

No. 18-3535

In The United States Court of Appeals
For The
Seventh Circuit

MICHAEL JOHNSON,
PLAINTIFF-APPELLANT,

vs.

SUSAN PRENTICE, ET AL.,
DEFENDANTS-APPELLEES

On Appeal from the
United States District Court, C.D. Illinois
Honorable Colin S. Bruce
D.C. No. 1:16-CV-001244

**BRIEF OF AMICI CURIAE PROFESSORS AND PRACTITIONERS
OF PSYCHIATRY, PSYCHOLOGY, AND MEDICINE
IN SUPPORT OF PLAINTIFF-APPELLANT AND REVERSAL**

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Short Caption: Michael Johnson v. Susan Prentice, et al.

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(2) The names of all law firms whose partners or associates have appeared for the party in the case (including proceedings in the district court or before an administrative agency) or are expected to appear for the party in this court:

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IDENTITY AND INTEREST OF AMICI CURIAE¹

Amici curiae are experts in psychiatry, medicine, and psychology who have long studied solitary confinement and its psychological and physiological effects on prisoners. Based on their work and assessment of professional literature, amici have concluded that solitary confinement causes substantial harm to prisoners' mental and physical health, depriving them of basic human needs for meaningful social contact and positive environmental stimulation. Further, in amici's experience, the deprivation of social and environmental deprivation presented in this case – with Appellant confined to his cell without meaningful breaks for several years – is extreme even in comparison to others in solitary confinement. Such extreme deprivation imposes predictable injury without any apparent corresponding penological benefit. Finally, the extreme harm arising from such solitary

¹ Amici submit this brief under Federal Rule of Appellate Procedure 29(a). Amici have filed a motion for leave to file this brief, as required by Rule 29(a)(2), as Appellees have not consented to the filing. Amici state, pursuant to Rule 29(a)(4)(E), that no counsel for a party authored this brief in whole or in part, and no person other than the amici or counsel contributed money to prepare or submit this brief.

confinement is in no way typical of the impact prison life has on those in the general prison population.

Amici thus have an interest in this case, and submit this brief supporting Appellant Johnson's appeal and reversal. Amici are the following:

Stuart Grassian, M.D., is a psychiatrist who taught at Harvard Medical School for almost thirty years. He has evaluated hundreds of prisoners in solitary confinement and published numerous articles on the psychiatric effects of solitary confinement.

Craig W. Haney, Ph.D., J.D., is Distinguished Professor of Psychology and UC Presidential Chair at the University of California, Santa Cruz. He has researched and published numerous articles on the psychological effects of solitary confinement and has provided expert testimony before numerous courts and the United States Senate.

Terry A. Kupers, M.D., M.S.P., a Distinguished Life Fellow of The American Psychiatric Association, is Professor Emeritus at The Wright Institute. He has provided expert testimony in several

lawsuits about prison conditions and published books and articles on related subjects.

ARGUMENT

I. Solitary Confinement, Such As Endured by Appellant, Deprives Prisoners of Basic Humans Needs And Imposes Severe Psychological and Physiological Harms.

A. What Is “Solitary Confinement”?

“Solitary confinement,” as employed in the scientific literature and this brief, does not refer to absolute isolation from other humans in an environment completely devoid of positive environmental stimuli.

Indeed, amici are not aware of any prison facility in the United States that absolutely isolates prisoners. Rather, solitary confinement as discussed in scientific studies and analysis describes imprisonment under conditions where meaningful social interaction and positive environmental stimuli are severely restricted. This level of confinement is often referred to as “segregation” in many U.S. prisons, just as was in this case. *See, e.g.*, ShortApp. 6 (referring to Plaintiff serving “segregation time totaling 51 months imposed for rules violations”).

