NONPRECEDENTIAL DISPOSITION
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United States Court of Appeals

For the Seventh Circuit
Chicago, Illinois 60604

Argued May 23, 2024
Decided November 24, 2025

Before

CANDACE JACKSON-AKIWUMI, *Circuit Judge*

JOHN Z. LEE, *Circuit Judge*

DORIS L. PRYOR, *Circuit Judge*

No. 23-2926

PATRICK SAWYER,
Plaintiff-Appellant,

v.

STEVEN KOTTEMANN, et al.,
Defendants-Appellees.

Appeal from the United States District Court for the Central District of Illinois.

No. 3:20-cv-3211-JES-JEH

James E. Shadid,
Judge.

O R D E R

Patrick Sawyer fell several times while he was an inmate at Lincoln Correctional Center. After his second fall, the prison's medical staff sent him to the local hospital. There, physicians discovered that Sawyer suffered from a Salmonella infection, an abnormal cardiac membrane, and a preexisting ruptured disc in his neck. Sawyer brought this suit pursuant to 42 U.S.C. § 1983, alleging that a prison doctor and two prison nurses were deliberately indifferent to his serious medical condition in violation of the Eighth Amendment. Specifically, he insists they should have sent him to the hospital after his first fall rather than monitoring him in the prison. The district court granted summary judgment in favor of the doctor and nurses, and Sawyer appealed.

Because we agree that Sawyer has not met his evidentiary burden at summary judgment, we affirm.

I.

A. Sawyer's Medical History

During the period in question, Sawyer was incarcerated at Lincoln Correctional Center, an Illinois prison located about thirty miles to the northeast of Springfield. While at Lincoln, Sawyer received treatment from Lincoln's Medical Director, Dr. Steven Kottemann for several chronic conditions, including Crohn's disease and anemia.

In January 2019, Sawyer visited Dr. Kottemann complaining of abdominal pain and rectal bleeding. Given Sawyer's medical history, Dr. Kottemann referred Sawyer to an external gastroenterologist in Peoria named Dr. Kaiser. Sawyer visited Dr. Kaiser several times. During one of these visits, Dr. Kaiser recommended a procedure, but Sawyer declined because—in his words—he "didn't feel like [he] needed to be cut." Dr. Kaiser also performed a colonoscopy and a CT enterography. Both tests came back normal, and Dr. Kaiser recommended that Sawyer begin taking a probiotic but did not make any changes to his medications.

Additional tests from April 2019 indicate that Sawyer continued to suffer from mild chronic anemia due to low blood-iron levels. Dr. Kottemann suspected the low levels were caused by an acid-blocking drug, which hindered Sawyer's ability to absorb iron. Concerned about the results, Dr. Kottemann began to regularly monitor Sawyer's blood levels, which continued to show low iron levels over the next several months.

On July 28, 2019, Sawyer visited the health care unit complaining of a flare-up of his Crohn's disease that had lasted for two weeks. He was placed on twenty-three-hour evaluation and was admitted to the health care unit the next day. After an examination, Dr. Kottemann determined that Sawyer was experiencing a mild relapse of anemia due to his Crohn's disease but noted that his abdomen was flat, he had no rectal prolapse, and his condition was improving. To alleviate the flare-up, the doctor prescribed prednisone, Tylenol, and tramadol. Dr. Kottemann also told Sawyer to take a medication called Imuran twice per day as he had previously instructed, rather than just once per day as Sawyer had been doing on his own.

Dr. Kottemann also wanted Sawyer to remain in the health care unit for three days, but the medical staff released him prematurely because they needed his bed for a patient who had a more severe condition. According to Sawyer, he objected to his discharge and showed a nurse that he had blood in his stool, but this is disputed.

