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UNITED STATES DISTRICT COURT  
EASTERN DISTRICT OF CALIFORNIA

PAUL DIXON,  
Plaintiff,  
v.  
THE STATE OF CALIFORNIA,  
DEPARTMENT OF STATE HOSPITALS,  
et al.,  
Defendants.

Case No.: 1:17-cv-00858 BAM (PC)  
**ORDER DIRECTING CLERK OF COURT TO  
RANDOMLY ASSIGN A DISTRICT JUDGE  
FINDINGS AND RECOMMENDATIONS  
RECOMMENDING DISMISSAL OF ACTION  
(ECF No. 17)  
FOURTEEN (14) DAY DEADLINE**

**I. Introduction**

Plaintiff Paul Dixon is a civil detainee proceeding pro se and in forma pauperis in a civil rights action pursuant to 42 U.S.C. § 1983. This matter was referred to a United States Magistrate Judge pursuant to 28 U.S.C. § 636(b)(1)(B) and Local Rule 302.

On March 8, 2017, Plaintiff initiated this action in the United States District Court for the Northern District of California. (ECF No. 1.) On June 23, 2017, the District Court for the Northern District of California found that certain of Plaintiff’s allegations challenged the conditions of confinement at Coalinga State Hospital. Thus, those allegations were transferred to this Court. (ECF No. 11.)

On July 12, 2017, Plaintiff filed a first amended complaint in this action, (ECF No. 14), before the Court could screen Plaintiff’s original complaint. Plaintiff’s first amended complaint

1 contained no allegations concerning the conditions of confinement at Coalinga State Hospital,  
2 which were the only allegations transferred to this Court in this action. In the interests of justice,  
3 the Court screened Plaintiff's original complaint, and disregarded the first amended complaint.  
4 (ECF No. 16.)

5 On July 25, 2017, the Court issued a screening order finding that Plaintiff had failed to  
6 state any cognizable claims, and granting Plaintiff leave to file a second amended complaint  
7 within thirty (30) days. (*Id.*)

8 On August 31, 2017, Plaintiff filed a second amended complaint, which is currently  
9 before the Court for screening. (ECF No. 17.)

## 10 **II. Screening Requirement and Standard**

11 "Notwithstanding any filing fee, or any portion thereof, that may have been paid, the  
12 court shall dismiss the case at any time if the court determines that . . . the action or appeal . . .  
13 fails to state a claim upon which relief may be granted." 28 U.S.C. § 1915(e)(2)(B)(ii).

14 A complaint must contain "a short and plain statement of the claim showing that the  
15 pleader is entitled to relief. . . ." Fed. R. Civ. P. 8(a)(2). Detailed factual allegations are not  
16 required, but "[t]hreadbare recitals of the elements of a cause of action, supported by mere  
17 conclusory statements, do not suffice." *Ashcroft v. Iqbal*, 556 U.S. 662, 678 (2009) (citing *Bell*  
18 *Atlantic Corp. v. Twombly*, 550 U.S. 544, 555 (2007)). The pleadings of detainees are construed  
19 liberally and are afforded the benefit of any doubt. *Blaisdell v. Frappiea*, 729 F.3d 1237, 1241  
20 (9th Cir. 2013); *Hebbe v. Pliler*, 627 F.3d 338, 342 (9th Cir. 2010).

21 However, "the liberal pleading standard . . . applies only to a plaintiff's factual  
22 allegations," *Neitze v. Williams*, 490 U.S. 319, 330 n.9 (1989), and "a liberal interpretation of a  
23 civil rights complaint may not supply essential elements of the claim that were not initially pled,"  
24 *Bruns v. Nat'l Credit Union Admin.*, 122 F.3d 1251, 1257 (9th Cir. 1997) (quoting *Ivey v. Bd. of*  
25 *Regents*, 673 F.2d 266, 268 (9th Cir. 1982)). Also, while a plaintiff's allegations are taken as true,  
26 courts "are not required to indulge unwarranted inferences." *Doe I v. Wal-Mart Stores, Inc.*, 572  
27 F.3d 677, 681 (9th Cir. 2009) (internal quotation marks and citation omitted).

