No. 165A21 TENTH JUDICIAL DISTRICT

SUPREME COURT OF NORTH CAROLINA

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ROCKY DEWALT, ROBERT PARHAM, ANTHONY MCGEE, and SHAWN BONNETT, individually and on behalf of a class of similarly situated persons, Plaintiffs-Appellants, v. ERIK A. HOOKS, in his official capacity as Secretary of the North Carolina Department of Public Safety, and the NORTH CAROLINA DEPARTMENT OF PUBLIC SAFETY, Defendants-Appellees.	)	From Wake County 19 CVS 14089

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AMENDED BRIEF OF *AMICI CURIAE* PROFESSORS AND PRACTITIONERS OF PSYCHIATRY, PSYCHOLOGY, AND MEDICINE IN SUPPORT OF PLAINTIFFS-APPELLANTS

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INTEREST OF *AMICI CURIAE*[1]

Amici curiae are experts in psychiatry, medicine, and psychology who have spent decades studying solitary confinement including its psychological and physiological effects on prisoners. Based on their own work—some of which the United States Supreme Court has relied upon[2]—and an assessment of the professional literature, *amici* have concluded that solitary confinement has devastating, often irreversible effects on prisoners' mental and physical health. Research shows that solitary confinement of more than ten days causes harms both different and greater than prisoners incur in the general population. And the devastating effects of solitary confinement only get worse with time. The longer the confinement, the more severe the harm will be and the greater the chance that such harm will be irreversible.

Amici's expertise and knowledge of solitary confinement's devastating effects give them a substantial interest in this case. *Amici*

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[1] Pursuant to N.C. R. App. P. 28(i)(2), *amici curiae* state that, except for their counsel, no other person contributed to the writing of this brief, and no person contributed money for this brief's preparation.

[2] *See, e.g.*, *Glossip v. Gross*, 576 U.S. 863, 926 (2015) (Breyer, J., dissenting) (citing scholarship by Dr. Craig Haney); *Brown v. Plata*, 563 U.S. 493, 518 (2011) (citing scholarship by Dr. Haney).

believe that the trial court's analysis is emblematic of some courts' failure to recognize that solitary confinement *always* carries with it an objective and substantial risk of unique psychological and physiological harm. Indeed, the trial court repeatedly downplayed and doubted the connection between Defendants' solitary-confinement policies and any risk of harm to the North Carolina prisoners involved in this case. And the trial court suggested that its adoption of the federal Eighth Amendment standard drawn from *Farmer v. Brennan*, 511 U.S. 825 (1994), posed an insurmountable barrier to Plaintiffs' challenge—as though Defendants could possibly be unaware of the grave physical and psychological injuries that inevitably accompany solitary confinement. To the contrary, *amici* believe that the overwhelming scientific consensus regarding solitary confinement's harmful effects—and the numerous federal court decisions recognizing that consensus—should make it impossible for Defendants to plead ignorance, and *Farmer*'s "deliberate indifference" prong should be easily satisfied. *Cf. Hope v. Pelzer*, 536 U.S. 730, 745–46 (2002); *accord Taylor v. Riojas*, 141 S. Ct. 52, 53–54 (2020).

Amici are the following:

Lauren Brinkley-Rubenstein, Ph.D., is an Associate Professor of Social Medicine at University of North Carolina—Chapel Hill, whose research has focused on how types of incarceration, including solitary confinement, can impact health outcomes.

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.

Pablo Stewart, M.D., is Clinical Professor of Psychiatry at the University of Hawaii. He has worked in the criminal justice system for decades and as a court-appointed expert on the effects of solitary confinement for more than thirty years.

Brie Williams, M.D., M.S., is a Professor of Medicine, Director of the Criminal Justice & Health Program, and Director of Amend:

Changing Correctional Culture at the University of California, San Francisco. She has published numerous articles on the physical effects of solitary confinement.

