

HR-138

Submitted on: 3/20/2026 5:45:55 PM

Testimony for HLT on 3/25/2026 9:30:00 AM

| Submitted By | Organization | Testifier Position | Testify |
|---------------------|---------------------------------|---------------------------|-------------------|
| Louis Erteschik | Hawaii Disability Rights Center | Support | Remotely Via Zoom |

Comments:

We advocated strongly for the bill last session. It has a lot of merit. The concept of excited delirium has been sadly used in several cases to justify or excuse or certainly negate liability for police misconduct in cases involving death. We have seen instances where individuals who had a mental illness were confronted by police officers who did not exercise proper de-escalation techniques and used excessive force. In civil trials which sought to achieve some measure of justice and compensation the defense of excited delirium was presented to “explain” the cause of death. Our understanding is that this concept has been medically debunked and yet it has confused juries who then rendered verdicts in favor of the police department or the municipality.

We had hoped that in the Interim between the 2025 and 2026 Legislatures there would have been productive discussions between stakeholders that would have led to passage this session. Unfortunately, that has not occurred. While we realize that this Concurrent Resolution asks the Legislature to do what it can do by passing a Bill, we feel it is important to keep this issue front and center and to put the Legislature on record so that hopefully we can achieve passage next session.

March 23, 2026

Hawai'i House Committee on Health
Hawai'i House Committee on Health & Human Services

Re: HCR 146 and HR 138, Excited Delirium
Written Testimony in Support

Dear Members of the Hawai'i House Committee on Health
and House Committee on Human Services & Homelessness,

Mahalo to Committee Chairs Takayama and Marten for scheduling a hearing on these important House Resolutions on excited delirium. I am writing to support both Resolutions; but, for the reasons discussed below, to request that you add “hyperactive delirium,” “agitated delirium” and “exhaustive mania” to your description of excited delirium, so the resolutions state: “‘excited delirium,’ sometimes referred to as ‘excited delirium syndrome,’ ‘hyperactive delirium,’ ‘agitated delirium,’ or ‘exhaustive mania,’” because those alternate terms for the theory have been used by its proponents, as discussed below.

The House Resolutions before you are the only chance for the Hawai'i Legislature to address the use of excited delirium in this two-year legislative cycle. Last year, your House passed two bills on excited delirium with zero “No” votes: SB228 SD1 HD2, and HB36 HD2. SB228 SD1 HD2 was not given a Conference Committee hearing when it went back to the Senate, and the Senate's Conference Committee members have just been released, so I understand that bill has died. HB36 HD2 was denied any hearing in the Senate.

Here is some background information about excited delirium. Both SB228 SD1 HD2 and HB36 HD2 are based on California's excited delirium law, AB 360, for which I provided amendments and advocacy. I have been a civil rights lawyer for 30 years and have dealt with the theory of ‘excited delirium’ for over two decades. I provided pro bono consultation to Minnesota Attorney General Keith Ellison and his lead special prosecutor handling the criminal prosecutions of the Minneapolis police officers who killed George Floyd, to help them defeat the excited delirium theory when it arose in their case.

I co-authored the Physicians for Human Rights (PHR) report on excited delirium, entitled *Excited Delirium and Deaths in Police Custody: The Deadly Impact of a Baseless Diagnosis* (March 2022)(<https://phr.org/our-work/resources/excited-delirium/>). The PHR report includes information I gathered over many years concerning the junk science nature of the excited delirium theory, its racist and sexist roots, and the bankrolling and promotion of the theory by TASER International (now known as Axon Enterprise) and its lawyer and paid defense experts. The PHR report also includes my physician co-authors' review of the medical literature concerning excited delirium, and conclusion that the theory of excited delirium has absolutely no medical basis.

AB 360 passed the California legislature with only one "No" vote in the entire legislature (113 to 1), and was signed into law in October 2023. California's 39.4 million residents are now free of excited delirium. The residents of your great State deserve no less, but the bills to protect Hawaiians from the theory have been blocked by a Hawai'i Senator.

The problems presented by excited delirium are not theoretical. Your Department of Health has noted that excited delirium was listed as an immediate cause of death in Hawai'i nine times since 2006. That is roughly every other year. In addition, excited delirium still comes up as a defense in restraint or Taser death cases even when it is not listed as an immediate cause of death, which is what happened in the case of Hawai'i kama'aina, Sheldon Haleck, discussed below. Excited delirium has arisen as a defense in every one of my restraint death cases, whether or not a Taser was involved, for the over 20 years I have been handling such cases.

I note that SB228 SD1 HD2 and HB36 HD2 received no opposition whatsoever from the law enforcement community or the medical community.

As noted in both of your House Resolutions on excited delirium, five committees of the Hawai'i legislature have found that excited delirium lacks a valid medical foundation and has been used for years to justify excessive force by law enforcement.