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1 To survive screening, Plaintiff's claims must be facially plausible, which requires  
2 sufficient factual detail to allow the Court to reasonably infer that each named defendant is liable  
3 for the misconduct alleged, *Iqbal*, 556 U.S. at 678 (quotation marks omitted); *Moss v. United*  
4 *States Secret Service*, 572 F.3d 962, 969 (9th Cir. 2009). The sheer possibility that a defendant  
5 acted unlawfully is not sufficient, and mere consistency with liability falls short of satisfying the  
6 plausibility standard. *Iqbal*, 556 U.S. at 678 (quotation marks omitted); *Moss*, 572 F.3d at 969.

### 7 **III. Plaintiff's Allegations**

8 Plaintiff is currently detained at Coalinga State Hospital, where the events at issue  
9 occurred. Plaintiff names the Santa Clara County Superior Court, and Felista Anugom, nurse  
10 practitioner at Coalinga State Hospital, as defendants.

11 As in his previous pleadings, much of the second amended complaint concerns challenges  
12 to the validity of his assessment as a sexually violent predator under California's Sexually Violent  
13 Predator Act ("SVPA"). Specifically, Plaintiff asserts that his detention at Coalinga constitutes an  
14 indefinite sentence, in violation of a plea agreement he entered in Santa Clara County Superior  
15 Court in 1993. His specifically allegations will not be summarized here, but these matters will be  
16 addressed in more detail, below.

17 Plaintiff's other allegations concerning the events at Coalinga State Hospital are largely  
18 the same as in his original complaint, but the Court will briefly summarize the new allegations  
19 here for clarity's sake. Plaintiff alleges, in pertinent part, as follows: In September or October  
20 2008, Dr. Jarome Hamrick, a resident physician, prescribed vitamins for Plaintiff's osteoporosis.  
21 These included two calcium tablets, two Vitamin D tablets, and one multi-vitamin tablet, to be  
22 taken daily.

23 In May 2013, Plaintiff was transferred to unit 11, with his medical files, which were in the  
24 possession of Nurse Practitioner Felista Anugom on the first day they met. At the examination,  
25 Nurse Practitioner Anugom read over Dr. Hamrick's notes and acknowledged Plaintiff's  
26 diagnosis of osteoporosis. Plaintiff explained to her that Plaintiff decided to treat the illness with  
27 vitamins. Dr. Hamrick did not decide to do this. Plaintiff alleges that he explained to Nurse  
28 Practitioner Anugom that, "**I Decided**", Not Doctor Hamrick, "**The Decision Was All Mine**" to

1 treat the illness with the above prescribed vitamins.” (ECF No. 17, at p. 16) (emphasis and errors  
2 in original). Nurse Practitioner Anugom wanted Plaintiff to give labs, but he told her that he has a  
3 phobia of syringe needles.

4 On November 29, 2013, Nurse Practitioner Anugom took away and discontinued the  
5 vitamins prescribed by Dr. Hamrick. It was her professional judgment to take away the vitamins  
6 because Plaintiff would not give labs. Nurse practitioners may order and discontinue medication  
7 and/or medical treatments only in accordance with protocols approved by the medical staff.

8 It has been four years and Plaintiff is still denied his vitamins because of his phobia of  
9 syringe needles. On June 6, 2016, Nurse Practitioner Anugom coerced Chris Grijalva, the unit  
10 supervisor, to harass Plaintiff about not doing his labs. Unit Supervisor Grijalva verbally thrashed  
11 and threatened Plaintiff, saying he was not in compliance with the unit. Unit Supervisor Grijalva  
12 told Plaintiff that if he didn’t get himself in compliance, they might have to move him to the place  
13 where non-compliant patients are housed. Unit Supervisor Grijalva has had five physical  
14 altercations with patients, which resulted in the patients being arrested and charged with assault  
15 on a staff member and charges pending against the hospital as well.