Based on the record in this case, Appellant Johnson’s isolation in “segregation” was at least as onerous and isolating as the conditions of

solitary confinement at the facilities that were the subjects of the studies recounted by amici here. In particular, amici understand that while Appellant was held in “segregation” at the Pontiac Correctional Center, he was confined alone in a small cell with a solid door and a feeding slot virtually 24-hours a day. Doc. 23 at 6 (Appellant’s Brief). Significantly, for several years at Pontiac, Appellant was on “yard restriction,” meaning he was only entitled to leave his cell for one hour per month to go outside (and frequently was denied even that break), and otherwise allowed out of his cell only for a weekly 10-minute shower. ShortApp. 7-8 & n.3; Doc. 23 at 6-7. Such prisoners in segregation are not allowed to participate in any group activities, whether group religious services, group study, group meals, or group work.

B. Prolonged Solitary Confinement Deprives Inmates of Basic Human Needs and Imposes Severe Psychological and Physiological Harms.

We understand that one issue presented in this case is whether Appellant’s solitary confinement withheld “the minimal civilized measure of life’s necessities.” *Gray v. Hardy*, 826 F.3d 1000, 1005 (7th Cir. 2016) (quoting *Farmer v. Brennan*, 511 U.S. 825, 834 (1994); see

ShortApp. 12. It is now well understood that meaningful social interaction and environmental stimulation (such as exposure to varying surroundings and participation in productive activities) are just as essential to human health as shelter, nutrition, and medical care. *See* Craig W. Haney, *Restricting the Use of Solitary Confinement*, 1 Ann. Rev. Criminology 285, 298 (2018) (collecting studies); Terry A. Kupers, *Waiting Alone to Die*, in *Living On Death Row: The Psychology of Waiting To Die* 47, 53 (Hans Toch & James Acker eds., 2018); Stuart Grassian, *Psychiatric Effects of Solitary Confinement*, 22 Wash. U. J. L. & Pol’y 325, 354 (2006). Humans are a social species, and the human brain is literally “wired to connect” with others and the environment. *See* Matthew Lieberman, *Social: Why Our Brains Are Wired to Connect* (Random House 2013); Haney, *Restricting the Use*, *supra*, at 294–295. Meaningful and consistent social and environmental contacts enable humans to “sustain a sense of identity and to maintain a grasp on reality.” Terry A. Kupers, *Isolated Confinement: Effective Method for Behavior Change or Punishment for Punishment’s Sake?*, in *Routledge Handbook of International Crime and Justice Studies* 213, 215 (Bruce Arrigo & Heather Bersot eds., 2013).

As a consequence, the denial of social interaction and environmental stimuli – the hallmark of solitary confinement – “exact[s] a terrible price.” *Davis v. Ayala*, 135 S. Ct. 2187, 2210 (2015) (Kennedy, J., concurring). Scientific research has produced “strikingly consistent” results showing that the deprivation of meaningful social contact and environmental stimulation arising from solitary confinement imposes grave psychological and physiological harms. Craig Haney, *The Psychological Effects of Solitary Confinement: A Systematic Critique*, 47 *Crime & Justice* 365, 367-68, 370-75 (2018) (collecting studies); see also Stuart Grassian, *Psychiatric Effects of Solitary Confinement*, 22 *Wash. U. J. L. & Pol’y* 325, 335-38 (2006). Indeed, experts have recognized that the chronic stress imposed by such isolation “can be as clinically distressing as physical torture.” 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, 104 (2010); United Nations, *Interim report of the Special Rapporteur of the Human Rights Council on torture and other cruel, inhuman or degrading treatment or punishment* ¶ 76 (Aug. 2011) (“Special Rapporteur reiterates that, in his view, any imposition of

solitary confinement beyond 15 days constitutes torture or cruel, inhuman or degrading treatment or punishment”) (available at <http://solitaryconfinement.org/uploads/SpecRapTortureAug2011.pdf>);

Richard Kozar, John McCain (Overcoming Adversity) 53 (2002)

(Senator McCain described his solitary confinement in Vietnam as “crush[ing] your spirit and weaken[ing] your resistance more effectively than any other form of mistreatment.”).