ARGUMENT

More than a century ago, the United States Supreme Court first observed that solitary confinement—even for short periods—causes prisoners to become "violently insane." *In re Medley*, 134 U.S. 160, 168 (1890). *Amici*'s decades of research and scholarship confirm what the Court observed long ago: Solitary confinement imposes an "immense amount of torture and agony" on prisoners. *Apodaca v. Raemisch*, 139 S. Ct. 5, 10 (2018) (Sotomayor, J., respecting denial of certiorari). Over the past 150 years, scientists have frequently studied the psychological and physical effects of solitary confinement. And in nearly *every* instance, these studies conclude that "subjecting an individual to more than 10 days of involuntary segregation results in a distinct set of emotional, cognitive, social, and physical pathologies." Kenneth L. Appelbaum, *American Psychiatry Should Join the Call to Abolish Solitary Confinement*, 43 J. Am. Acad. Psychiatry & L. 406, 410 (2015).

I. Solitary Confinement Always Subjects Prisoners To An Objectively Substantial Risk Of Severe Psychological And Physical Injuries.

Humans, by their nature, are social. Like food and water, social interaction and environmental stimulation are necessary for human wellbeing. Craig Haney, *Restricting the Use of Solitary Confinement*, 1 Ann. Rev. Criminology 285, 298 (2018) (collecting studies). Without these necessities, solitary confinement[3] subjects prisoners to conditions so harsh that they amount to torture, leaving prisoners with permanent psychological and physical scars.

[3] The term "Solitary confinement," as used in the scientific literature and this brief, describes imprisonment under conditions that severely restrict meaningful social interaction and positive environmental stimuli. The conditions of imprisonment in all five of Defendants' restrictive housing classifications—Restrictive Housing for Control Purposes ("RHCP"), Restrictive Housing for Disciplinary Purposes ("RHDP"), Restrictive Housing for Administrative Purposes ("RHAP"), High Security Maximum Control ("HCON"), and the first two phases of the Rehabilitative Diversion Unit ("RDU")—are materially consistent with the conditions of solitary confinement at the facilities that were the subjects of the studies discussed here.

A. Solitary Confinement Deprives Prisoners of Essential Social Interaction and Environmental Stimulation.

Some species are naturally solitary, seeking out community infrequently and often for limited purposes. Jared Edward Reser, *Solitary Mammals Provide an Animal Model for Autism Spectrum Disorders*, 128 J. Comp. Psychol. 99, 100–01 (2014). Humans are the opposite: The human brain "is literally wired to connect with others." Haney, *Restricting the Use*, *supra*, at 296 (internal quotations marks omitted). Basic executive function and physical health depend on adequate exposure to positive environmental stimuli, which allows humans to maintain "an adequate state of alertness and attention." Stuart Grassian, *Psychiatric Effects of Solitary Confinement*, 22 Wash. U. J. L. & Pol'y 325, 330 (2006); Craig Haney, *The Psychological Effects of Solitary Confinement: A Systematic Critique*, 47 Crime & Just. 365, 374–75 (2018).

And yet, near total absence of social interaction and positive environmental stimulation are the hallmarks of solitary confinement. *See* Craig Haney, *Mental Health Issues in Long-Term Solitary and "Supermax" Confinement*, 49 Crime & Delinq. 124, 125–27 (2003). Prisoners in the general population may leave their cells for up to ten

hours a day—during which they can meaningfully interact with other human beings, have contact visits, and access prison libraries, worship services, and vocational programs. *See* Haney, *The Psychological Effects of Solitary Confinement*, *supra*, at 388 n.12; *Brown v. Or. Dep't of Corr.*, 751 F.3d 983, 985 (9th Cir. 2014).

Prisoners in solitary confinement, however, spend at least twenty-two hours every day alone in small, bare cells. Elizabeth Bennion, *Banning the Bing: Why Extreme Solitary Confinement is Cruel and Far Too Usual Punishment*, 90 Ind. L.J. 741, 753 (2015). These cells contain only a bunk, a toilet, and a sink. *Id.* Within them, prisoners "sleep, eat, and defecate . . . in spaces that are no more than a few feet apart." *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. 72, 75 (2012) (prepared statement of Dr. Craig Haney, Professor of Psychology, University of California, Santa Cruz).

