Delinquency 124, 126 (2003). Prisoners thus live constantly in "barren 'industrial' environments," "surrounded by nothing but concrete, steel, cinderblock, and metal fencing." Solitary Hearing at 76.

Further isolating prisoners, they have no opportunity for normal physical contact with others. Virtually all solitary-confinement units prohibit contact visits. *Id.* As a result, prisoners' only physical contact often is with correctional officers who place them in restraints. Hafemeister, 90 Denv. U. L. Rev. at 17. Prisoners in solitary confinement can be imprisoned for years without touching another person with affection. Solitary Hearing at 76.

In addition to physically isolating prisoners, solitary confinement socially isolates them. Prisoners have "no opportunity for normal conversation or association with others." Elizabeth Bennion, *Banning the Bing: Why Extreme Solitary Confinement Is Cruel and Far Too Usual Punishment*, 90 Ind. L.J. 741, 743 (2015). Even interactions between prisoners and staff are minimal, as cameras, intercoms, and computerized locking and tracking systems permit staff to monitor prisoners without interacting with them. Haney, *Mental Health Issues* at 126. Thus, "socially and psychologically meaningful contact is reduced to a minimum." Peter Scharff Smith, *The Effects of Solitary Confinement on Prison Inmates: A Brief History and Review of the Literature*, 34 Crime & Just. 441, 449 (2006).

Solitary confinement also forces prisoners to endure extreme idleness. Inmates generally have no

access to rehabilitative, education, or work programs. Bennion, 90 Ind. L.J. at 753; *see also* Kupers, *Isolated Confinement* at 213 ("Few if any rehabilitation programs exist in supermaxes."). They have "literally nothing meaningful to do." Solitary Hearing at 77.

This describes Petitioner's confinement. Petitioner spends 23 hours or more each day alone in a 71-square-foot cell. And because each cell has solid metal doors (which prevent communication between inmates, Grassian, 22 Wash. U. J.L. & Pol'y at 346), Petitioner "is deprived of almost all human contact, even cell-to-cell contact with other death row inmates," App.21a-22a. He has no opportunity to participate in education or work programs, and his out-of-cell exercise time takes place in a metal cage approximately the same size as his cell. *Id.* at 30a.

B. Social Isolation And Sensory Deprivation Have Severe Psychological Consequences.

Psychological research on isolation and sensory deprivation outside of the prison context establishes that social contact and environmental stimuli are critical to maintaining mental health.

Studies on sensory deprivation—interfering with the stimulation a person normally receives from his environment—well illustrate the importance of sensory and perceptual stimuli. Haney, 23 N.Y.U. Rev. L. & Soc. Change at 500. Placement in an "unchanging monotonous environment" "deprives the sensory organs of normal levels of stimulation." Bennion, 90 Ind. L.J. at 759. The brain processes that deprivation as stress, resulting in elevated

cortisol levels that produce anxiety, paranoia, and interference with memory. *Id.* More extreme sensory deprivation can cause "perceptual distortions, hallucinatory experiences, and sometimes high levels of anxiety." Haney, 23 N.Y.U. Rev. L. & Soc. Change at 500. For example, air force pilots flying alone at high altitudes, where auditory and visual stimulation is limited, have reported severe anxiety and detachment from reality, including hallucinations. Bennion, 90 Ind. L.J. at 760.

Social isolation likewise has well-established adverse effects. Social contact is essential "for the creation and maintenance of 'self.'" Haney, 23 N.Y.U. Rev. L. & Soc. Change at 503. Interacting with others is how humans interpret emotions. *Id.* Without social interaction, unrealistic thoughts "cannot be tested in conversation with others, so they build up inside and are transformed into unfocused and irrational thoughts." Kupers, *Isolated Confinement* at 215.