Psychological injuries from solitary confinement include cognitive dysfunction, severe depression, memory loss, anxiety, paranoia, panic, hallucinations, and stimuli hypersensitivity. *See* Terry A. Kupers, *Waiting Alone to Die*, in *Living On Death Row: The Psychology of Waiting To Die* 47, 53 (Hans Toch & James Acker eds., 2018); Craig W. Haney, *Mental Health Issues in Long-Term Solitary and “Supermax” Confinement*, 49 *Crime & Delinquency* 124, 130-31, 134 (2003) (collecting studies); Grassian, *Psychiatric Effects*, *supra*, 22 *Wash. U. J. L. & Pol’y* at 335–36, 349, 370–71; Terry A. Kupers, *Isolated Confinement: Effective Method for Behavior Change or Punishment for Punishment’s Sake?*, in *Routledge Handbook of International Crime and Justice Studies* 213, 216 (Bruce Arrigo & Heather Bersot eds., 2013);

Peter Scharff Smith, *The Effects of Solitary Confinement on Prison Inmates: A Brief History and Review of the Literature*, 34 *Crime & Just.* 441, 488–90 (2006). Self-injurious behavior, such as self-mutilation and suicidal behavior is also prevalent among prisoners in solitary confinement. Stuart Grassian, *Psychopathological Effects of Solitary Confinement*, 140 *Am. J. Psychiatry* 1450, 1453 (2006); Grassian, *Psychiatric Effects*, *supra*, 22 *Wash. U. J. L. & Pol’y* at 349.

The injuries arising from prolonged solitary confinement are not limited to psychological symptoms and disability – there are also medical problems and physical changes in the brain. As recently summarized by researchers, “each of the key features of solitary confinement – lack of meaningful interaction with others and the natural world and lack of physical activity and visual stimulation – is by itself sufficient to change the brain ... dramatically depending on whether it lasts briefly or is extended.” Jules Lobel & Huda Akil, *Law and Neuroscience: The Case of Solitary Confinement*, 147(4) *Daedalus* 61, 70 (Fall 2018) (internal quotes omitted). Prisoners in solitary confinement commonly suffer physiological injury, including hypertension, heart palpitations, decline in neural activity,

gastrointestinal disorders, headaches, and severe insomnia. Kupers, *Waiting Alone to Die*, *supra*, at 54; Haney, *Mental Health Issues*, *supra*, at 133; Smith, *The Effects of Solitary Confinement on Prison Inmates*, *supra*, 34 *Crime & Just.* at 488–90. Isolation also causes “increased activation of the brain’s stress systems, vascular resistance, and blood pressure, as well as decreased inflammatory control, immunity, sleep salubrity, and expression of genes regulating glucocorticoid responses and oxidative stress.” Elizabeth Bennion, *Banning the Bing: Why Extreme Solitary Confinement Is Cruel and Far Too Usual Punishment*, 90 *Ind. L.J.* 741, 762 (2015) (quoting John T. Cacioppo & Stephanie Ortigue, *Social Neuroscience: How a Multidisciplinary Field Is Uncovering the Biology of Human Interactions*, *Cerebrum*, Dec. 19, 2011, at 7–8). An increased likelihood of dementia is also associated with such social isolation. *See id.* at 755 (summarizing studies). *See also Williams v. Sec’y Pa. Dep’t of Corr.*, 848 F.3d 549, 563 (3d Cir. 2017) (“Numerous studies on the impact of solitary confinement show that these conditions are extremely hazardous to well-being.”)

C. The Extended Period of Solitary Confinement Endured By Appellant Will Predictably Cause Substantial Psychological and Physiological Harms.