Sawyer saw Dr. Kottemann again for a follow-up visit on August 2, 2019. The progress notes from that day indicate that Sawyer was eating well but had developed a red streak in his eye after a fit of vomiting. The notes also report that Sawyer had not suffered from diarrhea since he had left the health care unit, but Sawyer claimed during his deposition that he had bloody diarrhea on August 2. The notes also indicate that Sawyer had increased his Imuran dosage to three times per day, even though he was only instructed to take it twice daily. Sawyer did not visit the health care unit again before the events of August 10, 2019.

B. Sawyer's First Fall

On August 10, Sawyer fell in the housing unit shower around 7:05 p.m. and reported hitting his head. According to the injury report, when Nurse Franklin Brown asked him later that evening how his injury occurred, Sawyer said he "just lost [his] balance."

When the health care unit learned of Sawyer's fall shortly after 7:00 p.m., Nurse Kayla McClaren had just finished her shift. Nevertheless, she volunteered to transport Sawyer from his housing unit to the health care unit in a wheelchair because she knew she could do it more quickly than Nurse Brown, who was just beginning his shift. And so, Nurse McClaren went to the housing unit, retrieved Sawyer, and wheeled him to the health care unit.

During her deposition, Nurse McClaren testified that when she got to the housing unit, Sawyer was standing alert and oriented in the common area, was not showing signs of acute distress, and was speaking. For his part, Sawyer says that he told Nurse McClaren that he was in pain and asked to go to the hospital, but she just dismissed his complaints, telling him that she did not have time and that he should "shut up." Nurse McClaren, by contrast, testified that she did not think Sawyer's condition was "emergent or life-threatening." Accordingly, she accompanied Sawyer to the health care unit and placed him in Nurse Brown's care.

At that point, Nurse Brown performed a neurological examination, took

Sawyer's vitals, and told him to lie down and not get up without assistance. The injury report states that Sawyer's "[p]osterior head ha[d] no redness or swelling. Skin Intact. Vitals Stable. No Injury Noted." Despite this, Sawyer reported that he had blood in his stool, and Nurse Brown called Dr. Kottemann for advice. In response, the doctor told him that, given Sawyer's other ailments, he believed the bleeding was caused by hemorrhoids rather than the fall and said he would see Sawyer first thing in the morning.

After speaking with Dr. Kottemann, Nurse Brown placed Sawyer in a health care unit room for observation and provided him with Tylenol, ice for his head, and juice. Nurse Brown also instructed Sawyer to ask for help if he needed to get out of bed. Sawyer's medical records from that night indicate that Nurse Brown checked on him around 1:00 a.m.; he was quietly resting and showed no signs of distress.

C. Sawyer's Second Fall

Sometime during the night, Sawyer fell out of his bed in the health care unit and awoke in a pool of blood, unable to move his arms and legs. The parties dispute the exact timing and sequence of events. According to Sawyer, he tried to yell for help and remained on the floor until around 11:00 p.m. when a nurse found him on the ground. But Sawyer's medical records indicate that he was resting without distress as late as 1:00am when Nurse Brown checked on him (as recounted above), and then a lieutenant discovered around 2:20 a.m. that he had fallen out of bed. Nurse Brown's notes record that Sawyer had a laceration on the top of his head, an injury to his right eyebrow, and a bit lip. The notes also indicate that Sawyer was confused, he could not sit up, and he could not recall how he ended up on the floor when asked.

Prison staff contacted the health care unit immediately, and Nurse Brown took Sawyer's vitals, cleaned his wounds, and applied Steri-Strips to his head laceration. In the meantime, staff called an ambulance, which arrived at 2:45 a.m. Sawyer was transported from the floor directly onto a stretcher and taken to St. John's Hospital in Springfield.

Doctors at the hospital treated Sawyer's head wounds and gave him a blood transfusion because his hemoglobin count was low. They also determined he would need spinal decompression surgery but would have to wait until his hemoglobin count returned to normal. Upon further testing, doctors discovered that Sawyer had a Salmonella infection causing acute anemia, an abnormal membrane across his heart,

and a preexisting ruptured disc in his neck.