No major medical organization in the world continues to recognize excited delirium as a legitimate medical condition. Excited delirium has never appeared in any version of the Diagnostic & Statistical Manual of Mental Disorders (DSM), which is now in its fifth revised edition. There has never been any International Classification of Diseases (ICD) 9 or 10 code for excited delirium, which means it cannot legitimately be included in a death certificate for statistical reporting of causes of death. Despite this, due to extensive promotion of the theory discussed below, excited delirium still appears on autopsy reports and in death certificates.

Additionally, even when excited delirium does not appear as a cause of death on an autopsy report or in a death certificate, there is a cottage industry of defense experts, the majority of whom have ties to the manufacturer of Tasers, who testify that a person who was killed by law enforcement really died of excited delirium. This happened to Oahu's own Sheldon Haleck, as I will discuss below.

Like SB228 SD1 HD2 and HB36 HD2, California's AB 360 was inspired by the completely preventable death of a military veteran of color. Angelo Quinto was a Filipino-American Navy veteran in a behavioral health crisis. His family called for medical assistance, and two police officers forced him prone and put their weight on him for 5 minutes, while he told them at least twice "please don't kill me," until he died. Sheldon Haleck was a Native Hawaiian and Samoan military veteran. The vast majority of victims of the excited delirium theory are men of color in a behavioral health crisis, like Angelo and Sheldon. Indeed, as set forth in the Physicians for Human Rights (PHR) report on excited delirium cited above, a study revealed that 56% of the people who are asserted to have been in excited delirium were Black or Latino men. (PHR Report pp. 36-37, n 7).

As discussed in the PHR Report, excited delirium was debunked in Miami in the 1980's but the theory's founder, Charles Wetli, MD, continued to promote the theory nationally. BBC Radio released

an excellent 30-minute program concerning the history of excited delirium, which you can find wherever you get your podcasts. It is the BBC Radio program by Jon Ronson entitled "The Most Mysterious Deaths," from his "Things Fell Apart" program, Season 2, Episode 1 (<https://www.bbc.com/audio/play/m001v3dw>).

Following Dr. Wetli's lead, TASER International (now called Axon Enterprise) then promoted excited delirium as an alternate cause of death when people died after being Tased, and the company spent a lot of money promoting the theory in law enforcement training and among forensic pathologists. TASER International's in-house lawyer, Michael Brave, and its longtime in-house trainer and defense expert, John Peters, started a company they called the Institute for the Prevention of In-Custody Death (IPICD). IPICD then organized conferences aimed at making "law enforcement, medical, and legal history" to promote excited delirium and publish propaganda endorsing excited delirium "in leading medical, legal, and law enforcement journals." (**Exhibit A**, pp. 3-4, Press Release for IPICD 2008 Las Vegas Conference).

In 2023, the American College of Emergency Physicians (ACEP) -- which has longtime defense experts and TASER/Axon-affiliated experts among its more prominent members -- finally withdrew its endorsement of excited delirium as a diagnosis, and rescinded its 2009 White Paper endorsing the theory. I attach my letter to ACEP's leadership explaining that the 2009 White Paper actually came out of a 2008 propaganda conference organized and hosted by the IPICD, which was founded by TASER's lawyer, Mr. Brave, and TASER's trainer and defense expert, Mr. Peters. (**Exhibit A**).

Last year, John Oliver devoted an episode of his program to TASER/Axon and its role in promoting excited delirium. (<https://www.youtube.com/watch?v=7Yd9nLQx3qQ>).

Sheldon Haleck was a combat veteran from a law enforcement family. Sheldon's father, William -- a lifetime career law enforcement officer in American Samoa and Hawai'i -- was trained by the Honolulu Police Academy. Sheldon's mother, Verdell, worked for the Hawai'i Attorney General for 17 years. Upon Sheldon's graduation from Kaiser High School in Hawai'i Kai on Oahu, he joined the military. He served in the Hawai'i Air National Guard for 12 years until his honorable discharge. Sheldon had combat deployments to Afghanistan and Iraq, as well as numerous humanitarian deployments, including to Thailand after the 2004 tsunami. Sheldon's service to our country left him with PTSD.

On March 16, 2015, Honolulu Police officers stopped Sheldon for jaywalking in front of 'Iolani Palace. He was unarmed and non-threatening. Officers Tased Sheldon, pepper sprayed him, forced him into a prone position with officers on his back, put him in leg shackles, and an officer put his knee on Sheldon's neck, until Sheldon became unresponsive and was later pronounced deceased. Sheldon left a wife, a 2-year-old son and 13-year-old stepson, parents, and an extended 'ohana who loved him deeply. Sheldon's family brought a federal lawsuit arising out of his death, but lost at trial because the jury believed the Honolulu Police Department's junk science defense of "excited delirium." The defense experts in the Halecks' trial included Mark Kroll, who served on TASER/Axon's Board of Directors for 20 years until his resignation in 2024; Stacey Hail, MD, a longtime TASER/Axon defense expert; and John Peters, the TASER/Axon trainer and defense expert who co-founded the IPICD with

TASER's lawyer to spread propaganda promoting excited delirium. The jury believed their assertion that Sheldon died of excited delirium.