Even short periods of solitary confinement can cause harm. *See* Grassian, *Psychiatric Effects*, *supra*, 22 Wash. U. J. L. & Pol’y at 331. Research has shown that the severity of harm on prisoners, and the likelihood that it will be irreversible, increases as the period of solitary confinement increases. Although once thought to be an unchanging organ, the brain is now recognized to develop and change over time in response to environmental factors. According to various studies, chronic stress such as what is imposed by solitary confinement can impair brain structure and function in multiple ways. *See* Dana G. Smith, *Neuroscientists Make a Case Against Solitary Confinement*, *Scientific American* (Nov. 2018) (<https://www.scientificamerican.com/article/neuroscientists-make-a-case-against-solitary-confinement/>); Bruce C. McEwen, *Protective and Damaging Effects of Stress Mediators*, 338 *New Eng. J. Med.* 171, 175-76 (1998).

Over time, excessive stress kills brain cells, “rewires” the brain, and reduces the size of the brain. *See* Carol Schaeffer, “Isolation Devastates the Brain”: The Neuroscience of Solitary Confinement,

Solitary Watch (May 11, 2016); Nicole Branan, *Stress Kills Brain Cells Off*, 18 *Scientific American* 10 (June 2007) (<https://www.scientific-american.com/article/stress-kills-brain-cells/>); M. Malter Cohen, et al., *Translational Developmental Studies of Stress on Brain and Behavior*, 249 *Neuroscience* 53, 54-55 (2013); see also Jules Lobel & Huda Akil, *Law and Neuroscience: The Case of Solitary Confinement*, 147(4) *Daedalus* 61, 70 (Fall 2018) (“[T]he brain of people who experience extreme psychological stress (like those in solitary confinement) literally diminish in volume because the neural cells become shriveled.”). Chronic stress damages the hippocampus, a brain area important for memory, spatial orientation and emotion regulation. See D. Smith, *Neuroscientists Make a Case Against Solitary Confinement*, *Scientific American* (Nov. 2018). Stress can also increase the size of the amygdala, which makes the brain more receptive to stress, creating a vicious cycle. See Bruce S. McEwen, et al., *Stress Effects on Neuronal Structure: Hippocampus, Amygdala, and Prefrontal Cortex*, 41 *Neuropsychopharmacology* 3 (2015); see also (internal quotes omitted).

It is no surprise, therefore, that studies show that the longer a prisoner is subject to solitary confinement – like Appellant here – the

more severe the harm and the more likely that such injury will continue after return to the general population, or become irreversible. For example, Dr. Haney observed that prisoners' behavioral "adaptations" to their solitary environment become more extreme and permanent as the duration of isolation increases. Haney, *Mental Health Issues, supra*, 49 *Crime & Delinq.* at 138–41. As solitary confinement lengthens, prisoners develop coping behaviors that can become lifelong. *Id.* at 140 (prisoners in prolonged solitary confinement "become increasingly unfamiliar and uncomfortable with social interaction" causing them to feel "further alienated from others and made anxious in their presence"); Terry A. Kupers, *Solitary: The Inside Story of Supermax Isolation and How We Can Abolish It* at 97 (2017) ("The longer one spends idle in a cell by oneself, the more one's skills for living in the community disappear").

The extended period of solitary confinement endured by Appellant, therefore, will almost inevitably have imposed significant psychological and physiological harms. The district court here highlighted that Appellant's "mental health conditions predate his incarceration." ShortApp. 8, 17. But that fact in no way undercuts the

conclusion that Appellant has suffered substantial harm arising from his solitary confinement. In fact, those with pre-existing mental health conditions are more vulnerable to the litany of harms recounted above.

The district court also outlined the mental health treatment and monitoring made available to Appellant. ShortApp. 8-10. Yet while the availability of mental health services is properly promoted and lauded, such services can in no way eliminate the harm to Appellant any more than having a Level 1 trauma center nearby eliminates the harm from a car accident or gunshot wound. Moreover, in our collective experience, such mental health services, although critical for inmate care, will rarely if ever resolve the harms imposed by solitary confinement when the underlying solitary confinement continues unabated.