The only sounds a prisoner will hear from his cell are the slamming of cell doors and intermittent screaming from other prisoners—nothing that constitutes "meaningful human communication." Terry A. Kupers,

Isolated Confinement: Effective Method for Behavior Change or Punishment for Punishment's Sake?, *in* The Routledge Handbook for Int'l Crime & Just. Studies 213, 215–16 (Bruce A. Arrigo & Heather Y. Bersot eds., 2014). If anything, such noises exacerbate the other negative environmental stimuli—the stench of feces and urine, and the constant glare of fluorescent lights—that surround a prisoner in solitary confinement. *See, e.g.,* Thomas L. Hafemeister & Jeff George, *The Ninth Circle of Hell: An Eighth Amendment Analysis of Imposing Prolonged Supermax Solitary Confinement on Inmates with a Mental Illness*, 90 Denv. U. L. Rev. 1, 37–39, 39 n.217 (2012).

The short time prisoners spend outside their cells provides no respite from these conditions. Haney, *Mental Health Issues*, *supra*, at 126. Prisoners in solitary confinement may occasionally leave their cells to exercise, but they must do so alone "in caged-in or cement-walled areas that are so constraining they are often referred to as 'dog runs.'" *Id.* Trips to the "dog runs" are usually preceded by strip and cavity searches so painful and intrusive that many prisoners forego exercise to avoid them. *See, e.g.*, *Williams v. Sec'y Pa. Dep't of Corr.*, 848 F.3d 549, 554 (3d Cir. 2017) (describing strip searches so invasive that a prisoner sacrificed the

opportunity to exercise for nearly seven years to avoid them), *cert. denied sub nom. Williams v. Wetzel*, 138 S. Ct. 357 (2017); *Incumaa v. Stirling*, 791 F.3d 517, 531 (4th Cir. 2015) (noting that a prisoner in solitary confinement experienced "near-daily cavity and strip searches"). Apart from these strip and cavity searches, prisoners' only human contact while in solitary confinement occurs when guards place them in restraints. Hafemeister & George, *supra*, at 17.

Thus, compared to the general population, prisoners in solitary confinement suffer, "to the fullest extent possible, complete sensory deprivation and social isolation." *Id.*

B. The Scientific Consensus Shows that Solitary Confinement is Uniquely (Often Irreversibly) Harmful.

The severe social isolation and sensory deprivation of solitary confinement cause injuries that are different in both kind and degree from those associated with ordinary incarceration.

Without environmental stimulation or social interaction, prisoners in solitary confinement endure a condition that "can be as clinically distressing as physical torture," *see* 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), and is, in fact, "frequently used as a component of torture," Haney, *The Psychological Effects of Solitary Confinement*, *supra*, at 373–75. This condition—especially when, as here, it is prolonged—imposes grave psychological and physical harms. *See id.* at 367–68, 370–75 (collecting studies); Grassian, *Psychiatric Effects*, *supra*, at 335–38.

Psychological injuries stemming from solitary confinement commonly include cognitive dysfunction, severe depression, memory loss, anxiety, paranoia, panic, hallucinations, and stimuli hypersensitivity. *See* Haney, *Mental Health Issues*, *supra*, at 130–31, 134–35 (collecting studies); Grassian, *Psychiatric Effects*, *supra*, at 335–36, 349, 370–71; 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-mutilation and suicidal ideation are characteristic of prisoners in solitary confinement. *See* Grassian, *Psychiatric Effects*, *supra*, at 336, 349; Stuart Grassian, *Psychopathological Effects of Solitary Confinement*, 140 Am. J. Psychiatry 1450, 1453 (1983). Explaining this phenomenon to Congress, Dr. Haney described how one prisoner "used a

makeshift needle and thread from his pillowcase to sew his mouth completely shut," and 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." *Reassessing Solitary Confinement: The Human Rights, Fiscal, and Public Safety Consequences: Hearing Before the Subcomm. on Constitution, Civil Rights & Human Rights of the S. Comm. on the Judiciary*, 112th Cong. 72, 80–81 (2012) (prepared statement of Dr. Craig Haney, Professor of Psychology, University of California, Santa Cruz).

