FAC, that either or both Defendants were “aware” of his various medical conditions, are not
21 accepted since where not supported by factual allegations. Plaintiff was informed in the order
22 that screened his original complaint that statements that he has a medical condition do not
23 factually support a finding that every medical personnel he interacts with is aware of it, or is
24 aware of medications Plaintiff needs, or that have been ordered to treat it. The Court considers
25 only factual allegations.

21 **II. Plaintiff’s Claims**

22 **A. Eighth Amendment -- Serious Medical Needs**

23 Prison officials violate the Eighth Amendment if they are “deliberate[ly] indifferen[t] to [a
24 prisoner’s] serious medical needs.” *Estelle v. Gamble*, 429 U.S. 97, 104 (1976). “A medical need
25 is serious if failure to treat it will result in “significant injury or the unnecessary and wanton
26 infliction of pain.”” *Peralta v. Dillard*, 744 F.3d 1076, 1081-82 (2014) (quoting *Jett v. Penner*,
27 439 F.3d 1091, 1096 (9th Cir.2006) (quoting *McGuckin v. Smith*, 974 F.2d 1050, 1059 (9th
28 Cir.1992), overruled on other grounds by *WMX Techs., Inc. v. Miller*, 104 F.3d 1133 (9th

1 Cir.1997) (en banc))

2 To maintain an Eighth Amendment claim based on medical care in prison, a plaintiff must
3 first “show a serious medical need by demonstrating that failure to treat a prisoner’s condition
4 could result in further significant injury or the unnecessary and wanton infliction of pain. Second,
5 the plaintiff must show the defendants’ response to the need was deliberately indifferent.”
6 *Wilhelm v. Rotman*, 680 F.3d 1113, 1122 (9th Cir. 2012) (quoting *Jett*, 439 F.3d at 1096
7 (quotation marks omitted)).

8 As to the first prong, indications of a serious medical need “include the existence of an
9 injury that a reasonable doctor or patient would find important and worthy of comment or
10 treatment; the presence of a medical condition that significantly affects an individual’s daily
11 activities; or the existence of chronic and substantial pain.” *Colwell v. Bannister*, 763 F.3d 1060,
12 1066 (9th Cir. 2014) (citation and internal quotation marks omitted); *accord Wilhelm*, 680 F.3d at
13 1122; *Lopez v. Smith*, 203 F.3d 1122, 1131 (9th Cir. 2000). For screening purposes, Plaintiff’s
14 cornea transplant, hypertension, and diabetes are accepted as serious medical needs.

15 As to the second prong, deliberate indifference is “a state of mind more blameworthy than
16 negligence” and “requires ‘more than ordinary lack of due care for the prisoner’s interests or
17 safety.’ ” *Farmer v. Brennan*, 511 U.S. 825, 835 (1994) (quoting *Whitley*, 475 U.S. at 319).
18 Deliberate indifference is shown where a prison official “knows that inmates face a substantial
19 risk of serious harm and disregards that risk by failing to take reasonable measures to abate it.”
20 *Id.*, at 847. In medical cases, this requires showing: (a) a purposeful act or failure to respond to a
21 prisoner’s pain or possible medical need and (b) harm caused by the indifference. *Wilhelm*, 680
22 F.3d at 1122 (quoting *Jett*, 439 F.3d at 1096). “A prisoner need not show his harm was
23 substantial; however, such would provide additional support for the inmate’s claim that the
24 defendant was deliberately indifferent to his needs.” *Jett*, 439 F.3d at 1096, citing *McGuckin*, 974
25 F.2d at 1060.

26 Deliberate indifference is a high legal standard. *Toguchi v. Chung*, 391 F.3d 1051, 1060
27 (9th Cir.2004). “Under this standard, the prison official must not only ‘be aware of the facts from
28 which the inference could be drawn that a substantial risk of serious harm exists,’ but that person

1 ‘must also draw the inference.’ ” *Id.* at 1057 (quoting *Farmer*, 511 U.S. at 837). “‘If a prison
2 official should have been aware of the risk, but was not, then the official has not violated the
3 Eighth Amendment, no matter how severe the risk.’” *Id.* (quoting *Gibson v. County of Washoe,*
4 *Nevada*, 290 F.3d 1175, 1188 (9th Cir. 2002)).

