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**The City of New York
Community Board 8 Manhattan
Social Justice Committee
Tuesday, June 24, 2024 – 6:30 PM
*This meeting was conducted via Zoom***

Please note: The resolution contained in the committee minutes is a recommendation submitted by the committee chair to the Community Board. At the monthly full board meeting, the resolution is discussed and voted upon by all members of Community Board 8 Manhattan.

Resolutions for Approval:

Resolution 1: Excited Delirium Resolution

MINUTES

CB8 Members Present: Sarah Chu, Saundra I. Coleman, Wendy Machaver (Public Member), and Rita Popper.

Approximate Number of Public Attendees: 7

Item 1 – Joanna Naples-Mitchell, Physician for Human Rights on “Excited Delirium and Deaths in Police Custody.”

- Physician for Human Rights (PHR) released a March 2, 2022 [report](#) investigating the use of excited delirium and its harms. There is no consensus on the definition of the term “excited delirium” and it is generally used to explain agitated behavior which may have underlying or untreated mental illness or substance intoxication conditions. “The term has come to be used as a catch-all for deaths occurring in the context of law enforcement restraint, often coinciding with substance use or mental illness, and disproportionately used to explain the deaths of young Black men in police encounters.”
- The term “excited delirium” is a concept without a clear definition. It is used to describe deaths in police custody in an agitated state and assumes that these individuals would have died regardless of the state of restraint or other context surrounding their death. This diagnosis has been disproportionately used in the deaths of Black men who die under police custody while under restraint.
- Victims in police custody deaths in which excited delirium was erroneously used as a cause of death include Daniel Prude and Angelo Quinto.
- Statistics regarding excited delirium ([Osagie Obasogie, Excited Delirium and Police Use of Force, Virginia Law Review, Vol. 107, Issue 8, 2021](#))
 - 43.3% of people who died in police custody where excited delirium was described as the cause of death were Black and 98.2% were men
 - More than half of police killings in the U.S. are not counted.
- The condition is not recognized in the DSM or ICD-10 - disavowed by major medical associations, including the American Medical Association, American Psychiatric Association, American Academy of Neurology, College of American Pathologists, American College of Medical Toxicology, American Academy of Emergency Medicine, American College of Emergency Medicine, and National Association of Medical Examiners.
- Excited delirium leverages racist stereotypes that Black men are capable of “superhuman strength” and that they are “immune to pain”
- History of Excited Delirium
 - Coined by Dr. Charles Wetli who erroneously categorized deaths of Black men and women as drug-induced excited delirium when they were actually homicides.

- Wetli believed that Black people were more likely to die of drug-induced delirium because it was genetic, drawing a false connection between race and heredity.
- Wetli's theory was established in 1985 and despite the fact the deaths he diagnosed as excited delirium were determined to be homicides in 1989, his erroneous theory continued to be promoted and integrated into law enforcement and death investigation manuals.
- Impact of the 2002 Report
 - Physicians for Human Rights investigation of excited delirium resulted in a report that concluded excited delirium cannot be disentangled from its racist and unscientific history. It is not a valid, independent medical or psychiatric diagnosis and should not be used as a cause of death.
 - The American College of Emergency Physicians [recanted](#) its 2009 position statement supporting excited delirium.
 - States banned the use of excited delirium in autopsy reports including California ([A360](#)), Colorado ([HB24-1103](#)), and Minnesota ([HF5216](#)).
 - An Excited Delirium Ban Act was introduced by Assemblymember Jessica Gonzalez-Rojas and Senator Samra Broukin as [A9414/S9039](#) a bill that would do the following:
 - prohibit the use of "excited delirium" as a diagnosis, label, or cause of death in the state of New York
 - support more accurate and scientifically valid medical diagnoses and cause of death determinations
 - enhance accountability and transparency in cases involving the use of force or restraint; and
 - address racial disparities in the application of medical terminology
 - This report also has other policy implications. For example, the American Delirium Society, which cares for people with medically diagnosed delirium, wants to make sure that people with delirium are receiving appropriate, nonviolent care and for its members to consider how excited delirium and its racist history may have exacerbated other racial disparities in health care. The report also raises the concern that law enforcement shouldn't be first responders to medical crises and to transition to crisis responses that center on social workers and mental health workers.
 - PHR's ongoing advocacy can be found at a website in collaboration with Campaign Zero at: endexciteddelirium.org
 - The following resources were described and shared in the chat during the course of the meeting:
 - NY Times article on how sickle cell trait has been used to excuse deaths in custody: <https://www.nytimes.com/2021/05/15/us/african-americans-sickle-cell-police.html>
 - National Academy of Sciences, Engineering, and Medicine's current study of death in custody investigations: <https://www.nationalacademies.org/our-work/advancing-the-field-of-forensic-pathology-lesson-learned-from-death-in-custody-investigations>
 - NY Focus article on how NYPD has been instructed to tase and pepper spray people they believe are experiencing excited delirium: <https://www.nationalacademies.org/our-work/advancing-the-field-of-forensic-pathology-lesson-learned-from-death-in-custody-investigations>
- Q&A (questions and answers summarized for brevity)