Unsurprisingly, then, social isolation and psychiatric illness are connected. Individuals who are "unmarried, unemployed, living alone, or without religious affiliations" tend to seek out mental-health services more frequently than socially connected individuals. Haney, 23 N.Y.U. Rev. L. & Soc. Change at 505. And isolated individuals can "suffer from symptoms that resemble posttraumatic stress disorder—including 'anxiety, nervousness, ... depression, difficulty sleeping, inability to work, and difficulty trusting people, as well as difficulties adapting to the world outside of confinement.'" Bennion, 90 Ind. L.J. at 760.

Several factors entailed in prolonged solitary confinement, moreover, can intensify these harmful psychological effects. "Experimental research has demonstrated that an individual who ... experience[s] the isolation situation as potentially threatening is far more likely to develop adverse psychiatric reactions." Grassian, 22 Wash. U. J.L. & Pol'y at 347. At California's Pelican Bay State Prison, for example, psychological-distress rates of solitary-confinement prisoners were on average 14.5 percent higher than for protective-custody prisoners—prisoners who were similarly isolated but for a protective rather than punitive purpose. Haney, *Mental Health Issues* at 137. The psychological effects also vary with the perceived duration of confinement. In particular, the "more indeterminate" the period of deprivation is, the greater the damaging effects. Amnesty International, *Entombed* 31; *see also* Haney, 23 N.Y.U. Rev. L. & Soc. Change at 501 ("[I]nforming subjects of the upper time limit of the study enhanced their ability to tolerate the isolation.").

In short, imposing social isolation and sensory deprivation has "drastic" effects on people. Indeed, that solitary confinement, involving stimulus deprivation and a near-total loss of control, "is among the most frequently used psychological torture techniques seems to underscore its aversive nature and destructive potential." Haney, 23 N.Y.U. Rev. L. & Soc. Change at 506.

C. Prolonged Solitary Confinement Causes Strikingly Similar Psychological Harms In A Substantial Percentage Of Prisoners.

These conclusions about social isolation and sensory deprivation are strongly confirmed by studies specific to solitary confinement, which "consistently and unequivocally" establish that solitary confinement causes adverse psychological effects. Haney, *Mental Health Issues* at 130. While the symptoms are wide-ranging, their manifestation is both remarkably consistent and highly prevalent among inmates in solitary confinement—prisoners in solitary confinement develop an "isolation" syndrome. These consistent and widespread psychological effects establish that *all* prisoners in prolonged solitary confinement are at risk of psychological deterioration.

1. Research on solitary confinement reports a wide array of psychological harms.

Prisoners in solitary confinement suffer various negative psychological effects, ranging from anxiety and panic to self-mutilation and suicide to changes in brain function. Haney, 23 N.Y.U. Rev. L. & Soc. Change at 530.

Among other psychological effects, inmates become hypersensitive to external stimuli, such as smells and noises. *Id.* For example, a prisoner reported that he "became enraged by routine noises—the sound of doors opening as the guards made their hourly checks, the sounds of inmates in nearby cells." Atul Gawande, *Hellhole*, The New

Yorker, Mar. 30, 2009, http://www.newyorker.com/magazine/2009/03/30/hellhole. Noises also might take on increased significance. An inmate in one study noted that noises "start[ed] to sound like sticks beating men." Stuart Grassian, *Psychopathological Effects of Solitary Confinement*, 140 Am. J. Psychiatry 1450, 1452 (1983).

Hallucinations and other perceptual distortions also affect inmates. Haney, 23 N.Y.U. Rev. L. & Soc. Change at 530. Prisoners have "hallucinated that the colors on the walls were changing," Gawande, *Hellhole*, http://www.newyorker.com/magazine/2009/03/30/hellhole, and have reported "wavering cell walls, movements, and even the experience of entire visits in the cell," Smith, 34 Crime & Just. at 491. Inmates in solitary confinement also have "described hearing voices, often in whispers and often saying frightening things to them." Grassian, 22 Wash. U. J.L. & Pol'y at 335.