In denying Appellant's claim, the district court concluded in part that the record does not "permit a reasonable inference that the conditions of segregation at Pontiac caused or exacerbated [Appellant's] issues." ShortApp. 17. However, there can be no credible claim that Appellant has not incurred harm given his years-long solitary confinement. As with a war prisoner who endures torture, harm arising from a lengthy term of solitary confinement should be presumed – the

only real question is the nature and extent of the harm, and whether it is reversible. *See* Richard Kozar, John McCain (Overcoming Adversity) 53 (2002); *Glossip v. Gross*, 135 S. Ct. 2726, 2765 (2015) (“[I]t is well documented that . . . prolonged solitary confinement produces numerous deleterious harms.” (Breyer, J., dissenting, citing amici Haney and Grassian); *Palakovic v. Wetzel*, 854 F.3d 209, 226 (3d Cir. 2017) (recognizing “the increasingly obvious reality that extended stays in solitary confinement can cause serious damage to mental health”). Injury thus is virtually inevitable from any lengthy period of solitary confinement, even if the symptoms are not obvious or have yet to manifest. *See* Diana Arias & Christian Otto, NASA, *Defining the Scope of Sensory Deprivation for Long Duration Space Missions* at 43 (2011).

II. The Added Deprivation of Eliminating Virtually All Outdoor Stimuli For Years Exacerbates The Harm to Prisoners in Solitary Like Appellant Without Any Apparent Corresponding Penological Benefit.

Prisoners in extended solitary confinement like Appellant are especially vulnerable to further deprivations by prison officials that increases their isolation. Here, the record shows that Appellant was placed on “yard restriction” for several years while at Pontiac, during which time he was allowed outside to exercise only one-hour per month

(at most). ShortApp. 7; Doc. 23 at 6. Such an extreme denial of access to environmental stimuli through outdoor activities likely accelerated and exacerbated the harms arising from Appellant's solitary confinement that we describe above, and rendered him even more incapable of dealing with his confinement and with prison staff in any constructive manner.

In our experience, such an added deprivation involving a prisoner in solitary confinement is exceedingly unlikely to serve any rehabilitative function. We are not aware of any credible prison study or analysis that suggests that further limiting a prisoner's access to environmental stimuli for years will in any way aid the prisoner in developing the tools needed to have normal social interactions or contacts once released into either the general prison population or free world. Instead, research suggests just the opposite – that outdoor stimulus and exercise has a beneficial impact on rehabilitation and reduces maladjusted behaviors. *See* M. Ambrose and J. Rosky, *Examining the Literature on Recreation and Exercise in Correctional Facilities*, 2 *International J. of Criminology and Sociology* 362, 364, 367-68 (2013) (reviewing studies). Such benefits have been recognized by

this Court. *See Delaney v. DeTella*, 256 F.3d 679, 683 (7th Cir. 2001) (“exercise is now regarded in many quarters as an indispensable component of preventive medicine” (internal quotes omitted)).

In contrast, increasing prisoner isolation and disconnectedness – as accomplished by this added restriction imposed on Appellant for years – makes it less likely that a prisoner will be able to constructively deal with prison staff or with other prisoners (when or if allowed back into the general prison population). Prisoners enduring lengthy solitary confinement develop coping behaviors that undermine their ability to have normal social interactions or physical contacts with others once released from solitary. *See* Craig W. Haney & Mona Lynch, *Regulating Prisons of the Future: A Psychological Analysis of Supermax and Solitary Confinement*, 23 N.Y.U. Rev. L. & Soc. Change 477, 567 (1997); Haney, *Mental Health Issues*, *supra*, 49 Crime & Delinq. at 140 (prisoners in prolonged solitary confinement “become increasingly unfamiliar and uncomfortable with social interaction” causing them to feel “further alienated from others and made anxious in their presence”); Terry A. Kupers, *Solitary: The Inside Story of Supermax Isolation and How We Can Abolish It* at 97 (2017) (“The longer one

spends idle in a cell by oneself, the more one's skills for living in the community disappear”).

