

March 17, 2024

Chair Moller and Members of the House Judiciary Committee

Via Electronic Delivery

Re: Letter in Support of H.F. 4118

Letter of Support for H.F. 4118

Dear Chair Moller and Members,

Jess Palyan, Christiane Dos Santos, and Sarah Murtada write jointly in support of House File 4118, a bill to ban the use of the phrase “Excited Delirium” and similar terms to describe mental health conditions by law enforcement.

As law students at the University of St. Thomas School of Law in Minneapolis between 2019-2022, we were part of a team who became some of the first legal scholars in the state to study the use of “Excited Delirium” in police training and protocol. Our work was featured in Bloomberg Law Insights and on WCCO radio, and we hosted a community townhall featuring some of the nation’s foremost experts from law, use of force, medicine, and medical forensics/autopsies.

This legislation is a common sense approach to correcting a previous error in police training. The history of “Excited Delirium” as a term used by medical examiners is sordid in and of itself, but the way that the term has come to be used within law enforcement is dangerous both for the civilian in crisis and the officer responding.

We do not deny that police officers will inevitably encounter individuals who are agitated past the point that an average police officer could be expected to reason with them. However, the course of action laid out by many law enforcement trainings when encountering someone experiencing “Excited Delirium” is to restrain that individual physically through force, chemically through sedation, or electronically through a TASER or similar non-lethal weapon.

Scientific inquiry has not supported the notion that people in this high state of agitation are inherently a danger to themselves, at risk of spontaneous death via “Excited Delirium” syndrome. Recent research suggests that there has not been any evidence that “Excited Delirium” *without* restraint causes any deaths.¹ Additionally, research suggests that the original use of “Excited Delirium” to describe a cluster of symptoms has been mutated into “a syndrome which defies post-mortem examination but which is said to be so perilous that it renders immaterial the other circumstances of the death.”²

The National Association of Medical Examiners has suspended the use of the term “Excited Delirium,” and the American Medical Association and American Psychiatric Association also do not recognize it as a diagnosis. Law enforcement should not be using non-medical, non-scientific

¹ Strömmer EMF, Leith W, Zeegers MP, Freeman MD. The role of restraint in fatal excited delirium: a research synthesis and pooled analysis. *Forensic Sci Med Pathol*. 2020 Dec;16(4):680-692.

² McGuinness T, Lipsedge M. 'Excited Delirium', acute behavioural disturbance, death and diagnosis. *Psychol Med*. 2022 Jul;52(9):1601-1611.

mental illnesses in their training materials or daily practice. They should not be receiving medical misinformation in how they respond to these difficult cases. This would be true even if the history of “Excited Delirium” was not rooted in racism and dismissiveness of the lives of Black Americans, often killed in police custody. It is not in the officer or the civilian’s best interest to allow this dangerous medical misinformation to persist in law enforcement usage.

Thank you,

Jess Palyan
Minneapolis, MN 55408

Christiane Dos Santos,
Lutz, FL 33559

Sarah Murtada
Anchorage, AK 99501