The proponents of excited delirium have had 40 years to prove it is scientific and has a medical basis. They cannot do so, because it is junk science that has been used to excuse deaths in law enforcement custody.

SB228 SD1 HD2 restored the alternate names for excited delirium that had been removed from the bill in SB228 SD1. Those alternate names for the theory -- "hyperactive delirium, agitated delirium, and exhaustive mania" -- were in the bill when it was introduced because the proponents of excited delirium use those alternate names for the theory. The failure to include those alternate names for excited delirium would make it easy for Axon Enterprise (the manufacturer of Tasers) and its defense experts to continue to promote excited delirium in your State. The alternate names for excited delirium are in California's law, and are necessary in any excited delirium legislation, because proponents of the theory use those other terms interchangeably. They say a person was in excited delirium, or had Excited Delirium Syndrome, or was in agitated delirium, hyperactive delirium, or exhaustive mania. So, if you just prohibit the use of the term "excited delirium," they can still use the junk science defense by calling it agitated delirium, hyperactive delirium, or exhaustive mania, as they have done for years.

For example, I deposed Dr. Charles Wetli, who invented the theory of excited delirium, in one of my restraint asphyxia cases. Dr. Wetli testified under oath:

"Question: Well, you never used the words excited delirium anywhere in your report, did you, Doctor?"

Answer: I think I did. I think I may have called it agitated delirium. It's the same thing."

"Question: I have looked at your CV, and sometimes you call it excited delirium and sometimes you call it agitated delirium. Which do you prefer?"

Answer: Either one. It depends on the day of the week, I guess. I don't know. It's the same thing."

(Exhibit B, Excerpts of the deposition of Charles v. Wetli, M.D. in *Martin Harrison, Deceased, et al. v. County of Alameda, et al.*, N.D. Cal. Case No. C11-2868 JST, 1/15/14, pp. 68:24-69:5, 184:16-22).

Finally, proponents of excited delirium have used the theory to promote racist tropes for decades. For example, Dr. Wetli stated in 1990 that seventy percent of people who die of excited delirium were Black men and "it may be genetic." (Russ Rymer, "Murder Without a Trace," *In Health*, May/June 1990). Proponents of excited delirium claim that a person in excited delirium is "impervious to pain" and has "superhuman strength," racist stereotypes used against not only African-Americans,

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but also Native Hawaiians and Samoans. As stated previously, Sheldon Haleck was Native Hawaiian and Samoan. The people of Hawai'i deserve to be free of this junk science.

Sheldon Haleck's parents have no recourse in their own case, but now advocate for the passage of excited delirium legislation, to protect other families. I was introduced to Sheldon's parents in 2024, and am volunteering my time to help them in their advocacy. Verdell and Bill Haleck want to protect other Hawaiian families from this junk science theory and the profound injustice and pain it creates for the decedents and their families. Because both of the excited delirium bills were not permitted to move forward to completion in the Senate despite passing the House unanimously, your House Resolutions are the only chance for anything to be done about excited delirium in this legislative cycle. Mahalo nui loa for your time.

Sincerely,

A handwritten signature in blue ink, appearing to read 'Julia Sherwin', with a long horizontal flourish extending to the right.

Julia Sherwin

EXHIBIT A

October 2, 2023

American College of Emergency Physicians (ACEP)

Re: Excited Delirium/Hyperactive Delirium

Dear ACEP Members:

I am writing to request that you rescind your endorsement of Excited Delirium, a/k/a Hyperactive Delirium, and withdraw your 2009 White Paper on “excited delirium” at your upcoming meeting this weekend. I am a longtime civil rights lawyer handling wrongful death cases involving law enforcement, and have worked to debunk “excited delirium” for two decades. I co-authored the report from Physicians for Human Rights (PHR) on excited delirium, entitled *Excited Delirium and Deaths in Police Custody: The Deadly Impact of a Baseless Diagnosis* (March 2022). The report includes information I gathered over many years concerning the junk science nature of the “excited delirium” theory, its racist and sexist roots, and the bankrolling and promotion of the theory by TASER International (now known as Axon Enterprise) and its lawyer and paid defense experts. My PHR physician co-authors also include a review of the medical literature concerning the junk science theory.

I have spoken at conferences concerning law enforcement contacts with the mentally ill, including the International Congress on Law and Mental Health, as well as an international Death in Custody medical conference that had 197 participants from 27 countries in attendance. I have also provided *pro bono* consultation and advice to Minnesota Attorney General Keith Ellison and his lead special prosecutor, Steve Schleicher, to assist them in prosecuting the Minneapolis police officers who killed George Floyd, and to help them rebut the “excited delirium” defense when it arose in their case.

I have handled many cases involving restraint asphyxial deaths in police custody during the last two decades. I currently represent Mario Gonzalez, Deceased, and his seven-year-old son. Mario was killed on April 19, 2021, by Alameda, California, police officers who restrained him in a prone position, with three officers putting their weight on him, for over five minutes. For nearly four of those minutes, the officers had already handcuffed Mario behind his back. Defense forensic pathologist Judy Melinek has tried to insert “excited delirium” into her defense testimony in the case. I have repeatedly encountered the junk science theory of “excited delirium” as a defense in cases such as the Gonzalez case.