Prisoners additionally have difficulty with concentration, thinking, and memory. Grassian, *Psychopathological Effects* at 1453. They also experience lethargy and chronic tiredness. Smith, 34 Crime & Just. at 492. Such effects are symptoms of changes that occur in the brain as a result of the extreme idleness imposed by solitary confinement. In an experimental study of sensory deprivation in a Canadian maximum-security prison, socially isolated inmates exhibited slowed EEG, "which 'correlated with apathetic, lethargic behavior.'" *Id.*; *see also* Grassian, 22 Wash. U. J.L. & Pol'y at 331 ("[E]ven a few days of solitary confinement will predictably

shift the electroencephalogram (EEG) pattern toward an abnormal pattern characteristic of stupor and delirium.").

Impulse control also suffers while prisoners remain in solitary confinement. Haney, 23 N.Y.U. Rev. L. & Soc. Change at 530. As one prisoner related, "I snap off the handle over absolutely nothing. Have torn up mail and pictures, throw things around." Grassian, 22 Wash. U. J.L. & Pol'y at 336.

Studies also report self-destructive behavior. Prisoners "become so desperate and despondent that they engage in self-mutilation." Solitary Hearing at 80. Terry Anderson, an Associated Press reporter held hostage for seven years, "snapped" after three years in solitary confinement, and beat his head against a wall until he was bleeding. Bennion, 90 Ind. L. J. at 753-54. A "prisoner in New Mexico ... used a makeshift needle and thread from his pillowcase to sew his mouth completely shut." Solitary Hearing at 80-81. Another "amputated one of his pinkie fingers and chewed off the other, removed one of his testicles and scrotum, sliced off his ear lobes, and severed his Achilles tendon with a sharp piece of metal." *Id.* Individuals in solitary confinement also report suicidal impulses, and "a disturbingly high number" of inmates in solitary confinement resort to suicide. *Id.* at 80. While less than 10 percent of prisoners live in solitary confinement, half of prison suicides occur there. *Id.* at 79; *see* Bennion, 90 Ind. L.J. at 757.

In sum, prisoners in solitary confinement experience "a wide range of harmful psychological effects, including increases in negative attitudes and

affect, insomnia, anxiety, panic, withdrawal, hypersensitivity, ruminations, cognitive dysfunction, hallucinations, loss of control, aggression, rage, paranoia, hopelessness, lethargy, depression, emotional breakdowns, self-mutilation, and suicidal impulses." Haney, 23 N.Y.U. Rev. L. & Soc. Change at 530.

Those who have experienced both extreme physical pain and solitary confinement describe isolation as being "as torturous and agonizing as any physical abuse they suffered." Bennion, 90 Ind. L.J. at 753. Senator John McCain, for example, has said that solitary confinement "crushes your spirit and weakens your resistance more effectively than any other mistreatment," and he "was beaten regularly; denied adequate medical treatment for two broken arms, a broken leg, and chronic dysentery; and tortured to the point of having an arm broken again." *Id.*

2. The strikingly consistent and prevalent psychological effects of solitary confinement indicate that it causes a distinct psychological syndrome.

These wide-ranging effects of solitary confinement are both consistent and highly prevalent.

Nearly all the symptoms documented in solitary-confinement studies are "strikingly consistent" among inmates. Grassian, *Psychopathological Effects* at 1452. Indeed, the scientific literature "has reached remarkably similar conclusions about the adverse psychological consequences of solitary

confinement." Solitary Hearing at 81; *see also* Haney, *Mental Health Issues* at 130-31 (citing for each adverse symptom numerous studies reporting that symptom); Hafemeister, 90 Denv. U. L. Rev. at 36 (discussing a variety of studies on solitary confinement, and noting that they "have consistently reported the same adverse symptoms"); Smith, 34 Crime & Just. at 507-18 (collecting more than 25 separate studies documenting similar adverse effects); Haney, 23 N.Y.U. Rev. L. & Soc. Change at 496-503, 511-29 (discussing empirical research, descriptive accounts, and case studies on the psychological effects of solitary confinement).