5 1. **Plaintiff’s Allegations**

6 The only defendants named in this action are Dr. Winfred M. Kokor and K. Powell, R.N.
7 Dr. Kokor has been Plaintiff’s primary care physician (PCP) from July 2013 through the time
8 Plaintiff filed the FAC. (Doc. 10, p. 7)

9 a. **Medication for Plaintiff’s Eyes**

10 Plaintiff alleges that on April 6, 2016, he had a cornea transplant and cataract surgery
11 performed by ophthalmologist surgeon, Dr. Rasheed. (Doc. 10, p. 7) Afterwards, Dr. Rasheed
12 prescribed ciprofloxacin (“Cipro”) and prednisolone so that Plaintiff’s body would not reject the
13 cornea transplant. (*Id.*) Plaintiff saw Dr. Kokor on May 16, 2016, and Dr. Kokor informed
14 Plaintiff that he would require those medications for the rest of his life and that failure to take
15 them would result in serious injury including possible blindness, eye hemorrhaging, and severe
16 pain. (*Id.* p. 10.)

17 On July 1, 2016, Plaintiff submitted a slip requesting a Cipro refill, which was denied by
18 the CSATF pharmacy on July 8, 2016, because it did not have a refill order. (*Id.* p. 8.) On July
19 12, 2016, Plaintiff was interviewed on the matter by RN Powell who escorted Plaintiff to Dr.
20 Kokor, but Dr. Kokor refused to refill Plaintiff’s Cipro and prednisolone. (*Id.* p. 10.) On July 27,
21 2016, non-defendant FNP Merritt consulted with Dr. Rasheed and Plaintiff’s Cipro and
22 prednisolone were reordered. (*Id.* p. 11.)

23 Plaintiff requested a refill of Cipro on September 12, 2016, but he did not receive it until
24 September 27, 2016. (*Id.* p. 11.) Plaintiff saw Dr. Rasheed on October 25, 2016, who informed
25 him that he would need to regularly take Cipro and prednisolone for the rest of his life. (*Id.* p.
26 11.)

27 Plaintiff had appointments with Dr. Kokor on October 27, 2016, November 23, 2016, and
28 February 21, 2017, but Dr. Kokor was “non-responsive” to Plaintiff’s complaints that he was not

1 receiving his medication in a timely fashion. (*Id.* p. 12.) Plaintiff alleges that Dr. Kokor and RN
2 Powell’s “actions and/or inactions” caused a blood vessel in his eye to “rupture resulting in
3 excruciating pain and temporary blindness.” (*Id.* pp. 12, 15.)

4 The only allegation Plaintiff makes against RN Powell is that, on July 12, 2016, she
5 interviewed Plaintiff and escorted him to Dr. Kokor. This does not equate to deliberate
6 indifference to the plaintiff’s medical condition.

7 As noted in the first screening order, it appears that Plaintiff feels Dr. Kokor and Nurse
8 Powell interfered with Dr. Rasheed’s post-surgical prescriptions -- which *could* be cognizable.
9 *See Snow v. McDaniel*, 681 F.3d 978, 986 (9th Cir. 2012) (concluding that reliance on “non-
10 specialized” medical conclusions may constitute deliberate indifference to a plaintiff’s medical
11 needs), overruled on other grounds by *Peralta v. Dillard*, 744 F.3d 1076 (9th Cir. 2014) (en
12 banc); *Wakefield v. Thompson*, 177 F.3d 1160, 1165 (9th Cir. 1999) (“[A]llegations that a prison
13 official has ignored the instructions of a prisoner’s treating physician are sufficient to state a
14 claim for deliberate indifference.”). However, though previously given this standard and being
15 informed that his allegations were deficient, Plaintiff still merely alleges that one time Dr. Kokor
16 refused to refill his prescriptions. Plaintiff still does not show that his eye surgeon, Dr. Rasheed
17 (who apparently prescribed them for Plaintiff after surgery) initially prescribed them for the rest
18 of Plaintiff’s life. In fact, Plaintiff’s allegations acknowledge that another nurse had to consult
19 with Dr. Rasheed and his surgical report, before Cipro and prednisolone were reordered.

20 Plaintiff’s allegations do not show that Nurse Powell interfered with Plaintiff obtaining
21 the medications that Dr. Rasheed prescribed. Further, even if the one instance where Dr. Kokor
22 refused to refill Plaintiff’s Cipro and prednisolone is accepted to show deliberate indifference, the
23 harm that Plaintiff alleges of a painful rupture of a blood vessel in his eye which caused blurred
24 vision, equates to “an ‘isolated exception’ to the defendant’s ‘overall treatment of the prisoner
25 [which] ordinarily militates against a finding of deliberate indifference.’” *Jett*, 439 F.3d at 1096
26 (quoting *McGuckin*, at 1060). Notably, however, the harm the medications were supposed to
27 avoid was the rejection of the transplant, not blood vessel rupture. Thus, the complaint fails to
28 allege facts to support the conclusion that the defendant’s acts or omissions caused the blood

1 vessel to rupture is unsupported by facts demonstrating the causal connection. In addition, there
2 is no indication that Plaintiff suffered any harm as a result of the delay in his obtaining the
3 medication refills. Plaintiff thus fails to state a cognizable claim against Dr. Kokor or RN Powell
4 regarding delayed receipt of Cipro and prednisolone following his eye surgery.