We also would question any suggestion that increasing Appellant's isolation in this manner can serve any legitimate prison security interest. Again, increasing isolation of prisoners tends to render them more maladjusted and incapable of constructive interactions with prison staff or others. *See* Terry A. Kupers, *Isolated Confinement: Effective Method for Behavior Change or Punishment for Punishment's Sake?*, in *Routledge Handbook of International Crime and Justice Studies* 213, 218 (Bruce Arrigo & Heather Bersot eds., 2013) (solitary confinement leads to “damaged prisoners who become chronically dysfunctional”). Multiple studies have found prisoners in isolation prone to “fits of rage,” panic, loss of control, and psychological regression. Craig W. Haney Expert Report in *Ashker v. Brown*, *supra*, at 16-17 (No. 4:09-cv-05796-CW at 81 (N.D. Cal. Mar. 12, 2015) (recounting studies); *see* Hans Toch, *Men in Crisis: Human Breakdowns in Prisons*. Aldine Publishing Co.: Chicago (1975); *see also* Grassian, *Psychiatric Effects*, *supra*, at 333; *Ayala*, 135 S. Ct. at 2209 (Solitary confinement “will

bring you to the edge of madness, perhaps to madness itself.”)

(Kennedy, J., concurring).

Finally, to the extent such an added restriction is justified as some type of effort in behavior modification, we believe prison officials would be hard-pressed to set forth any credible behavior modification plan that would suggest depriving outdoor access *for years* in order to force compliant behavior, especially for a prisoner like Appellant who is psychologically compromised. Instead of serving to motivate improved conduct, the denial of outdoor access for a prisoner in solitary like Appellant more predictably serves to further isolate that prisoner and render him even less capable of constructive human interaction.

III. The Harms Imposed On Prisoners From Solitary Confinement Are Extreme and Atypical as Compared to the General Prison Population.

Solitary confinement is uniquely harmful to prisoners as compared to those in the general prison population. Studies consistently demonstrate that solitary confinement causes psychological and physiological damage that is extreme in comparison to harms experienced by prisoners in general population. *See* Craig W. Haney, *Restricting the Use of Solitary Confinement*, 1 Ann. Rev. Criminology

285, 292–93 (2018); Kenneth Appelbaum, *American Psychiatry Should Join the Call to Abolish Solitary Confinement*, 43 J. Am. Acad.

Psychiatry & L. 406, 410 (2015); Terry A. Kupers, *Solitary: The Inside Story of Supermax Isolation and How We Can Abolish It* at 32 (2017)

(“No matter what mental condition a man is in before entering solitary, in my experience it is rare that he does not emerge in demonstrably worse mental and physical condition.”).

For example, a study in Denmark determined that prisoners who spent more than four weeks in solitary confinement were twenty times more likely to require psychiatric hospitalization than prisoners in general population. Bennion, *Why Extreme Solitary Confinement is Cruel*, *supra*, 90 Ind. L.J. at 758 (citing Dorte Maria Sestoft et al., *Impact of Solitary Confinement on Hospitalization Among Danish Prisoners in Custody*, 21 Int’l J.L. & Psychiatry 99, 103 (1998)).