These modern studies also are consistent with observations of solitary-confinement prisoners in the nineteenth century, when the United States and European countries experimented with solitary confinement as a method of rehabilitating prisoners. Smith, 34 Crime & Just. at 457. Germany in particular developed "a psychiatric literature on 'prison psychoses.'" *Id.* at 466. That literature "described a hallucinatory, paranoid, confusional psychosis in which characteristic symptoms included … extremely vivid hallucinations" affecting all of the senses, "aimless violence," and persecutory delusions, symptoms also observed in modern-day studies. Grassian, *Psychopathological Effects* at 1451.

Moreover, these psychological symptoms are highly prevalent—a substantial percentage of prisoners suffer from them. Solitary Hearing at 82. Specifically, "[r]esearch suggests that between one-third and more than 90 percent experience adverse symptoms in solitary confinement." Smith, 34 Crime

& Just. at 502. For example, in Dr. Grassian's 1983 in-depth study of 14 prisoners in Walpole, Massachusetts, 11 were hypersensitive to external stimuli. Half of the prisoners suffered from hallucinations or illusions. And 8 of the 14 prisoners suffered difficulties with thinking, concentration, and memory. Three prisoners reported cutting themselves in suicide attempts. Grassian, *Psychopathological Effects* at 1453.

Dr. Haney, in a study of 100 randomly selected inmates in solitary confinement in Pelican Bay likewise "found extraordinarily high rates of symptoms of psychological trauma." Reassessing Solitary Confinement: The Human Rights, Fiscal, and Public Safety Consequences: Hearing Before the Subcomm. on the Constitution, Civil Rights & Human Rights of the S. Comm. on the Judiciary, 112th Cong. 496 (2012) (comments by Dr. Terry Kupers). "[V]irtually all" prisoners—91%—experienced nervousness and anxiety and 70% "felt themselves on the verge of an emotional breakdown." Haney, *Mental Health Issues* at 133. Moreover, "[a]lmost all … prisoners reported suffering from ruminations or intrusive thoughts, an oversensitivity to external stimuli, irrational anger and irritability, confused thought processes, difficulties with attention and often with memory, and a tendency to withdraw socially." *Id.* at 134 (reporting that over 80% of prisoners suffered these symptoms). Hallucinations and other perceptual distortions affected 41% of prisoners, and 27% had thoughts of suicide. *Id.*

Other studies similarly report high rates of psychological effects. In a study of mentally ill prisoners in solitary confinement, 53% had attempted suicide at least once. Correctional Association of New York, *Mental Health in the House of Corrections: A Study of Mental Health Care in New York State Prisons* 57 (2004), *available at* http://www.correctionalassociation.org/wp-content/uploads/2004/06/Mental-Health.pdf. Moreover, 40% reported self-mutilation, *id.* at 59, and 70% had difficulty thinking, concentrating, or paying attention, *id.* at 55.

Given the consistency and prevalence of symptoms experienced by prisoners in solitary confinement, experts have classified these symptoms as a distinct "syndrome, calling it 'isolation sickness,' 'reduced environmental stimulation syndrome,' or 'security housing unit syndrome.'" Hafemeister, 90 Denv. U. L. Rev. at 30; *see also* Haney, 23 N.Y.U. Rev. L. & Soc. Change at 518 (describing Dr. Hans Toch's finding "that 'isolation panic' was a serious problem" in solitary confinement). As Dr. Grassian has explained, the symptoms observed in solitary confinement "are almost pathogonomic of the syndrome, meaning they are symptoms virtually found nowhere else." Grassian, 22 Wash. U. J.L. & Pol'y at 337. "[T]he fact that all of these quite unusual symptoms ran together … was itself a clear confirmation of the distinct nature of this syndrome." *Id.* at 338.

