NONPRECEDENTIAL DISPOSITION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 March 21, 2025*
Decided March 21, 2025

Before

MICHAEL B. BRENNAN, *Circuit Judge*

DORIS L. PRYOR, *Circuit Judge*

NANCY L. MALDONADO, *Circuit Judge*

No. 24-1863

LAQUAN PERKINS, *Plaintiff-Appellant*,	Appeal from the United States District Court for the Southern District of Illinois.
v.	No. 3:21-cv-00711-GCS
CHRISTINE BROWN, *Defendant-Appellee*.	Gilbert C. Sison, *Magistrate Judge*.

O R D E R

Laquan Perkins, an Illinois prisoner, sued the administrator of his prison's healthcare unit for denying him medical care in violation of his rights under the Eighth Amendment. *See* 42 U.S.C. § 1983. The district court denied Perkins's motions for recruited counsel and later entered summary judgment for the administrator. On appeal, Perkins challenges both decisions. We affirm.

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* We have agreed to decide this case without oral argument because the brief 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).

We describe Perkins's medical care based on the undisputed facts at summary judgment, viewed in the light most favorable to him. *Lockett v. Bonson*, 937 F.3d 1016, 1022 (7th Cir. 2019). While incarcerated at Pinckneyville Correctional Center in Pinckneyville, Illinois, Perkins had surgery to remove his lower-right wisdom tooth in February 2020. Shortly after, Perkins told prison medical staff that he was experiencing pain and that he had lost hearing in his right ear and feeling in the right side of his face, including in his right eye. At a follow-up appointment two weeks after surgery, the oral surgeon who extracted the tooth opined that Perkins's symptoms were not caused by the tooth extraction. The surgeon recommended that Perkins see a neurologist.

In March, Perkins submitted a sick call request, complaining of continued loss of hearing and difficulties with his right eye. (He did not complain of pain at that time.) A nurse practitioner who examined him a few days later noted that Perkins had no feeling in his right ear or cheek. A little over a week later, Perkins was approved for a neurology evaluation, but the appointment could be scheduled only after the prison lifted its COVID-19 lockdown protocols.

Over the next several months, Perkins repeatedly complained about his facial numbness and hearing loss and requested information on when he would be seen by the neurologist. According to Perkins's medical records, each time medical staff responded that he would be scheduled for the appointment when the COVID-19 restrictions allowed. On occasions when Perkins specifically asked for "help," medical staff examined him and noted no new symptoms.

Perkins saw the neurologist in August 2020, about five months after the referral was approved. But the neurologist could not identify the cause of Perkins's symptoms and recommended further testing: an MRI, labs, and an audiology test. Perkins received those tests the next month, but again, the results were inconclusive. The radiologist who performed Perkins's MRI recommended a follow-up MRI in three months, but the second MRI was delayed because of the COVID-19 pandemic. In the meantime, Perkins complained to prison medical staff about his symptoms and that he had not "been seen" about his concerns. Again, medical staff responded by examining him and informed him that his specialist visits had been approved but were not yet scheduled.

In March 2021, Perkins had the second MRI and another appointment with the neurologist, who reviewed the scans of Perkins's brain and recommended that Perkins see an audiologist and an ophthalmologist. While Perkins was waiting for those appointments to be scheduled, he continually expressed concern about his symptoms.

In May, the ophthalmologist recommended that Perkins receive an ultrasound of his neck arteries, which he received later that month. The cardiologist who conducted that ultrasound recommended giving Perkins an echocardiogram, which was conducted a few weeks later. Also in May, Perkins had a hearing test, which showed he was having difficulty hearing. In June, he saw a new neurologist, who suspected that his symptoms were the result of "malingering" or "conversion disorder."

Later, medical staff at the prison did another hearing evaluation and referred Perkins to an audiologist and an ear, nose, and throat specialist. The specialists recommended, and Perkins received, another MRI—this time of his ear canal. As a result of that imaging, he received a hearing aid in Spring 2022.

In June 2021, Perkins sued Christine Brown, the administrator of the healthcare unit at Pinckneyville, and her employer, Wexford Healthcare Sources, alleging that they had been deliberately indifferent to his facial numbness, hearing loss, and vision issues in violation of the Eighth Amendment. *See* 42 U.S.C. § 1983. The district court dismissed Perkins's claims against Wexford at screening because Perkins had not alleged that Wexford had a policy or practice that caused the violation of his rights. *See Howell v. Wexford Health Sources, Inc.*, 987 F.3d 647, 653–54 (7th Cir. 2021).

After Brown answered the complaint, Perkins moved for recruitment of counsel. The district court denied the motion because Perkins was not proceeding in forma pauperis and had not shown that he qualified as indigent. After the district court denied Brown's motion for summary judgment on exhaustion grounds, Perkins moved three more times for counsel. The court denied his motions because, in its determination, Perkins was competent to litigate the case on his own and noted that Perkins had successfully defended against Brown's first motion for summary judgment.