Similarly, a California study by Dr. Haney of prisoners in solitary confinement and in general population concluded that the distress and suffering of the general population prisoners bore “absolutely no comparison to the level of suffering and distress” experienced by prisoners in solitary confinement. Expert Report of Craig Haney in

Ashker v. Brown, No. 4:09-cv-05796-CW at 81 (N.D. Cal. Mar. 12, 2015) (available at https://ccrjustice.org/sites/default/files/attach/2015/07/Redacted_Haney%20Expert%20Report.pdf). Instead, “[o]n nearly every single specific dimension [] measured, the [solitary confinement] sample was in significantly more pain, were more traumatized and stressed, and manifested more isolation-related pathological reactions.” *Id.* at 81–82. Other studies have similarly concluded that prisoners “in solitary confinement suffered significantly more both physically and psychologically than the prisoners in the [general population] control group.” Peter Scharff Smith, *The Effects of Solitary Confinement on Prison Inmates: A Brief History and Review of the Literature*, 34 *Crime & Just.* 441, 477 (2006) *see also* Thomas Hafemeister & Jeff George, *The Ninth Circle of Hell*, 90 *Denv. U. L. Rev.* 1, 46–47 (2012) (Washington study concluding that mental illness was twice as common for prisoners in solitary confinement).

Suicide and self-mutilation are also disproportionately high among prisoners in solitary confinement. *See* Craig W. Haney, *Restricting the Use of Solitary Confinement*, 1 *Ann. Rev. Criminology* 285, 294 (2018) (collecting studies); Fatos Kaba, et al., *Solitary*

Confinement and Risk of Self-Harm Among Jail Inmates, 104 Amer. J. Pub. Health 442-447 (2014) (New York study concluding inmates in solitary confinement were about 6.9 times as likely to commit acts of self-harm); Kupers, *Waiting Alone to Die*, *supra*, at 55; Stuart Grassian & Terry A. Kupers, *The Colorado Study vs. The Reality of Supermax Confinement*, 13 Correctional Mental Health Rep. 1 (2011). Indeed, although prisoners in solitary confinement comprise only 2% to 8% of the United States prison population, they account for 50% of all prisoner suicides. See Grassian & Kupers, *The Colorado Study*, *supra*, at 1; Kupers, *Waiting Alone to Die*, *supra*, at 55. A national survey of prisoner suicides across a two-year period revealed that two-thirds of suicides were committed by detainees subjected to solitary confinement, causing researchers to designate solitary confinement one of three “key indicators of suicidal behavior.” Lindsay M. Hayes & Joseph R. Rowan, *National Study of Jail Suicides: Seven Years Later*, 60 Psych. Q. 7, 23 (1989).

CONCLUSION

For these reasons, amici request that this Court find in favor of Appellant Johnson and reverse the district court's judgment.

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Respectfully submitted,

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CERTIFICATE OF COMPLIANCE

Pursuant to Fed. R. App. P. 32, the undersigned certifies that this brief complies with the type-volume limitations of Fed. R. App. P. 29(b)(4). The brief is proportionally spaced, has typeface of 14 points, and contains 3864 words, based upon the word count feature of Microsoft Word, version 2016.

I further certify that a copy of the foregoing Brief of Amici Curiae Professors and Practitioners of Psychiatry, Psychology, and Medicine In Support of Plaintiff-Appellant and Reversal, as submitted in digital form via the Court's ECF system, is an exact copy of the written document filed with the Clerk and has been scanned for viruses using the Carbon Black Sensor program, version 3.1.0.100, and, according to that program, is free of viruses. I further certify that that all required privacy redactions, if any, have been made to this document.

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 /s/ Michael P. Doss
Counsel for Amici Curiae

May 6, 2019

CERTIFICATE OF SERVICE

I, Michael P. Doss, a member of the Bar of this Court, hereby certify that on May 6, 2019, I caused the foregoing Brief of Amici Curiae Professors and Practitioners of Psychiatry, Psychology, and Medicine In Support of Plaintiff-Appellant and Reversal to be filed in digital form with the Clerk of Court for the United States Court of Appeals for the Seventh Circuit by using the appellate CM/ECF system. I certify that all participants in the case are registered CM/ECF users and that service will be accomplished by the appellate CM/ECF system.

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May 6, 2019