Dr. Kottemann acknowledged that the combination of these conditions likely caused Sawyer's fall in the shower. That said, he testified that there was no indication that Sawyer had needed a cardiac examination prior to his first fall. The doctor also confirmed there was no condition doctors could have treated to prevent his first fall.

Since his two falls, Sawyer reports experiencing memory loss, shooting pain, an irregular heartbeat, a stiff neck, lack of strength in his left arm, and difficulty sleeping. He also states that he cannot run or jog due to nerve damage caused by his falls.

D. Procedural History

Sawyer filed this 42 U.S.C. § 1983 suit against Dr. Kottemann, Nursing Director Lisa Hopps, several unnamed nurses, an unnamed sergeant, Lincoln, Wexford Healthcare Services (Wexford), and the Illinois Department of Corrections (IDOC), alleging that they all were deliberately indifferent to his serious medical needs in violation of the Eighth Amendment. After screening Sawyer's complaint pursuant to 28 U.S.C. § 1915A, the district court allowed Sawyer to proceed with his claims against Dr. Kottemann, Nurse McClaren, and Nurse Brown. At the same time, the court dismissed Hopps, IDOC, Lincoln, Wexford, and the remaining unidentified nurse and sergeant.

After discovery, all three defendants moved for summary judgment. In it, they argued they utilized their professional medical judgment when treating Sawyer, despite Sawyer's own disagreement with his course of treatment. The district court agreed, concluding that no reasonable jury could find that Dr. Kottemann, Nurse McClaren, and Nurse Brown had substantially departed from accepted medical judgment, practice, or standards when treating Sawyer. This appeal followed.

II.

We review the district court's order granting summary judgment *de novo*. *Whiting v. Wexford Health Sources, Inc.*, 839 F.3d 658, 661 (7th Cir. 2016) (citing *Burton v. Downey*, 805 F.3d 776, 783 (7th Cir. 2015). Summary judgment is appropriate when "there is no genuine dispute as to any material fact and the movant is entitled to judgment as a matter of law." Fed. R. Civ. P. 56(a). A dispute of fact is genuine "if the evidence is such that a reasonable jury could return a verdict for the nonmoving party." *Anderson v. Liberty Lobby, Inc.*, 477 U.S. 242, 248 (1986). In determining whether there is a genuine

dispute of material fact, we view the evidence and draw all reasonable inferences in the plaintiff's favor. *See Whiting*, 839 F.3d at 661 (citing *Burton*, 805 F.3d at 783).

The Eighth Amendment to the Constitution protects against "cruel and unusual punishments." U.S. Const. amend. VIII. When a prisoner believes he has received inadequate medical care in violation of the Eighth Amendment, he must establish "acts or omissions sufficiently harmful to evidence deliberate indifference to serious medical needs." *Estelle v. Gamble*, 429 U.S. 97, 105–06 (1976); *Farmer v. Brennan*, 511 U.S. 825, 837 (1994). To meet this standard, a prisoner must make two showings. First, he must demonstrate that he "suffered from an objectively serious medical condition." *Petties v. Carter*, 836 F.3d 722, 728 (7th Cir. 2016) (citing *Farmer*, 511 U.S. at 834). Second, he must show that the "individual defendant was deliberately indifferent to that condition." *Id.* (citing *Farmer*, 511 U.S. at 834).

Whether a prison official acted with deliberate indifference depends on the official's subjective state of mind. *Id.* (citing *Vance v. Peters*, 97 F.3d 987, 992 (7th Cir. 1996)). To constitute deliberate indifference, "a plaintiff does not need to show that the official intended harm or believed that harm would occur." *Id.* (citing *Vance*, 97 F.3d at 992). But importantly, mere negligence or medical malpractice is not enough. *Id.* (citing *Estelle*, 429 U.S. at 106 and *McGee v. Adams*, 721 F.3d 474, 481 (7th Cir. 2013)). Instead, "the Supreme Court has instructed us that a plaintiff must provide evidence that an official *actually* knew of and disregarded a substantial risk of harm." *Id.* (emphasis in original) (citing *Farmer*, 511 U.S. at 837).