ACEP’s 2009 “White Paper” endorsing the existence of “excited delirium” was the result of a 2008 conference in Las Vegas organized by the Institute for the Prevention of In-Custody Deaths, Inc. (IPICD), a corporation founded by TASER International’s in-house lawyer, Michael Brave, along with longtime TASER defense expert and trainer, John Peters. The IPICD advertised its conference as “the first consensus conference that focuses upon excited delirium,” and promised “attendees will help make law enforcement, medical, and legal history through topic-specific breakout groups focused on arriving at a ‘consensus’ about excited delirium.” (**Attachment A**, Press Release for IPICD Conference). The IPICD promised, “The findings from this seminal event will then be published in leading medical, legal, and law enforcement journals.”

The IPICD conference was a propaganda conference organized by defense experts in TASER and restraint death cases. I have highlighted on the attached press release the speakers at the conference

ACEP

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whom I know to be longtime defense experts in TASER and/or restraint asphyxia death cases. ACEP's 2009 "White Paper" was the result of the 2008 IPICD propaganda conference. Many of its authors are longtime defense experts in TASER and/or restraint death cases, including especially Drs. Chan, Ho, Mash, and Vilke.

ACEP -- which has longtime defense experts and TASER/Axon-affiliated experts among its more prominent members -- has so far doubled down on "excited delirium." In response to our PHR report, ACEP simply substituted "hyperactive" for "excited." ACEP continues to promote the defense, now calling it "hyperactive delirium" instead of "excited delirium."

I just deposed ACEP member Gary Vilke last week for the third time, in my restraint asphyxia case *Mario Gonzalez, Deceased, v. City of Alameda*. Dr. Vilke admitted he has been a defense expert in at least 50 to 75 restraint asphyxia cases, and possibly even more than 100 cases. He admitted that by the time of trial next month in the *Gonzalez* case, he will make over \$50,000 as a defense expert from that case alone. He has already made over \$41,000 for his work as a defense expert in the case. In the last four years, he has testified as an expert in court or depositions 78 times. He admitted that, in every single case involving law enforcement, he always testifies that the officer did not cause or contribute to the person's death. Dr. Vilke and his colleagues have repeatedly relied on the ACEP White Paper to bolster their defense testimony. He admitted in deposition that he does not tell medical journals, nor the University of California San Diego's conflict-of-interest officials, that he is a longtime, paid defense expert in TASER and restraint death cases.

Charles Wetli, the forensic pathologist who was the first proponent of the "excited delirium" theory in the 1980's, said in 1990 that seventy percent of people who die from excited delirium are Black men, and "it may be genetic." (Russ Rymer, "Murder Without a Trace," *In Health*, May/June 1990). The PHR report contains further information from my two decades of research into the origins and junk science nature of the theory.

California AB 360, banning the junk science theory of "excited delirium," has been passed by the California legislature, 77 to 0 in the Assembly and 36 to 1 in the Senate. With this new legislation, California will lead the way nationally toward freedom from the racist theory of "excited/hyperactive delirium."

I was very disappointed that, after the PHR report debunking "excited delirium" was published, ACEP simply changed the name from "excited" to "hyperactive," and continues to promote the junk science theory. It is time for the American College of Emergency Physicians to stand up to its prominent members who are making a fortune as defense experts relying on the junk science theory, and rescind its 2009 White Paper and continued embrace of excited/hyperactive delirium. Thank you very much for your time and attention.

Sincerely,



Julia Sherwin



Police Products > Police Training

PRESS RELEASE

IPICD 3rd Annual Sudden Death, Excited Delirium & In-Custody Death Conference—LAS VEGAS

Aug 15, 2008

Henderson, NV—The 3rd Annual Sudden Death, Excited Delirium & In-Custody Death Conference focusing upon the latest medical research findings, theories, and legal issues about excited delirium, sudden death, electronic control devices, and mental illness, which are of great concern for law enforcement agencies around the world, will be held on October 29-31, 2008 at The Orelans Hotel, Las Vegas, Nevada. The three-day Conference is sponsored by the Institute for the Prevention of In-Custody Deaths, Inc. (IPICD), Henderson, Nevada.

The 2008 IPICD Conference will be the first consensus conference that focuses upon excited delirium and response protocols. Attendees will help make law enforcement, medical, and legal history through topic-specific breakout groups focused on arriving at a “consensus” about excited delirium, key law enforcement, emergency medical provider, and emergency department responses to and training issues about one of the most pressing issues of the day. The findings from this seminal event will then be published in leading medical, legal, and law enforcement journals.