5 b. **Medication for Plaintiff's High Blood Pressure**

6 On August 8, 2016, Plaintiff submitted a refill request for Lisinopril for his hypertension.
7 (Doc. 10, p. 12.) Plaintiff submitted another refill request on August 29, 2016. (*Id.*) On October
8 11, 2016, Plaintiff submitted another request for his Lisinopril to be refilled. (*Id.*) In response to
9 this request, RN Powell "claimed" that it was refilled on October 13, 2016. (*Id.*) Plaintiff fails to
10 allege any facts showing Dr. Kokor was involved in the delay in Plaintiff's receipt of this
11 prescription. Also, the only alleged involvement of RN Powell is when she responded to
12 Plaintiff's October 11th request by indicating it had been refilled on October 13th.

13 These allegations do not suffice to show that Dr. Kokor or RN Powell knew that Plaintiff
14 faced a substantial risk of serious harm and failed "to take reasonable measures to abate it."
15 *Farmer*, 511 U.S. at 847. Further, Plaintiff's allegation that, "as a result of not receiving his
16 Lisinopril and other medications" he was "under extreme stress and had to obtain psychological
17 assistance from the prison's psychological department" (Doc. 10, p. 12) does not suffice to show
18 harm for a claim under the Eighth Amendment. 42 U.S.C. § 1997e ("No Federal civil action
19 may be brought by a prisoner confined in a jail, prison, or other correctional facility, for mental or
20 emotional injury suffered while in custody without a prior showing of *physical* injury or the
21 commission of a sexual act (as defined in section 2246 of Title 18).") (Emphasis added). Plaintiff
22 thus fails to state a cognizable claim against Dr. Kokor or RN Powell regarding delayed receipt of
23 Lisinopril for his high blood pressure.

24 (3) **Medication for Plaintiff's Diabetes**

25 Plaintiff alleges that he submitted a pharmacy slip requesting a refill of his Metformin on
26 August 29, 2016 and September 20, 2016. (Doc. 10, pp. 12, 13.) On September 21, 2016, the
27 CEO "determined a nurse violated policy" which Plaintiff alleges supports his allegations that
28 medication was not being refilled when ordered. (*Id.*, p. 13.) On October 2, 2016, Plaintiff

1 submitted a pharmacy slip requesting a refill of his Metformin, which was issued to him 36 days
2 later. (*Id.*, p. 13.) Plaintiff filed a second refill request for Metformin on October 21, 2016. (*Id.*)
3 Plaintiff nonsensically alleges that on November 23, 2016, his “A1C sugar count was 6.9 and
4 remained elevated from 8/29/16 thru 10/13/16.” (*Id.*) On February 23, 2016, Plaintiff’s A1C was
5 allegedly “back to his average of 6.5.” (*Id.*) Plaintiff fails to state a cognizable claim regarding
6 his difficulty obtaining refills of Metformin for his diabetes as he fails to specifically link either
7 RN Powell or Dr. Kokor to his allegations thereon.

8 **II. CONCLUSION**

9 Plaintiff’s First Amended Complaint fails to state any cognizable claims. Given that the
10 First Amended Complaint suffers from the same defects as Plaintiff’s original Complaint, it
11 appears futile to allow further amendment. Plaintiff should not be granted leave to amend as the
12 defects in his pleading are not capable of being cured through amendment. *Akhtar v. Mesa*, 698
13 F.3d 1202, 1212-13 (9th Cir. 2012).

14 Accordingly, it is the Court **RECOMMENDS** that this entire action be dismissed with
15 prejudice.

16 These Findings and Recommendations will be submitted to the United States District
17 Judge assigned to the case, pursuant to the provisions of Title 28 U.S.C. § 636(b)(1). **Within 21**
18 **days** after being served with these Findings and Recommendations, Plaintiff may file written
19 objections with the Court. The document should be captioned “Objections to Magistrate Judge’s
20 Findings and Recommendations.” Plaintiff is advised that failure to file objections within the
21 specified time may result in the waiver of rights on appeal. *Wilkerson v. Wheeler*, 772 F.3d 834,
22 839 (9th Cir. Nov. 18, 2014) (citing *Baxter v. Sullivan*, 923 F.2d 1391, 1394 (9th Cir. 1991)).

23
24 IT IS SO ORDERED.

25 Dated: **March 13, 2018**

/s/ Jennifer L. Thurston
26 UNITED STATES MAGISTRATE JUDGE