3. Solitary confinement has additional disabling effects.

Beyond the measurable psychological harms of isolation syndrome, solitary confinement affects

prisoners' patterns of thinking and acting. These "social pathologies," while not "clinical syndromes per se," are "equally if not more problematic" for inmates' health. Haney, *Mental Health Issues* at 138. The patterns that prisoners develop in adapting to solitary confinement often are permanent. *See* Solitary Hearing at 83.

For example, after adapting to solitary confinement's environment of total control, prisoners no longer can set limits for themselves, and "become uncomfortable with even small amounts of freedom." Haney, *Mental Health Issues* at 139. Some inmates might "lose the ability to initiate behavior of any kind." *Id.*

Additionally, the nearly total deprivation of social contact creates the risk that prisoners will "los[e] their grasp on who they are." *Id.* While in solitary confinement, prisoners become desperate for any human response, even a negative one. They might attempt to trigger an emergency "cell extraction"—a "brutal" removal from their cell—simply "to reaffirm their existence." Solitary Hearing at 77. Prisoners' desperation also explains "the high prevalence of feces, urine, and semen throwing that occurs universally" in solitary confinement. Hafemeister, 90 Denv. U. L. Rev. at 37. Although these actions make their living conditions even worse, prisoners act out to "prov[e] to themselves that they are still alive and capable of eliciting a genuine response—however hostile—from other human beings." Haney, *Mental Health Issues* at 139-40. That same lack of social contact can cause other prisoners to severely withdraw to the point that they become frightened by social contact. *Id.* at

140. Indeed, "[e]ven the prospect of returning to the comparative 'freedoms' of a mainline maximum security prison … fills them with anxiety." Solitary Hearing at 83.

The recent story of Kalief Browder illustrates these harms. After three years in prison waiting for a trial date, including 17 months in solitary confinement, "[e]verybody could see that he had changed." Jennifer Gonnerman, *Before The Law*, The New Yorker, Oct. 6, 2014, http://www.newyorker.com/magazine/2014/10/06/before-the-law. Kalief recognized it, too: "I'm mentally scarred right now … [T]here are certain things that changed about me and they might not go back." *Id.* Six months after his release, he tried to slit his wrists and, when a friend stopped him, he tried to hang himself from a banister. *Id.* A year later, he had deteriorated further, throwing out his television because, he said, "it was watching me." Jennifer Gonnerman, *Kalief Browder, 1993-2015*, The New Yorker, June 7, 2015, http://www.newyorker.com/news/news-desk/kalief-browder-1993-2015. This past June, two years after he had been released, he committed suicide by hanging himself with an air-conditioning cord from a bedroom window. *Id.*

4. Solitary confinement is potentially harmful to all prisoners.

The high rates of similar adverse psychological effects in solitary-confinement prisoners establish that solitary confinement creates a risk of harm to *all* prisoners. Solitary Hearing at 81. Indeed, solitary confinement is so "toxic to mental functioning" that "even those inmate[s] who are more

psychologically resilient inevitably suffer severe psychological pain," Grassian, 22 Wash. U. J.L. & Pol'y at 354, and may become mentally ill, Bennion, 90 Ind. L.J. at 743. For example, highly educated women with "a history of relatively strong psychological functioning" nonetheless "demonstrated significant psychopathological reactions to their prolonged confinement," including anxiety, panic attacks, and perceptual disturbances. Grassian, 22 Wash. U. J.L. & Pol'y at 352-53. Similarly, a prisoner in California with no pre-existing mental illness became "catatonic, unresponsive, and incoherent" in isolation. Solitary Hearing at 87.