Scheduled speakers include, but are not limited to such internationally-renown researchers, scientists, pathologists, and trial lawyers as Deborah Mash, Ph.D., University of Miami Brain Endowment Bank; Charles Wetli, M.D. and David Fishbain, M.D., the two doctors to identify “excited delirium” in the cocaine-wild 1980s; Vincent

DiMaio, M.D. and his wife, Theresa, authors of one of the most definitive texts on excited delirium; Steven Karch, M.D., pathologist and author of several texts on drugs and cocaine; Theodore Chan, M.D. and Gary Vilke, M.D., both from the University of California—San Diego; Judy Melinek, M.D., Assistant Medical Examiner, San Francisco.

Office of the Medical Examiner; Ellis Amdur, M.A., psychologist; Lt. Walter Bailey, Texas Sheriff's Department Mental Health Unit; Sgt. Edward Flosi, California peace officer; Carrie L. Sandbaken Hill, J.D., defense lawyer; Christine Hall, M.D. Canadian researcher; Bruce Levy, M.D., medical examiner; Andrew Dennis, M.D., trauma doctor and researcher; and Bob Wood, former drug addict.

Conference topics include the latest research on excited delirium and sudden death, mental illness, the role of the medical examiner, restraints and sudden death, legal defense strategies, handling expert witnesses, plus much more. The Conference flyer can be downloaded from the IPICD Web site: www.ipicd.com.

The 2006 & 2007 IPICD Conferences were sold out, so register NOW for this timely and important conference by visiting the Institute for the Prevention of In-Custody Deaths, Inc. Web site at www.ipicd.com . Early registration tuition for the three-day educational conference is only \$595 per person, and includes a workbook, CD-ROM, certificate, lunch on Wednesday and Thursday, and other materials. After September 27, 2008, tuition is \$695 per person.

For more information about the Conference and/or the Institute for the Prevention of In-Custody Deaths, Inc., please visit www.ipicd.com, e-mail staff@ipicd.com, or telephone toll-free: 866.944.4723.

EXHIBIT B

UNITED STATES DISTRICT COURT
 FOR THE NORTHERN DISTRICT OF CALIFORNIA
 -----x
 M.H., a minor, through his Guardian Ad :
 Litem, Michelle Henshaw, JOSEPH HARRISON, :
 KRYSTLE HARRISON, MARTIN HARRISON, JR., :
 and TIFFANY HARRISON, all Individually :
 and as Co-Successors in Interest of :
 Decedent MARTIN HARRISON, :
 :
 Plaintiffs, :
 :
 vs. :
 :
 COUNTY OF ALAMEDA, a municipal :
 corporation; SHERIFF GREGORY J. AHERN, :
 in his individual and official :
 capacities; DEPUTIES MATTHEW AHLF, :
 ALEJANDRO VALVERDE, JOSHUA SWETNAM, :
 ROBERTO MARTINEZ, ZACHARY LITVINCHUK, :
 RYAN MADIGAN, MICHAEL BARENO, FERNANDO :
 ROJAS-CASTANEDA, SHAWN SOBRERO, SOLOMON :
 UNUBUN; MEGAN HAST, A.S.W.; CORIZON :
 HEALTH, INC., a Delaware corporation; :
 HAROLD ORR, M.D.; ZELDA SANCHO, L.V.N.; :
 and DOES 5-20, individually, jointly :
 and severally, :
 :
 Defendants. :
 :
 -----x
 VIDEOCONFERENCE and TELEPHONIC DEPOSITION of
 CHARLES V. WETLI, M.D., taken by Plaintiffs at the
 offices of Fink & Carney Reporting, 39 West 37th
 Street, New York, New York, on Wednesday, January 15,
 2014, commencing at 1:09 p.m., before Leah Allbee, a
 Registered Professional Reporter and Notary Public
 within and for the State of New York.

1 C. Wetli, M.D.
 2 CHARLES V. WETLI, M.D.,
 3 called as a witness, having been first
 4 duly sworn by Leah Allbee, a Notary
 5 Public within and for the State of New
 6 York, was examined and testified as
 7 follows:
 8 EXAMINATION
 9 BY MS. SHERWIN:
 10 Q Doctor, we met briefly off the
 11 record. My name is Julia Sherwin, and I'm one
 12 of the attorneys who represents the adult
 13 children of Martin Harrison in this case.
 14 I take it you have been deposed
 15 many times before, right?
 16 A Correct.
 17 Q So is it fair to say I don't need
 18 to go over the rules with you?
 19 A That's correct.
 20 Q Okay. Now, the Deposition Notice
 21 asked you to bring your complete file, and I
 22 understand from you off the record that you have
 23 done that, correct?
 24 A Correct.
 25 MR. ANDRADA: Madam