Even when prisoners can overcome the psychological trauma of solitary confinement, they find themselves suffering from a host of serious physiological injuries, which include hypertension, heart palpitations, gastrointestinal disorders, headaches, and severe insomnia. Haney, *Mental Health Issues*, *supra*, at 133; Smith, *The Effects of Solitary Confinement on Prison Inmates*, *supra*, at 488–90. Solitary confinement also causes "increased activation of the brain's stress systems," Bennion, *supra*, at 762 (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), which eventually

kills brain cells and "rewire[s]" the brain. *See* Carol Schaeffer, *"Isolation Devastates the Brain": The Neuroscience of Solitary Confinement*, Solitary Watch (May 11, 2016), https://solitarywatch.org/2016/05/11/isolation-devastates-the-brain-the-neuroscience-of-solitary-confinement/; Nicole Branan, *Stress Kills Brain Cells Off*, 18 Sci. Am. 10 (June 2007). These physiological changes can affect the hippocampus, a brain area important for emotion regulation and memory, *see* Dana G. Smith, *Neuroscientists Make a Case Against Solitary Confinement*, Sci. Am. (Nov. 9, 2018), https:/www.scientificamerican.com/article/neuroscientists-make-a-case-against-solitary-confinement/, and it can also increase the size of the amygdala, which makes the brain more susceptible 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, 12–14 (2016).

Not only are these psychological and physical injuries devastating in their own right, studies have consistently shown that they are also more severe than the injuries associated with ordinary imprisonment. For instance, one study in Denmark found that prisoners who spent more than four weeks in solitary confinement were *twenty times* more likely to

require psychiatric hospitalization. Bennion, *supra*, 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 concluded that the distress and suffering of 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 at 81, *Ashker v. Newsom*, No. 4:09-cv-05796-CW (N.D. Cal. Mar. 12, 2015) (ECF No. 343). Instead, Dr. Haney's study found on "nearly every single specific dimension . . . measured," prisoners in solitary confinement were "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. Smith, *The Effects of Solitary Confinement on Prison Inmates, supra*, at 477; Hafemeister & George, *supra*, at 46–47 (describing Washington study concluding that mental illness was twice as common for prisoners in

solitary confinement). For example, rates of self-mutilation and suicide are far higher for prisoners in solitary confinement. Grassian, *Psychiatric Effects*, *supra*, at 336, 349; Haney, *Restricting the Use*, *supra*, at 294; Fatos Kaba et al., *Solitary Confinement and Risk of Self-Harm Among Jail Inmates*, 104 Am. J. Pub. Health 442, 445–47 (2014) (finding that inmates in solitary confinement were about 6.9 times as likely to commit acts of self-harm). Indeed, although prisoners in solitary confinement comprise less than 10% of the United States prison population, they generally account for 50% of all prisoner suicides. *See* Stuart Grassian & Terry Kupers, *The Colorado Study vs. The Reality of Supermax Confinement*, 13 Corr. Mental Health Rep. 1, 9 (2011).[4]

The onset of adverse symptoms is almost immediate. Prisoners need not be in solitary confinement for months or years to realize these psychological and physiological injuries. *See, e.g.*, Grassian, *Psychiatric*

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[4] *Accord* Lauren Brinkley-Rubinstein et al., *Association of Restrictive Housing During Incarceration With Mortality After Release*, JAMA Network Open, Oct. 4, 2019, at 1, 5–6, 9, https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2752350 (studying more than 225,000 prisoners in North Carolina and finding that compared "with individuals who were incarcerated and not placed in restrictive housing, those who spent time in restrictive housing were more likely to die in the first year after release").

Effects, *supra*, at 331 (noting measurable harm within days of solitary confinement). Within days of placement in solitary confinement, brain scans may reflect "abnormal pattern[s] characteristic of stupor and delirium." *Id.*; U.N. Human Rights Council, *U.N. Special Rapporteur, Interim Report of the Special Rapporteur on Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment*, at 9, U.N. Doc. A/66/268 (Aug. 5, 2011) (concluding that "harmful psychological effects of isolation can become irreversible" after only 15 days of solitary confinement). Thus, where, as for most prisoners subject to Defendants' challenged policies, the deprivation is "prolonged,"[5] some harms are inevitable, even if symptoms are not obvious or take time to manifest.