Inmates with mental illness are particularly vulnerable to the psychological effects of isolation. Hafemeister, 90 Denv. U. L. Rev. at 38. "The stress, lack of meaningful social contact, and unstructured days can exacerbate symptoms of illness or provoke recurrence." Jeffrey L. Metzner & Jamie Fellner, *Solitary Confinement and Mental Illness in U.S. Prisons: A Challenge for Medical Ethics*, 38 J. Am. Acad. Psychiatry & L. 104, 105 (2010). And "[a]ll too frequently, mentally ill prisoners decompensate in isolation, requiring crisis care or psychiatric hospitalization." *Id.* This particularly harmful impact on the mentally ill is significant, because approximately one-third of solitary-confinement inmates are mentally ill. Solitary Hearing at 78-79. Mentally ill prisoners often lack the capacity to follow the rigid rules and procedures of prison life, and so are more likely to end up in solitary confinement as punishment for rule violations. Haney, *Mental Health Issues* at 142; *see also*

Hafemeister, 90 Denv. U. L. Rev. at 49 ("prison officials often 'treat disordered behavior as disorderly behavior.'").

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In sum, "[t]he empirical record compels an unmistakable conclusion"—solitary confinement "is psychologically painful, can be traumatic and harmful, and puts many of those who have been subjected to it at risk of long-term emotional and even physical damage." Haney, 23 N.Y.U. Rev. L. & Soc. Change at 500. Accordingly, "the overall conclusion must be that solitary confinement—regardless of specific conditions and regardless of time and place—causes serious health problems for a significant number of inmates." Smith, 34 Crime & Just. at 502-03.

II. SOLITARY CONFINEMENT IMPOSES FAR GREATER PSYCHOLOGICAL HARM THAN ORDINARY IMPRISONMENT.

In light of this Court's focus on whether conditions amount to "atypical and significant hardship," *Wilkinson*, 545 U.S. at 223, it is important to recognize that the conditions of solitary confinement create a far greater risk of psychological harm for prisoners than do the conditions of ordinary incarceration. Both the overall rates of mental illness in solitary confinement compared to the general population, and studies comparing isolated and non-isolated prisoners, provide convincing support for the increased harm of solitary confinement.

A. Prisoners In Solitary Confinement Have Higher Rates Of Mental Illness Than General-Population Prisoners.

The higher rates of mental illness in solitary-confinement prisoners reflect the "significant additional strain and additional health problems" caused by solitary confinement. Smith, 34 Crime & Just. at 503. Solitary confinement imposes social isolation and sensory deprivation to a much greater extent than ordinary imprisonment. Haney, 23 N.Y.U. Rev. & Soc. Change at 497. Predictably, then, "[s]olitary confinement produces a higher rate of psychiatric and psychological health problems than 'normal' imprisonment." Smith, 34 Crime & Just. at 476. Experts estimate that prisoners in solitary confinement suffer from mental illness at twice the rate of the general prison population. Hafemeister, 90 Denv. U. L. Rev. at 46; Haney, *Mental Health Issues* at 142. Approximately one-third of prisoners in solitary confinement suffer from mental illness. Solitary Hearing at 78-79. By contrast, in the general prison population, approximately 15% of inmates are mentally ill. Treatment Advocacy Center & National Sheriffs' Association, *More Mentally Ill Persons Are in Jails and Prisons Than Hospitals: A Survey of the States* at 1 (May 2010), *available at* http://www.treatmentadvocacycenter.org/storage/documents/final_jails_v_hospitals_study.pdf.

Prisoners in solitary confinement also engage in higher rates of self-destructive behavior than general-population prisoners. For example, in a study of North Carolina and Virginia prisons, more than half of all self-mutilation incidents occurred in

solitary-confinement units. Haney, 23 N.Y.U. Rev. L. & Soc. Change at 525. And a study last year found that solitary-confinement prisoners were nearly seven times more likely to harm themselves than prisoners in the general population. *See* Homer Venters et al., *Solitary Confinement and Risk of Self-Harm Among Jail Inmates*, 104 Am. J. Pub. Health 442, 442-47 (2014). Suicide rates, too, are disproportionately high in solitary confinement. Indeed, "[o]ne of the most stunning and inescapable statistical facts" regarding solitary confinement is that half of prison suicides occur among the 2-8% of prisoners in solitary confinement. Stuart Grassian & Terry Kupers, *The Colorado Study vs. The Reality of Supermax Confinement*, Correctional Mental Health Rep. 1 (May/June 2011).