16 On August 2, 2017, Plaintiff was seen by Nurse Practitioner Anugom for his quarterly  
17 check-up at 11:30 a.m. She informed him that she would use his osteoporosis diagnosis to say  
18 that if Plaintiff falls, he could hurt himself, and so he should be moved off the unit. She has  
19 threatened Plaintiff all of those four years to get him off the unit.

20 California Department of State Hospitals, Coalinga has frozen the constitutional rights of  
21 its patients to buy over-the-counter pharmaceuticals through its canteen/commissary services.  
22 Under Administrative Directive Nursing Policy and Procedural Manual Section – Medications  
23 Policy Number 500, effective July 27, 2017, medications or supplies considered “over-the-  
24 counter” do not require a physician’s order and may be ordered as floor stock  
25 medications/supplies. Dental adhesives and denture cleanser tablets is all that they offer over-the-  
26 counter.

27 Plaintiff asserts that this is a discriminatory practice because an inmate sentenced to the  
28 penal correctional system of the California Department of Corrections and Rehabilitation

1 (“CDCR”) has the privilege of over-the-counter pharmaceuticals as a general order per prison  
2 facility.

3 **IV. Deficiencies of Complaint**

4 **A. Habeas Corpus Relief/*Heck* bar**

5 As noted above, Plaintiff asserts that the “main element” of his complaint is a challenge to  
6 his plea agreement and his commitment under the SVPA. (ECF No. 17, at p. 2.) Plaintiff alleges a  
7 breach of the plea bargain agreement, due process violations, fraud and material  
8 misrepresentations, and violations of his Fifth Amendment rights.

9 State prisoners may not challenge the fact or duration of their confinement in a civil  
10 lawsuit, and their sole remedy lies in habeas corpus relief. *Wilkinson v. Dotson*, 544 U.S. 74, 78  
11 (2005). Often referred to as the favorable termination rule or the *Heck* bar, this limitation applies  
12 whenever state prisoners “seek to invalidate the duration of their confinement—either directly  
13 through an injunction compelling speedier release or indirectly through a judicial determination  
14 that necessarily implies the unlawfulness of the State’s custody.” *Id.* at 81 (emphasis in original);  
15 *Heck v. Humphrey*, 512 U.S. 447 (1994). Accordingly, “a state prisoner’s action is barred (absent  
16 prior invalidation)—no matter the relief sought (damages or equitable relief), no matter the target  
17 of the prisoner’s suit (state conduct leading to conviction or internal prison proceedings)—if  
18 success in that action would necessarily demonstrate the invalidity of confinement or its  
19 duration.” *Wilkinson*, 544 U.S. at 81-82.

20 In this case, Plaintiff’s primary complaint is that he was invalidly assessed as a sexually  
21 violent predator under the SVPA, and that his detention at Coalinga State Hospital constitutes an  
22 indefinite sentence in violation of his plea agreement. As has been previously explained to him by  
23 both this court and the District Court for the Northern District of California, his claims regarding  
24 this issue are not cognizable in this action. (*See* ECF No. 11, at p. 1-2; ECF No. 16, at p. 3 n.1.)  
25 Plaintiff may only challenge these issues by way of a habeas petition filed in a separate suit from  
26 this case, after exhausting state judicial remedies. Plaintiff has been previously informed of this  
27 and has been provided with a blank habeas petition form. The Court shall recommend dismissal  
28 of these claims as barred by *Heck*.

1                                   **B.     Medical Care**

2           Plaintiff asserts that Nurse Practitioner Felista Anugom violated his constitutional rights  
3 by discontinuing his vitamin prescriptions when he refused to give blood for laboratory work.

4           As a civil detainee, Plaintiff’s right to medical care is protected by the substantive  
5 component of the Due Process Clause of the Fourteenth Amendment. *See Youngberg v. Romeo*,  
6 457 U.S. 307, 315 (1982). Under this provision of the constitution, a detainee plaintiff is “entitled  
7 to more considerate treatment and conditions of confinement than criminals whose conditions of  
8 confinement are designed to punish.” *Jones v. Blanas*, 393 F.3d 918, 931 (9th Cir. 2004) (quoting  
9 *Youngberg*, 457 U.S. at 321–22). Thus, to avoid liability, a defendant’s medical decisions  
10 regarding the plaintiff’s treatment must be supported by “professional judgment.” *Youngberg*, 457  
11 U.S. at 321. A defendant fails to use professional judgment when her decision is “such a  
12 substantial departure from accepted professional judgment, practice, or standards as to  
13 demonstrate that [she] did not base [her] decision on such a judgment.” *Id.* at 323.