And the longer the time spent in solitary confinement, the more likely the psychological and physiological injuries will be irreversible. Haney, *Mental Health Issues*, *supra*, at 137–41. Prisoners often find the psychological dysfunctions caused by solitary confinement permanently disabling. *Id.* By transforming a person's emotions, personality, and cognition, solitary confinement may render prisoners permanently ill-

[5] Experts generally consider solitary confinement "prolonged" when it exceeds three months. *See* Kupers, *Isolated Confinement*, *supra*, at 214.

suited to life in a less restrictive environment. Grassian, *Psychiatric Effects*, *supra*, at 332–33. For example, Kalief Browder, who spent seventeen months in solitary confinement, attempted suicide twice within six months of his release. Jennifer Gonnerman, *Before the Law*, The New Yorker (Oct. 6, 2014), https://www.newyorker.com/magazine /2014/10/06/before-the-law. Once released from isolation, Mr. Browder described himself as "mentally scarred" and fearful that the "things that changed" about his personality "might not go back" with time. *Id*. Less than two years later, he hanged himself. Jennifer Gonnerman, *Kalief Browder, 1993-2015*, The New Yorker (June 7, 2015), http://www.newyorker.com/news/news-desk/kaliefbrowder-1993-2015.

The overwhelming scientific evidence shows that the psychological and physical harms associated with solitary confinement are not endured by prisoners in the general population, are often irreversible, and are so severe that they can be debilitating or fatal.

II. The *Farmer* Standard Does Not Immunize Defendants' Policies From Challenge Under The North Carolina Constitution.

The trial court concluded that Article I, Section 27 of the state Constitution, which prohibits "cruel or unusual" punishments should be

construed consistently with the United States Supreme Court's modern Eighth Amendment jurisprudence. But in suggesting that its adoption of the United States Supreme Court's *Farmer* standard undermined Plaintiffs' challenge, the trial court misconstrued federal law. Under *Farmer*, an inmate alleging that his solitary confinement was "cruel and unusual" must satisfy two requirements: one "objective," the other "subjective." 511 U.S. at 839–40. Plaintiffs' challenge to Defendants' solitary confinement policies satisfied both requirements.

To satisfy *Farmer*'s "objective" prong, Plaintiffs were required to allege that Defendants' policies imposed conditions of confinement creating "a substantial risk of serious harm." *Id.* at 839. The trial court stated that there was simply insufficient evidence that solitary confinement imposed any of the physical or psychological harms Plaintiffs alleged. *See* Op. 19 (holding that there was insufficient "evidence connecting the challenged practices and policies to actual harm or risks of harm."); *see also* Op. 32 (finding a "lack of evidence regarding the alleged connection between the Department's policies and practices and the complained of harm"). But for all the reasons stated above, that

is simply incorrect—solitary confinement *always* poses an objectively substantial risk of serious harm.

To suggest otherwise, the trial court repeatedly relied on an outdated Fourth Circuit case, which held that "the 'inescapable accompaniments of segregated confinement,' including isolation, restricted intellectual stimulation, and prolonged inactivity, alone 'will not render that confinement unconstitutional absent other illegitimate deprivations.'" Op. 16 (*quoting Mickle v. Moore*, 174 F. 3d 464, 472 (4th Cir. 1999) (citations omitted)). But as the Fourth Circuit recently clarified, "the *Mickle* plaintiffs failed to establish an evidentiary record that would have allowed this Court to find that prolonged solitary confinement poses a risk of psychological and emotional harm." *Porter v. Clarke*, 923 F.3d 348, 359 (4th Cir. 2019). Put simply, *Mickle* is "no longer good law." *Latson v. Clarke*, 794 F. App'x 266, 270 (4th Cir. 2019). And now the law is clear that the sort of long-term solitary confinement that Defendants' policies authorize is sufficiently deleterious—taken alone—to satisfy *Farmer*'s objective requirement.[6]

[6] There is no merit to the trial court's suggestion that the differences between the five different solitary confinement classifications undermine

Farmer's "subjective" prong required Plaintiffs to allege Defendants' "deliberate indifference" to the objective risks of harm imposed by the challenged policies—a standard "[courts] may infer . . . from the fact that the risk of harm is *obvious*." *Hope*, 536 U.S. at 738 (emphasis added). Here, the physical and psychological injuries resulting from solitary confinement are "obvious"—and have been for nearly a century. *See*, *e.g.*, *Glossip v. Gross*, 576 U.S. 863, 926 (2015) (Breyer, J., dissenting) (noting, in 2015, that it was already "well documented that . . . prolonged solitary confinement produces numerous deleterious harms"); *In re Medley*, 134 U.S. at 168 (observing that solitary confinement made inmates "semi-fatuous," "violently insane," and prone to "commit[ ] suicide"). The obviousness of the risks imposed by solitary confinement, therefore, preclude Defendants from pleading ignorance.