1
 2 APPEARANCES:
 3 HADDAD & SHERWIN
 4 Attorneys for Plaintiffs
 5 505 Seventeenth Street
 6 Oakland, California 94612
 7
 8 BY: JULIA SHERWIN, ESQ.
 9 - and -
 10 GENEVIEVE K. GUERTIN, ESQ.
 11 (Via videoconference)
 12
 13 ANDRADA & ASSOCIATES
 14 Attorneys for Defendants
 15 County of Alameda, Sheriff Gregory J.
 16 Ahern, Deputies Matthew Ahlf,
 17 Alejandro Valverde, Joshua Swetnam,
 18 Roberto Martinez, Zachary Litvinchuk,
 19 Ryan Madigan, Michael Bareno, Fernando
 20 Rojas-Castaneda, Shawn Sobrero,
 21 Solomon Unubun and Megan Hast, A.S.W.
 22 180 Grand Avenue, Suite 225
 23 Oakland, California 94612
 24
 25 BY: J. RANDALL ANDRADA, ESQ.
 VALERIE LY, ESQ.
 (Via Videoconference)
 LAW OFFICES OF NANCY E. HUDGINS
 Attorneys for Defendants Corizon
 Health, Inc. and Harold Orr, M.D.
 711 Van Ness Avenue, Suite 450
 San Francisco, California 94102
 BY: NANCY E. HUDGINS, ESQ.
 (Via Videoconference)
 WILLIAMS & ASSOCIATES
 Attorneys for Defendant
 Zelda Sancho, L.V.N.
 1250 Sutterville Road, Suite 290
 Sacramento, California 95822
 BY: KATHLEEN J. WILLIAMS, ESQ.
 (Via Telephone)

1 C. Wetli, M.D.
 2 Reporter, the record should reflect
 3 that Nancy Hudgins has just come
 4 into the room.
 5 MS. HUDGINS: Hi, everyone.
 6 MS. SHERWIN: Hi, Nancy.
 7 Q I will just go through your
 8 report. And I would like to mark a few of the
 9 items in your report but not the whole report,
 10 okay?
 11 A Fine.
 12 Q You have a CD in here in which you
 13 have put my business card in the front. But
 14 what did the CD contain?
 15 A There are two CDs there actually.
 16 One CD is of the autopsy photographs and the
 17 other CD are photographs predominantly of the
 18 scene and Mr. Harrison in the hospital.
 19 Q Okay. In your report or in your
 20 file, you have -- are you able to see the items
 21 as I list them from here?
 22 A Sure.
 23 Q You have your report dated
 24 October 22, 2013. And then I will just pull out
 25 from your report the documents that I would like

1 C. Wetli, M.D.
 2 MS. SHERWIN: Kathleen, can
 3 you hear him now?
 4 THE WITNESS: Did we lose
 5 Kathleen?
 6 MS. SHERWIN: When I moved
 7 the phone, did it disconnect her?
 8 Yes, it must have. Let's take a
 9 quick break.
 10 We are just going to go off
 11 the record for a second.
 12 (Discussion off the record.)
 13 (Whereupon, at 2:20 p.m., a
 14 recess was taken to 2:28 p.m.)
 15 (The deposition resumed with
 16 all parties present.)
 17 CHARLES WETLI, M.D., resumed and
 18 testified further as follows:
 19 MS. SHERWIN: Could you read
 20 back the last question and answer?
 21 (The record was read.)
 22 BY MS. SHERWIN:
 23 Q Doctor, can you point me to any
 24 peer-reviewed medical literature that would
 25 support your testimony that Martin Harrison had

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1 C. Wetli, M.D.
 2 excited delirium?
 3 A Basically, yes. He's got -- there
 4 are a number of articles written on excited
 5 delirium and its various causes, and he exhibits
 6 all of the characteristic ones, starting with
 7 descriptions of it going back to 1840 basically.
 8 Q Can you point me to any specific
 9 peer-reviewed medical journal articles that I
 10 could go look up?
 11 A The one I wrote in the
 12 Encyclopedia of Forensic and Legal Medicine on
 13 excited delirium.
 14 Q When was that?
 15 A It's in my CV. It would be -- I
 16 think the publication is like around No. 113 or
 17 something like that.
 18 Q Okay. Anything else?
 19 A Well, in there you will see a
 20 bunch of references otherwise to excited
 21 delirium, the characteristics of it.
 22 Q Now, Mr. Harrison's presentation,
 23 regardless of whether you call it excited
 24 delirium, is completely consistent with delirium
 25 tremens as a result of alcohol withdrawal,

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1 C. Wetli, M.D.
 2 correct?
 3 A Well, let's put it this way:
 4 Excited delirium never -- is never a diagnosis
 5 by itself. It's always due to something. In
 6 this case we would say that excited delirium is
 7 due to alcohol withdrawal. Whether you choose
 8 to call it a variant of excited -- of delirium
 9 tremens or not I think is getting into
 10 semantics.
 11 He has all of the signs and
 12 symptoms of excited delirium. The cause for it
 13 happens to be alcohol withdrawal. And the usual
 14 alcohol withdrawal syndrome that are seen with
 15 people hallucinating and so forth is called
 16 delirium tremens.
 17 It's not the only alcohol
 18 withdrawal syndrome, but it's the one with
 19 hallucinations that we call delirium tremens.
 20 Q Are you aware that Dr. DiMaio
 21 classifies death when a person -- when he views
 22 someone as having died while they had excited
 23 delirium during restraint as homicides?
 24 A Yes, I am aware of that. I also
 25 don't agree with him.