As we have recognized, "[w]hen a prison medical professional is accused of providing *inadequate* treatment (in contrast to *no* treatment), evaluating the subjective state-of-mind element can be difficult." *Whiting*, 839 F.3d at 662 (emphasis in original). In such cases, however, the required subjective state of mind can be shown "where evidence exists that the defendants knew better than to make the medical decisions that they did." *Petties*, 836 F.3d at 730–31. Evidence sufficient to form a jury question might include, for example, the "obviousness of the risk from a particular course of medical treatment" or the "defendant's persistence in a course of treatment known to be ineffective." *Whiting*, 839 F.3d at 663 (internal citation and marks omitted).

Furthermore, for a medical judgment to be deliberately indifferent to an inmate's medical needs, the care must be "such a substantial departure from accepted professional judgment, practice, or standards as to demonstrate that the person responsible actually did not base the decision on such a judgment." *Jackson v. Kotter*, 541

F.3d 688, 697 (7th Cir. 2008) (quoting *Sain v. Wood*, 512 F.3d 886, 895 (7th Cir. 2008)). "[D]issatisfaction with a doctor's prescribed course of treatment" is not enough to sustain a deliberate indifference claim "unless the medical treatment is so blatantly inappropriate as to evidence intentional mistreatment likely to seriously aggravate the prisoner's condition." *Snipes v. DeTella*, 95 F.3d 586, 592 (7th Cir. 1996) (internal citation and marks omitted).

Here, defendants do not contest that Sawyer meets the first prong of the deliberate indifference test; all parties agree that he suffered from an "objectively serious medical condition." *Petties*, 836 F.3d at 728. Instead, defendants argue that no reasonable jury could find that they were deliberately indifferent to Sawyer's serious medical condition. We address each of the three defendants in turn.

A. Dr. Kottemann

Sawyer argues on appeal that Dr. Kottemann exhibited deliberate indifference by failing to treat Sawyer's head injury after he fell in the shower. In his view, when Nurse Brown called Dr. Kottemann after the incident, the doctor should have instructed the nurse to take Sawyer to the hospital right away, rather than instructing the nurse to keep Sawyer overnight in the health care unit for observation.[1]

The problem with this argument is that, at the time Dr. Kottemann learned of Sawyer's first fall, he did not know about Sawyer's Salmonella infection, heart condition, and ruptured disc that supposedly contributed to his fall. And there is no evidence that Dr. Kottemann knew at the time that Sawyer would be at an increased risk of additional falling incidents. *See Whiting*, 839 F.3d at 662. Instead, Sawyer's evidence consists primarily of his own dissatisfaction with the doctor's approach, which is insufficient to establish deliberate indifference under the Eighth Amendment. *See Johnson v. Doughty*, 433 F.3d 1001, 1013 (7th Cir. 2006) (citing *Snipes*, 95 F.3d at 592); *see also Pearson v. Ramos*, 237 F.3d 881, 886 (7th Cir. 2001) (finding that the plaintiff was "[w]holly lacking in medical knowledge" and "incompetent to testify on the causal relation if any between exercise and healthy gums").

[1] To the extent Sawyer argued before the district court that Dr. Kottemann was deliberately indifferent toward the treatment of Sawyer's Crohn's disease and anemia prior to his fall, he has waived that argument on appeal by failing to present it in his briefing. *Carroll v. Lynch*, 698 F.3d 561, 568 (7th Cir. 2012). That said, there is ample evidence that Dr. Kottemann was constantly monitoring and treating Sawyer's known conditions rather than ignoring them.