Question: If the term "excited delirium" is not being used, what term will be used in its place?

Joanna Naples-Mitchell (JNM): Focus on the concept, not the term. Delirium itself does not cause death. A family was about to get the manner of death on the death certificate revised to homicide, but medical examiners may use the term or blame other health conditions rather than holding police responsible. Ensuring there is an independent system of medical examiners can help, but the culture of policing needs to change to stop the use of policing as the primary response to mental health distress. Families also want accountability for their loved ones, such as the death of Angelo Quinto. Sickle cell trait is another condition used in the same way excited delirium is used.

Question: If police respond to emergency calls, how can we change the culture?

JNM: There are new mental health pilots, but they don't have enough resources. Money can be reallocated from police budgets to support these other care-based responses.

Questions: Have there been any changes where you've had success presenting this as a problem? Do insurance or civil litigation have leverage?

JNM: Decades of advocacy by families have resulted in policy changes. The key was getting medical consensus.

Resolution

Resolution proposed by Rita Popper, seconded by Saundrea I. Coleman.

WHEREAS, the term "excited delirium" lacks scientific and medical validity, and is not recognized as a valid medical condition by major medical associations (including the American Medical Association, American Psychiatric Association, American Academy of Neurology, College of American Pathologists, American College of Medical Toxicology, American Academy of Emergency Medicine, American College of Emergency Medicine, and National Association of Medical Examiners) nor their diagnostic references (ICD-10 and DSM 5); and

WHEREAS, the use of "excited delirium" as a diagnosis, label, or cause of death often obscures accountability in cases of excessive force or improper restraint, particularly in interactions between law enforcement and individuals experiencing a mental health crises; and

WHEREAS, the term "excited delirium" has been disproportionately applied to Black and Latinx individuals and is used to advance erroneous stereotypes that they are "immune to pain" or possess "superhuman strength"; these stereotypes jeopardize these communities because they are used to justify the use of excessive force against them and promote harmful racially biased generalizations; and

WHEREAS, New York State legislature bill A9414/S9039A introduced in the 2024 legislative session prohibited the use of "excited delirium" as a diagnosis, label, or cause of death in the state of New York; supported more accurate and scientifically valid medical diagnoses and cause of death determinations; enhanced accountability and transparency in cases involving the use of force or restraint; and addressed racial disparities in the application of medical terminology;

NOW, THEREFORE, BE IT RESOLVED, that Community Board 8 Manhattan urges New York State legislators to pass the aforementioned reforms in the new legislative session beginning January 2025.

Yes (4): Chu, Coleman, Machaver (Public Member), Popper

No (0): None

Abstain (0): None

Item 2 – Old Business – None

Item 3 – New Business – None

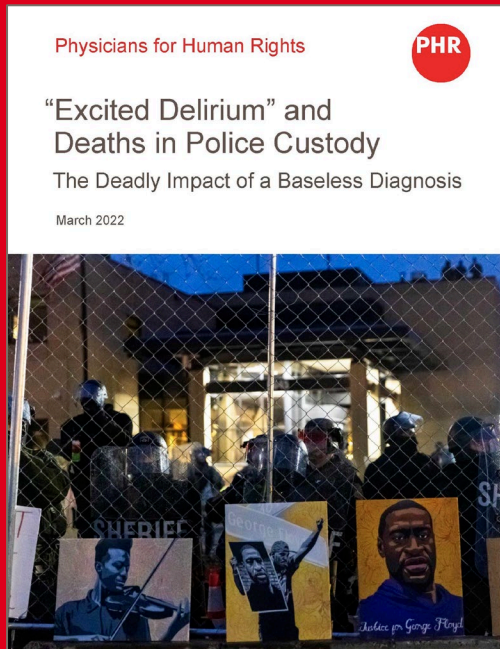
Motion to adjourn made by Saundrea I. Coleman and seconded by Rita Popper. This meeting was adjourned at 7:42 pm.