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1 C. Wetli, M.D.
 2 Q But if, in fact, Martin Harrison
 3 had excited delirium and died in connection with
 4 his restraint, Dr. DiMaio would say that's a
 5 homicide, right?
 6 A I understand that. My
 7 classification is different. I basically call
 8 the manner of death dependent upon the cause of
 9 the excited delirium.
 10 In other words, if the cause of
 11 the excited delirium is bipolar disorder or
 12 schizophrenia, it's a natural death.
 13 Q Well, if Mr. Harrison -- we agree,
 14 don't we, Doctor, that if Mr. Harrison had just
 15 had delirium tremens and was left alone in his
 16 cell, he more likely than not would not have
 17 died, right?
 18 A Unless it is the excited delirium
 19 variety of it, in which case then there is a
 20 higher chance of him dying. I think to lump
 21 this as excited delirium due to alcohol
 22 withdrawal as the usual case of delirium tremens
 23 is confusing the issue.
 24 Q Well, you never used the words
 25 excited delirium anywhere in your report, did

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1 C. Wetli, M.D.
2 you, Doctor?
3 A I think I did. I think I may have
4 called it agitated delirium. It's the same
5 thing.
6 Q You said on occasion the victim of
7 delirium tremens can become agitated and
8 violent, which is what appears to have occurred
9 with Mr. Harrison, right?
10 A I'm sorry. Repeat that. I was
11 looking --
12 Q You said, quote, "On occasion the
13 victim of delirium tremens can become agitated
14 and violent, which is what appears to have
15 occurred with Mr. Harrison," end quote, correct?
16 A Correct. But in the final
17 paragraph of my letter, if I may quote, "It is
18 therefore my opinion to a reasonable degree of
19 medical certainty that Mr. Martin Harrison died
20 from the metabolic complications of agitated
21 delirium due to delirium tremens that was a
22 consequence of his alcoholism."
23 Q So he had delirium tremens that
24 manifested with agitation, right?
25 A Exactly.

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1 C. Wetli, M.D.
2 Q And that's what killed him, right?
3 A Exactly.
4 Q You are aware that TASER warns
5 police officers against the prolonged or
6 repeated application of the taser, right?
7 A Yes.
8 Q It also warns officers against
9 using the taser on a metabolically compromised
10 person, right?
11 A I believe that's correct, yes.
12 Q And a person who is in delirium
13 tremens with agitation is metabolically
14 compromised; is that right?
15 A Correct.
16 Q Is a person who is in tachycardia
17 at an increased risk of going into cardiac
18 arrest?
19 A In and of itself, no.
20 Q Does a person who is in
21 tachycardia have an increased need for oxygen?
22 MR. ANDRADA: Objection.
23 Vague and ambiguous, overly broad.
24 A It would depend upon the degree of
25 tachycardia.

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1 C. Wetli, M.D.
2 Q So let's say if the person had
3 tachycardia with a heart rate over 120 beats per
4 minute, would that person have an increased need
5 for oxygen?
6 A I would --
7 MR. ANDRADA: Objection.
8 Vague and ambiguous, overly broad.
9 A I would presume that is correct,
10 but there are better people to answer that
11 question for you, like a pulmonologist,
12 cardiologist or exercise physiologist.
13 But I know myself when I have a
14 heart rate of 120 on a treadmill that I have an
15 increased need of oxygen, yes.
16 Q Rhabdomyolysis, is that how it's
17 pronounced?
18 A Rhabdomyolysis, correct.
19 Q That's breakdown of skeletal
20 muscle, right?
21 A That's correct.
22 Q And you saw evidence of that
23 somewhere in your review in this case, correct?
24 A Correct.
25 Q Where did you see evidence of it?

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1 C. Wetli, M.D.
2 A It's in the medical records and
3 manifested by -- in the progress notes, they
4 talk about it and the complications, patient
5 complications. It's noted there. And also
6 the -- certain enzyme elevations are very high,
7 typical for rhabdomyolysis.
8 Q Which enzyme elevations?
9 A Creatine phosphokinase, CPK.
10 Q Can you --
11 A Or creatine kinase.
12 Q Creatine --
13 A Creatine kinase.
14 Q Rhabdomyolysis can be caused by
15 muscle trauma, right?
16 A It can be, yes.
17 Q It can also be caused by physical
18 torture?
19 A It depends on --
20 MR. ANDRADA: Objection.
21 Vague and ambiguous as to what you
22 mean by torture.
23 A It depends on the type of torture.
24 Q Torture that causes any muscle
25 damage can cause rhabdomyolysis, right?

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1 C. Wetli, M.D.
2 her and Dr. Davis reclassified that autopsy as a
3 homicide, right?
4 A He reclassified a lot of them,
5 including skeletal remains, as homicide by
6 undetermined means.
7 Q Dr. Davis said in some cases the
8 women had been clearly asphyxiated and he said,
9 quote, "you could stand 10 feet away, it's that
10 clear," end quote; isn't that right?
11 A That's what he said. It's not
12 true, but that's what he said.
13 Q You disagree with Dr. Davis'
14 decision?
15 A Oh, yes.
16 Q Is Dr. Davis still alive?
17 A No. He died about a year ago.
18 MS. SHERWIN: So let's just
19 take a quick break. I might be
20 done. I'm just trying to get into
21 my notes here on my computer.
22 (Whereupon, at 4:41 p.m., a
23 recess was taken to 4:48 p.m.)
24 (The deposition resumed with
25 all parties present.)