Nor did Sawyer's condition after his first fall support his claim that Dr. Kottemann's decision to keep him in the health care unit was "so blatantly inappropriate as to evidence intentional mistreatment likely to seriously aggravate the prisoner's condition." *Snipes*, 95 F.3d at 592. Although Sawyer told Nurse Brown that he might have hit his head when he fell, the injury report indicates that he had no redness or swelling on his head, his skin was intact, his vitals were stable, and he had no neurological deficits. Indeed, the notes even indicate "no injury noted." Furthermore, when asked why he fell, Sawyer reported that he "just lost [his] balance."

It is true that, after hitting his head in the shower, Sawyer also reported seeing blood in his stool. But Dr. Kottemann relied on his professional medical judgment to conclude that Sawyer had hemorrhoids and promised to observe him first thing in the morning. *See Zaya v. Sood*, 836 F.3d 800, 805 (7th Cir. 2016) (citing *McGee v. Adams*, 721 F.3d 474, 481 (7th Cir. 2013)) (emphasizing the "deference owed to the professional judgment of medical personnel" in the deliberate indifference context). Sawyer has introduced no evidence indicating that this response "departed so radically from 'accepted professional judgment, practice, or standards'" to constitute deliberate indifference. *Whiting*, 839 F.3d at 663 (quoting *Petties*, 836 F.3d at 730).

B. Nurse McClaren

In much the same vein, Sawyer argues that Nurse McClaren was deliberately indifferent to his serious medical needs when she failed to call for an ambulance after the shower incident. Instead of sending him to the hospital, Sawyer says, Nurse McClaren responded to his complaints of head and neck pain by telling him to "shut up" and wheeling him back to the health care unit.

Sawyer's claim against Nurse McClaren suffers from the same flaw as his claim against Dr. Kottemann—there is no evidence that Nurse McClaren deliberately disregarded a known risk. Sawyer insists that Nurse McClaren's decision not to call for an ambulance was "beyond bad professional judgment" because "any person … knows that people who hit their heads so hard that they are bleeding are never told to lay down and go to sleep." But Sawyer presents no evidence that this was the relevant standard of care or that Nurse McClaren's decision to take him to the health unit rather than call an ambulance deviated from it to such a significant degree that it constituted deliberate indifference. *See Snipes*, 95 F.3d at 592 (holding that a prisoner's "dissatisfaction with a doctor's prescribed course of treatment" is not enough to sustain a deliberate indifference

claim "unless the medical treatment is so blatantly inappropriate as to evidence intentional mistreatment likely to seriously aggravate the prisoner's condition") (internal citation omitted). Indeed, once Nurse McClaren arrived at the housing unit, she observed that Sawyer was not in acute distress and was not experiencing a life-threatening emergency. To the contrary, Sawyer seemed alert and oriented and was able to stand and talk.

What is more, Nurse McClaren played a very limited role in Sawyer's care that evening. Because her shift had just ended, her only involvement was picking Sawyer up from the housing unit and escorting him to the health care unit. At that point, she transferred him to Nurse Brown. Such actions cannot be described as "a substantial departure from accepted professional judgment, practice, or standards." *Jackson*, 541 F.3d at 697.

C. Nurse Brown

Sawyer advances similar arguments against Nurse Brown, contending that Nurse Brown exhibited deliberate indifference by failing to call for an ambulance after Sawyer reported that he had hit his head while falling in the shower. But once again, there is no evidence from which a reasonable jury could find that Nurse Brown's conduct was "so inadequate that it demonstrated an absence of professional judgment." *Collignon v. Milwaukee Cnty.*, 163 F.3d 982, 989 (7th Cir. 1998).

Once Sawyer arrived at the health care unit, Nurse Brown took his vitals and performed a neurological examination that showed normal results. Then, when Sawyer reported he had blood in his stool, Nurse Brown called Dr. Kottemann for medical advice and followed his instructions to keep Sawyer overnight in the health care unit. None of these amount to "such a substantial departure from accepted professional judgment, practice, or standards as to demonstrate that [Nurse Brown] did not base the decision on such a judgment." *Jackson*, 541 F.3d at 697.

* * *

For the foregoing reasons, the judgment of the district court is AFFIRMED.