Saundrea I. Coleman and Sarah Chu, Co-Chairs



Physicians for
Human Rights

“Excited Delirium” and Deaths in Police Custody: The Deadly Impact of a Baseless Diagnosis



PHR Report Released March 2, 2022



Current Context





Contributors



The Miami Herald

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APRIL 26, 1990

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"For some reason, the male of the species becomes psychotic and the female of the species dies in relation to sex," while using cocaine, Wetli said.

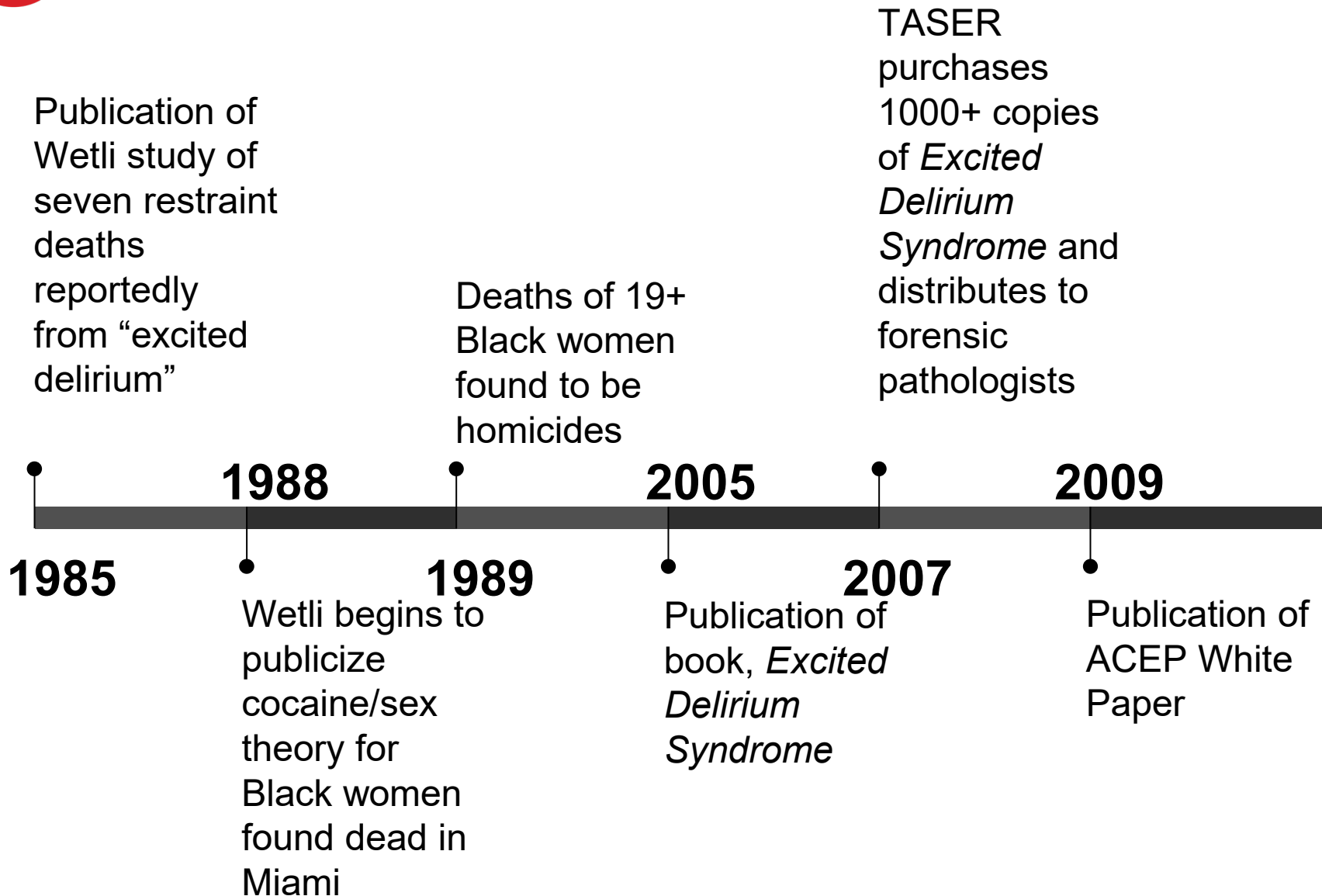
While he acknowledged that "at first glance" each victim "looks like she's been raped and murdered," he said autopsies "have conclusively showed that these women were not murdered."