Brown then moved for summary judgment on the merits, arguing that she had no personal involvement in Perkins's care and, in any event, that Perkins had received adequate medical treatment. Before responding to the motion, Perkins moved two more times for recruitment of counsel pointing to his learning disability, mental-health issues, and the difficulties he faced in accessing resources and communicating with his jailhouse lawyers. The district court denied the first motion because Perkins had not yet produced proof of his indigency and the second because, even though Perkins had assistance preparing some of his prior filings, he was competent to litigate his case. But the court gave Perkins extra time to file his response to Brown's motion for summary judgment to account for Perkins's temporary transfer to a different facility.

After Perkins responded to the motion, the district court entered summary judgment for Brown, concluding that no reasonable jury could find that Brown was personally involved in Perkins's medical treatment. Perkins never interacted directly with Brown and produced no evidence that Brown had any authority to override his doctors' decisions and prescribe or alter his treatment. Moreover, no evidence suggested that any delay in Perkins's treatment was attributable to Brown's intentional or reckless disregard of his serious medical conditions. Rather, medical staff exercised their professional judgment in administering care, and any delays were attributable to the COVID-19 pandemic.

On appeal, Perkins first challenges the district court's denials of his motions to recruit counsel, which we review for an abuse of discretion. *Pruitt v. Mote*, 503 F.3d 647, 658 (7th Cir. 2007) (en banc). A district court must consider: (1) whether the indigent plaintiff made a reasonable attempt to obtain counsel; and if so, (2) given the difficulty of the case, whether the plaintiff appeared competent to litigate it himself. *Id.* at 654–55.

The district court did not abuse its discretion when it concluded that Perkins was competent to litigate his case. The court applied the correct standard and considered Perkins's arguments about the difficulties he faced, including his arguments about his literacy level, mental-health issues, and the significance of another inmate's assistance in preparing filings. *See Dewitt v. Corizon, Inc.*, 760 F.3d 654, 658 (7th Cir. 2014). It concluded, however, that Perkins's past filings and interactions with the court and opposing counsel demonstrated that he understood court procedures and the relevant law and was able to proceed without counsel. We see no abuse of discretion.

Next, Perkins challenges the district court's entry of summary judgment for Brown, a decision we review de novo. *See Lockett*, 937 F.3d at 1022. He asserts that the district court overlooked disputed facts about Brown's involvement in his care. Specifically, Perkins argues that he produced evidence that Brown was responsible for overseeing internal and external medical providers and coordinating patient care, and therefore, was alerted to his situation because of his repeated requests for assistance. Nevertheless, Perkins continues, Brown failed to act to ensure that he received appropriate care.

But even if we assume, as Perkins suggests, that Brown was personally involved in his care, Perkins also needed to show that she was deliberately indifferent to his medical conditions. *See Estelle v. Gamble*, 429 U.S. 97, 104 (1976). Deliberate indifference is more than negligence or even gross negligence. *Stewart v. Wexford Health Sources, Inc.*, 14 F.4th 757, 763 (7th Cir. 2021). Instead, there must be some evidence that Brown knew

of and disregarded a substantial risk of serious harm. *See Farmer v. Brennan*, 511 U.S. 825, 839 (1994). And because Perkins received at least some level of care for the symptoms he experienced, we defer to the exercise of medical judgment unless "no minimally competent professional would have so responded under those circumstances." *Lockett*, 937 F.3d at 1023 (citation omitted) (cleaned up).

No reasonable jury could find that Brown was deliberately indifferent to Perkins's loss of facial sensation and issues with his eyesight and hearing. Perkins received continuous medical care in the form of examinations from both prison medical staff and outside specialists in oral surgery, neurology, ophthalmology, cardiology, audiology, and ear, nose, and throat and diagnostic testing, including MRIs, labs, an ultrasound, an echocardiogram, and hearing tests. His medical records show that Brown did not deny him any care recommended by either external specialists or internal medical staff. And nothing in the record suggests that Brown allowed medical staff to persist in a course of treatment that was so lacking that "no minimally competent professional" would have responded similarly. *See id.* Perkins points only to the fact that his symptoms persisted, but this alone is not sufficient to show deliberate indifference. *See Walker v. Wexford Health Sources, Inc.*, 940 F.3d 954, 965–66 (7th Cir. 2019).

Moreover, the undisputed evidence does not support a finding that Brown unreasonably delayed scheduling Perkins's appointments with medical specialists. Although delays in treatment can show deliberate indifference, *see Rodgers v. Rankin*, 99 F.4th 415, 423 (7th Cir. 2024), no evidence undermines statements in Perkins's medical records attributing the delay to the COVID-19 pandemic. Further, Perkins produced no evidence that Brown herself caused the delays through deliberate indifference to his medical conditions, nor did he produce sufficient evidence for a jury to find that it was outside of the bounds of medical professionalism to determine that COVID-19 concerns outweighed his need for medical care. *See Walker*, 940 F.3d at 965.

Therefore, summary judgment in Brown's favor was proper, and the judgment of the district court is AFFIRMED.