14           In determining whether defendant has met his constitutional obligations, decisions made  
15 by the appropriate professional are entitled to a presumption of correctness. *Youngberg*, 457 U.S.  
16 at 324. “[T]he Constitution only requires that the courts make certain that professional judgment  
17 in fact was exercised. It is not appropriate for the courts to specify which of several professionally  
18 acceptable choices should have been made.” *Id.* at 321. Liability will be imposed only when the  
19 medical decision “is such a substantial departure from accepted professional judgment, practice,  
20 or standards as to demonstrate that the person responsible actually did not base the decision on  
21 such a judgment.” *Id.* at 323.

22           Here, Plaintiff has expressly pleaded that Nurse Practitioner Anugom determined to  
23 discontinue his vitamin prescriptions based on her professional judgment because of a lack of  
24 laboratory blood work—a professional judgment to which the courts generally must defer.  
25 Plaintiff also alleges that although a doctor provided prescriptions for the medications, Plaintiff  
26 was taking them due to his own decision that he should be treated with the vitamins. Thus,  
27 Plaintiff has not shown that the vitamins were medically required, nor has he alleged any specific  
28 injury from the lack of the vitamins. His conclusory statements that he still has osteoporosis and

1 is not taking the vitamins he wants to take does not show any injury. “[A] difference of opinion  
2 between a prisoner-patient and prison medical authorities regarding treatment does not give rise  
3 to a [§] 1983 claim.” *Franklin v. Oregon*, 662 F.2d 1337, 1344 (9th Cir. 1981). Plaintiff also has  
4 not shown that his failure to receive these medications substantially deviated from professional  
5 standards. As a result, he has not stated any claim based on Nurse Practitioner Anugom’s  
6 discontinuation of his vitamin prescriptions.

### 7 C. Denial of Over-The-Counter Pharmaceuticals

8 Plaintiff also alleges that the policy at Coalinga State Hospital denying the purchase of  
9 over-the-counter pharmaceuticals through its canteen/commissary service violates his Equal  
10 Protection rights.

11 The Equal Protection Clause requires that persons who are similarly situated be treated  
12 alike. *City of Cleburne Living Center, Inc.*, 473 U.S. 432, 439 (1985). An equal protection claim  
13 may be established by demonstrating that the defendant intentionally discriminated against the  
14 plaintiff on the basis of the plaintiff’s membership in a protected class, such as race. *See, e.g., Lee*  
15 *v. City of Los Angeles*, 250 F.3d 668, 686 (9th Cir. 2001); *Thornton v. City of St. Helens*, 425 F.3d  
16 1158, 1167 (9th Cir. 2005).

17 Plaintiff alleges that he is committed to Coalinga State Hospital under the SVPA.  
18 However, detainees committed under the SVPA are not a suspect class for purposes of equal  
19 protection. *Allen v. Mayberg*, 2010 WL 500467 \*4 (E.D. Cal. 2010) (citing *Harper v. Va. State*  
20 *Bd. of Elections*, 383 U.S. 663, 670 (1966) and *Police Dep’t of Chicago v. Mosley*, 408 U.S. 92  
21 (1972)); *see also United States v. LeMay*, 260 F.3d 1018, 1030 (9th Cir. 2001) (“Sex offenders  
22 are not a suspect class.”), *cert. denied*, 534 U.S. 1166 (2002).