IN HEALTH MAY/JUNE 1990

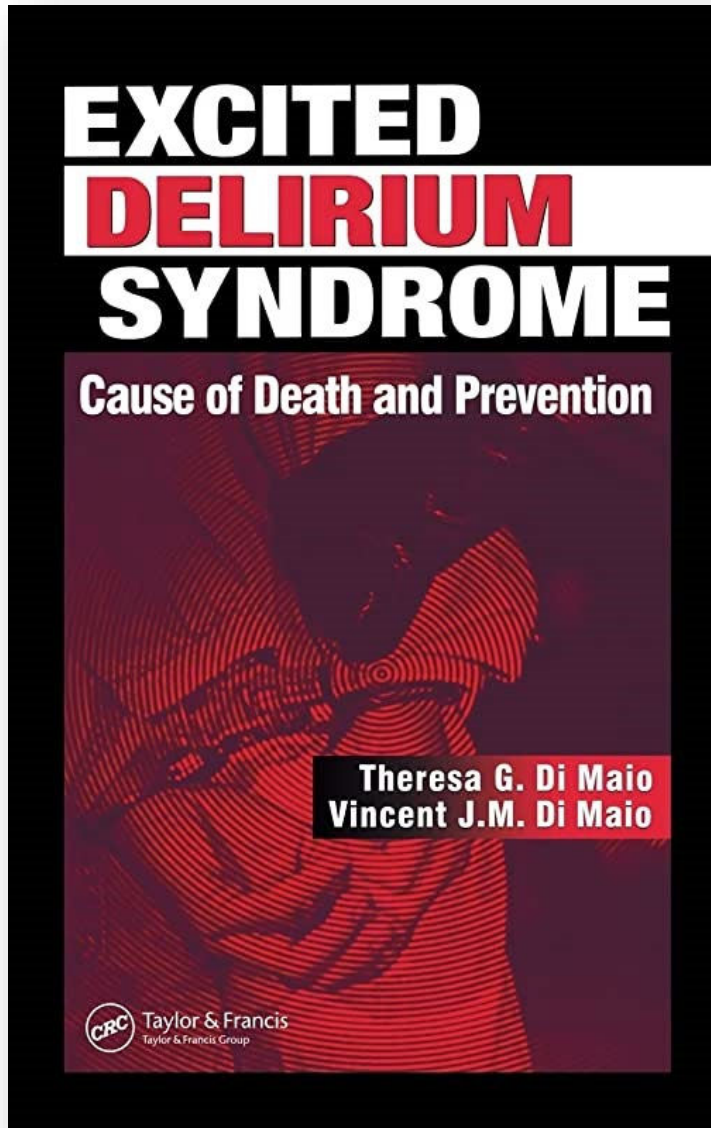
And its fickleness. "Seventy percent of people dying of coke-induced delirium are black males, even though most users are white," says deputy chief medical examiner Charles Wetli. "Why? It may be genetic, but there's a lot we don't know about how cocaine affects different individuals." Wetli, the department's drug



Timeline: Origins of “Excited Delirium”



“Excited Delirium” Syndrome and TASER



DEDICATION

This book is dedicated to all law enforcement and medical personnel who have been wrongfully accused of misconduct in deaths due to excited delirium syndrome.



The Death of Daniel Prude





Findings and Conclusions

The term "excited delirium" cannot be disentangled from its racist and unscientific history.

- ❖ **Medical literature of poor quality**
- ❖ **Conflicts of interest (TASER, defense)**
- ❖ **No consensus on definition**
- ❖ **Disproportionately applied to Black men and relies on racist tropes**

"Excited delirium" is not a valid, independent medical or psychiatric diagnosis and should not be used as a cause of death.



Policy Changes





“Excited Delirium” Ban Act: New York State

- A.9414 / S. 9039
- Introduced by Assemblymember Jessica González-Rojas and Senator Samra Brouk this year
- Hope to reintroduce in January 2025
- How to get involved?
 - Official resolution supporting the bill
 - Email campaign: contact your representatives





Ongoing Advocacy

- Medical associations
- Law enforcement
- Legal stakeholders
- Public education & media
 - Website with Campaign Zero:
endexciteddelirium.org
 - Conferences
- Legislative advocacy