These higher rates of mental illness and psychiatric symptoms cannot be attributed solely to the fact that mentally ill prisoners are more likely to end up in solitary confinement. Solitary-confinement prisoners themselves "consistently identify punitive segregation as the source of their psychic trauma." Haney, 23 N.Y.U. Rev. L. & Soc. Change at 533. Moreover, the consistent and highly prevalent psychological effects reported among solitary-confinement prisoners substantially "undercut the possibility that nothing more than pre-existing dysfunction is being manifested." *Id.* These effects instead "point to the damaging psychological effects of punitive, isolated prison housing *itself*." *Id.* at 529 (emphasis added).

B. Studies Confirm That Solitary Confinement Causes Greater Harm To Prisoners Than Ordinary Incarceration.

Studies involving isolated prisoners and a control group of non-isolated prisoners are "especially convincing[]" in demonstrating the increased harm of solitary confinement relative to ordinary imprisonment. Smith, 34 Crime & Just. at 476. For example, in a study of 34 Kentucky inmates, solitary-confinement prisoners "reported more feelings of inadequacy, inferiority, withdrawal, and isolation," as well as "rage, anger, and aggression," than the general prison population. *Id.* at 455. Similarly, a Danish study involving 367 prisoners found nearly twice as many prisoners in solitary confinement compared to the general population experienced psychiatric problems. *Id.* at 477. The Danish study also concluded that a prisoner in solitary confinement was 20 times more likely to be hospitalized for a psychiatric reason than a prisoner in the general population. *Id.*

A study of 30 solitary-confinement prisoners and 28 general-population prisoners reported a similar divergence in psychological effects. "The group of isolated inmates 'showed considerably more psychopathological symptoms than the control group.'" *Id.* at 476. The authors also concluded that the divergence was "'mainly caused by solitary confinement; age, schooling, duration of detention and personality turned out to be of subordinate importance.'" *Id.* at 476-77.

Craig Haney's study of 25 maximum-security prisoners and 41 randomly selected solitary-confinement prisoners at Pelican Bay in 2013

likewise revealed significant differences in the prevalence of psychological symptoms. Erica Goode, *Solitary Confinement: Punished for Life*, N.Y. Times, Aug. 3, 2015, http://www.nytimes.com/2015/08/04/health/solitary-confinement-mental-illness.html?_r=1. "While 63 percent of the men in solitary for more than 10 years said they felt close to an 'impending breakdown,' only 4 percent of the maximum-security inmates reported feeling that way." *Id.* Similarly, seventy-three percent of solitary-confinement inmates reported chronic depression, compared with 48% of maximum-security inmates. *Id.*

Data from a recent study in Colorado also indicate that solitary confinement imposes unique harms beyond those experienced by general-population prisoners. The 59 mentally ill inmates in solitary confinement experienced a total of 37 incidents—an average of 0.62 incidents per inmate—of either suicidal behavior, self-destructive behavior, or emergence of psychotic symptoms. Grassian & Kupers, *Colorado Study* at 7-8. By contrast, during the same period the 33 inmates with mental illness in the general population experienced only three such incidents, or 0.09 incidents per inmate. *Id.* Thus, psychiatric crises "were dramatically more prevalent" among mentally ill prisoners in solitary confinement compared with mentally ill inmates housed in the general population. *Id.* at 9.

Accordingly, prolonged solitary confinement causes far greater psychological harm than ordinary incarceration, posing an atypical and severe risk of harm to inmates who must endure its conditions. The relevant scientific literature unequivocally

establishes the severe and wide-ranging psychological harms of solitary confinement. That "research … confirms what this Court suggested over a century ago: Years on end of near-total isolation exact a terrible price." *Davis v. Ayala*, 135 S. Ct. 2187, 2210 (2015) (Kennedy, J., concurring). This case thus presents an important issue warranting the Court's review.

CONCLUSION

The petition for a writ of certiorari should be granted.

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Respectfully submitted,

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