Dear Chair and Members of the Committee.

My name is Dr. Jaz-munn Johnson, and I am a physician providing this written medical testimony in support of HB0921. In my role, I provide direct health care to justice-involved youth and believe this bill would benefit not only these youth from a medical, psychological, and neurobiological perspective, but also our communities and our society at large.

Over 90% of justice-involved youth have experienced significant childhood trauma before they are incarcerated [1, 2]. As physicians, we understand that trauma alters brain development—especially during the developmental stages of childhood, adolescence and young adulthood. When this trauma is chronic, and or severe, it can be labeled as "toxic stress." The American Academy of Pediatrics defines toxic stress as "the excessive or prolonged activation of the body's stress response systems in the absence of protective, stable, and responsive relationships" [3]. In other words, toxic stress dysregulates the stress response system — the hypothalamic-pituitary-adrenal axis — leading to chronic cortisol elevation, impaired impulse control, and increased risk for depression, PTSD, and suicidality [4].

Unfortunately, for many youth, involvement with the justice system represents yet another traumatic event, which can ultimately be exacerbated by imprisonment, and a particular practice within these detention centers, that being solitary confinement. Solitary confinement represents one of the most traumatic experiences that takes place while incarcerated. 35% of incarcerated youth report being held in solitary confinement, with over half experiencing isolation for longer than 24 hours [5]. The experiences of solitary confinement are described by youth as, "The walls felt like they were closing in… the silence drove me to the brink…" [5]. Solitary confinement has been strongly associated with psychiatric conditions such as anxiety, depression, psychosis, hallucinations, disrupted sleep, reduced cognitive function, panic, self-harm, and suicidality [5]. It is then, sadly unsurprising that 62% of juvenile suicides in custody were preceded by a period of solitary confinement, with 55% of these suicides occurring while isolated [5]. Given that justice-involved youth are at increased risk for suicidal ideation and behavior, it is clear that solitary confinement exacerbates existing mental health disparities instead of reducing them. Moreover, it reduces facility safety, as opposed to improving it.

Solitary confinement during incarceration has also been shown to harm neurodevelopment during a critical period of the adolescent developmental window [6 https://pubmed.ncbi.nlm.nih.gov/36248654/]. These effects can often persist beyond the confinement period, leading to long-term neurobiological damage, which is not only a risk

to the individual, but also others including fellow incarcerated youth, staff-members, and members of the community upon re-entry into the community.

Years of research have shown that adolescence is a critical time for brain development, particularly in areas related to judgement, impulse control, and emotional regulation [7]. Solitary confinement deprives the developing brain's need for vital social and environmental input, both of which are critical for synaptic development at this critical developmental stage. Due to these well-documented harms, major medical bodies — including the American Academy of Pediatrics and the American Academy of Child and Adolescent Psychiatry — oppose solitary confinement for youth [5, 8]. This is not just recognized here in the United States, but also internationally, as the United Nations' Mandela Rules consider prolonged solitary confinement potentially equivalent to torture, and explicitly prohibit its use for juveniles.

From a clinical standpoint, solitary confinement does not treat trauma. It intensifies it. It does not improve safety — it destabilizes already vulnerable adolescents and increases long-term risk to communities. As a physician, I view this bill as not only a public health intervention, but also a public safety intervention. **In lieu of this, I respectfully urge a favorable report on HB0921.**

Thank you.

-Jaz-munn Johnson, MD

CITATIONS

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Toxic Stress: “the excessive or prolonged activation of the body's stress response systems in the absence of protective, stable, and responsive relationships. Unlike tolerable stress—which can be burdensome yet manageable with support—unmitigated toxic stress overwhelms a child’s developing systems, impairing functions such as neurological, endocrine, immune, and metabolic. This imbalance between stressors and support fundamentally disrupts brain architecture, altering brain connectivity, developmental outcomes, and behavioral responses to adversity. Research underscores that childhood adversities, including abuse, neglect, caregiver mental health challenges, discrimination, and exposure to violence, can catalyze biological adaptations that embed toxic stress into the body, affecting lifelong health.”