Plaintiffs' challenge to those policies. *See* Op. 22 (stressing that the challenge involved "five separate and distinct housing classifications, with several fundamental differences, which are highly relevant to assessing a claim of 'deliberate indifference'"). All five classifications impose the sort of solitary confinement reviewed in the studies discussed above, and all five impose an objective risk of serious harm.

Moreover, the trial court's suggestion that *Farmer*'s "subjective" prong precluded Plaintiffs' *systemic* challenge to Defendants' policies also misunderstands federal law. *See* Op. 14 (stating that systemic challenge "leaves no space for assessing the actor's subjective state of mind"). Under federal law, there is nothing unusual about Eighth Amendment deliberate indifference challenges to prison *policies*. *See, e.g.*, *Parsons v. Ryan*, 754 F.3d 657, 689 (9th Cir. 2014) (sustaining systemic challenge where plaintiffs identified "systemic policies and practices that place every inmate . . . in peril" and defendants who acted "with deliberate indifference to the resulting risk of serious harm to them"); *see also Wilburn v. Nelson*, 329 F.R.D. 190, 197 (N.D. Ind. 2018) (allowing challenge to "the rote policy of using solitary confinement; they are not challenging the application of it in any given circumstance"); *Harvard v. Inch,* 411 F. Supp. 3d 1220, 1237 (N.D. Fla. Oct. 24, 2019) (allowing challenge to "a systematic, statewide policy of isolation"). After all, Plaintiffs are not challenging the indifference of a prison guard or warden; they are challenging the policies themselves. That is entirely permissible under the *Farmer* standard. Indeed, without such challenges, systemic change would be impossible.

CONCLUSION

For these reasons, *amici* respectfully urge the Court to reverse the trial court's judgment.

Dated: July 2, 2021

Respectfully submitted,

/s/Cheyenne N. Chambers
CHEYENNE N. CHAMBERS
(NC Bar No. 48699)
TIN FULTON WALKER & OWEN, PLLC
301 EAST PARK AVENUE
CHARLOTTE, NC 28202
(704) 338-1220
cchambers@tinfulton.com

N.C. R. App. 33(b) Certification: I certify that the attorneys listed below have authorized me to list their names on this document, as if they had personally signed it:

BENJAMIN I. FRIEDMAN
(PRO HAC VICE APPLICATION FORTHCOMING)
SIDLEY AUSTIN LLP
One South Dearborn Street
Chicago, Illinois 60603
(312) 853-6097
benjamin.friedman@sidley.com

Counsel for Amici Curiae

CERTIFICATE OF COMPLIANCE

Pursuant to Rule 28(j)(2) of the North Carolina Rules of Appellate Procedure, I hereby certify that the foregoing document has contains no more than the number of words allowed by this rule.

Dated: July 2, 2021

/s/ Cheyenne N. Chambers
Cheyenne N. Chambers

CERTIFICATE OF SERVICE

Pursuant to Rule 26 of the North Carolina Rules of Appellate Procedure, I hereby certify that the foregoing document has been filed with the Clerk of the North Carolina Supreme Court by electronic submission. I further certify that a copy of this document has been duly served upon the following counsel of record by email:

Daniel K. Siegel
dsiegel@acluofnc.org

Irena Como
icomo@acluofnc.org

Kristi L. Graunke
kgraunke@acluofnc.org

ACLU of North Carolina
Legal Foundation
P.O. Box 28004
Raleigh, NC 27611
(919) 834-3466
Counsel for Plaintiffs-Appellants

Orlando L. Rodriguez
Assistant Attorney General
orodriguez@ncdoj.gov

Mary Carla Babb
Special Deputy Attorney General
mcbabb@ncdoj.gov

James B. Trachtman
Assistant Attorney General
jtrachtman@ncdoj.gov
North Carolina Dep't of Justice
P.O. Box 629
Raleigh, NC 27602
(919) 559-7500

Counsel for Defendants

Dated: July 2, 2021

/s/ Cheyenne N. Chambers
Cheyenne N. Chambers