23 Where no suspect class is implicated, but fundamental interests are at issue, some courts  
24 have applied a “heightened” scrutiny standard. *See Young v. Weston*, 176 F.3d 1196, 1201 (9th  
25 Cir. 1999) (evaluating sexually violent predator statutes against an alleged equal protection  
26 violation under a “heightened scrutiny standard”) (*rev’d on other grounds by Seling v. Young*, 531  
27 U.S. 250 (2000)); *see also Skinner v. Oklahoma*, 316 U.S. 535, 541 (1942). Otherwise, in order to  
28 satisfy equal protection, the challenged classification or action generally need only bear “some

1 rational relation to a legitimate state interest.” *Village of Willowbrook v. Olech*, 528 U.S. 562, 564  
2 (2000); *Nelson v. City of Irvine*, 143 F.3d 1196, 1205 (9th Cir. 1998) (“Unless a classification  
3 trammels fundamental personal rights or implicates a suspect classification, to meet constitutional  
4 challenge the law in question needs only some rational relation to a legitimate state interest.”).  
5 Under this theory, a plaintiff must allege: (1) membership in an identifiable class; (2) intentional  
6 different treatment from others similarly situated; and (3) that there was no rational basis for the  
7 difference in treatment. *See Village of Willowbrook*, 528 U.S. at 564 (recognizing also that some  
8 successful equal protection claims have been brought by a “class of one”).

9 In this case, Plaintiff alleges that Coalinga State Hospital’s polices subjected him to worse  
10 conditions than that of pre-trial criminal detainees in California County Jails, and those serving  
11 criminal sentences in the custody of the California Department of Corrections and  
12 Rehabilitations. Plaintiff alleged that civil detainees at Coalinga are not allowed to purchase any  
13 over-the-counter pharmaceuticals, but the pre-trial detainees and prisoners are allowed to do so.

14 However, Plaintiff has not alleged whether there was any rational basis for his differential  
15 treatment. Plaintiff has alleged that some pharmaceuticals are “patient restricted” under a hospital  
16 operations administrative policy. Civil detainees are not free persons with “full civil rights,”  
17 *Seaton v. Mayberg*, 610 F.3d 530, 535 (9th Cir. 2010), and it is well-established that effective  
18 institutional management is a legitimate, non-punitive governmental interest, *Jones*, 393 F.3d at  
19 932. Plaintiff asserts as a conclusory statement that this policy violates his freedom, but has not  
20 alleged facts showing that no legitimate, non-punitive policy is served here. Nor has he alleged  
21 facts showing whether any fundamental constitutionally-protected right has been denied to him  
22 by the unavailability of certain over-the-counter pharmaceuticals through commissary/canteen  
23 purchases.

## 24 **V. Conclusion**

25 For the reasons explained above, Plaintiff’s complaint fails to state a cognizable claim for  
26 relief. Despite being provided an opportunity to amend and the pertinent legal standards, Plaintiff  
27 has been unable to cure the deficiencies in his claims. Therefore, further leave to amend is not  
28 warranted here. *Lopez v. Smith*, 203 F.3d 1122, 1130 (9th Cir. 2000).



1 Accordingly, the Court HEREBY ORDERS the Clerk of the Court to randomly assign a  
2 district judge to this action.

3 Further, the Court HEREBY RECOMMENDS that:

- 4 1. Plaintiff's claims challenging his plea agreement and his commitment under the  
5 SVPA be dismissed as barred by *Heck*; and
- 6 2. All other claims be dismissed for failure to state a claim upon which relief may be  
7 granted.

8 These Findings and Recommendation will be submitted to the United States District Judge  
9 assigned to the case, pursuant to the provisions of Title 28 U.S.C. § 636(b)(1). Within **fourteen**  
10 **(14) days** after being served with these Findings and Recommendation, Plaintiff may file written  
11 objections with the Court. The document should be captioned "Objections to Magistrate Judge's  
12 Findings and Recommendation." Plaintiff is advised that failure to file objections within the  
13 specified time may result in the waiver of the "right to challenge the magistrate's factual  
14 findings" on appeal. *Wilkerson v. Wheeler*, 772 F.3d 834, 839 (9th Cir. 2014) (citing *Baxter v.*  
15 *Sullivan*, 923 F.2d 1391, 1394 (9th Cir. 1991)).

16  
17 IT IS SO ORDERED.

18 Dated: January 25, 2018

/s/ Barbara A. McAuliffe  
19 UNITED STATES MAGISTRATE JUDGE