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1 C. Wetli, M.D.
2 CHARLES V. WETLI, M.D.,
3 resumed and testified further as follows:
4 MS. SHERWIN: I have no
5 further questions. Thank you,
6 Doctor.
7 EXAMINATION
8 BY MS. HUDGINS:
9 Q Hi, Doctor.
10 A Hi.
11 Q I'm Nancy Hudgins. I represent
12 the medical folks at the jail except for Nurse
13 Sancho.
14 Can you hear me?
15 A Yes.
16 Q Let me bring this a little closer.
17 Is that a little bit better?
18 A Good. Thank you.
19 Q Thank you. So I was curious about
20 the number of cases you have looked at where
21 lawyers have asked you to review a case and in
22 which you have opined that the cause of death
23 was excited delirium?
24 A Okay. I'm not sure what your
25 question is.

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1 C. Wetli, M.D.
2 Q So how many cases have you
3 actually looked at in a medical-legal context
4 where a lawyer has retained you and you have had
5 the opinion that the cause of death was excited
6 delirium?
7 A Quite a few. I never really
8 counted them, but it would be quite a few of
9 them. A hundred would not surprise me.
10 Q How many of those cases were
11 referred to you by plaintiffs' lawyers?
12 A I really can't think of any --
13 offhand, I can't think of any that were referred
14 by plaintiffs' lawyers. There may have been one
15 or two along the lines, but usually it's going
16 to be a defense counsel.
17 Q Okay. For the hundred or so cases
18 that you looked at, how many involved alcohol as
19 opposed to other stimulants?
20 A Well, alcohol is not a stimulant,
21 but --
22 Q So noted. Sorry. I will withdraw
23 it and let me ask you a better question maybe.
24 A Okay.
25 Q Of the hundred or so cases that

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1 C. Wetli, M.D.
2 you have reviewed for lawyers in which you have
3 determined that the cause of death was excited
4 delirium, how many of them involved alcohol?
5 A I think only one that I can think
6 of offhand.
7 Q What case was that?
8 A I can't remember offhand.
9 Q When did you have that opinion?
10 A You know, I can't remember. I
11 remember I had one other case where it was
12 alcohol withdrawal and resulting in excited
13 delirium, and I can't remember where or when it
14 was or anything like that. I just remember I
15 had one and that was it. It was very unusual.
16 Q I have looked at your CV, and
17 sometimes you call it excited delirium and
18 sometimes you call it agitated delirium. Which
19 do you prefer?
20 A Either one. It depends on the day
21 of the week, I guess. I don't know. It's the
22 same thing.
23 Q How many times have you testified
24 in federal court regarding excited delirium?
25 A Again, I have that on my Rule 26,

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HR-138

Submitted on: 3/23/2026 7:45:02 PM

Testimony for HLT on 3/25/2026 9:30:00 AM

| Submitted By | Organization | Testifier Position | Testify |
|---------------------|---------------------|---------------------------|-------------------|
| Ilima DeCosta | Hui Malama Hawaii | Support | Remotely Via Zoom |

Comments:

Mahalo to the Chair, Vice Chair and Committee members for the opportunity to testify in strong support of HR138, aka The Haleck Act.

The Haleck Act is necessary to encourage and stimulate legislative actions that will ultimately lead to the abolition of the use of medical pseudo scientific terms - like "excited delirium" - as a legitimate medical condition.

As the language of the Act points out, terms akin to "excited delirium" have been falsely implicated in the death of at least one Hawai'i resident - former guardsman and native Hawaiian, Sheldon Haleck.

Just over ten years ago, during the height of a mental health crisis - and having failed to obtain entry to Queen's Hospital for assessment - Sheldon Haleck was crossing King Street from Iolani Palace to the King Kamehameha when he was apprehended by HPD.

The crime that Sheldon had been arrested for was jaywalking, yet, by the time he arrived at Straub Hospital he had sustained severe head injuries that did not appear self inflicted.

Sheldon would ultimately succumb to these injuries, being pulled off life support before his parents could fly from Utah to Hawai'i.

Hawai'i is supposed to be a trauma informed state, unfortunately it appears that the Crisis Intervention Training provided to law enforcement is optional, not mandatory. This means that instead of training 100% of law enforcement in CIT tactics, only approximately 25% of law enforcement receives this training.

We can do better.

Not only will HR138 and its compassion measure - HCR146 - lay the pavement for future clarification in the law, it will help us to move toward a time when 100% of our law enforcement personnel are trained to handle a person experiencing a mental health crisis.

No one should lose a loved one for jay walking during a mental health crisis; please vote in favor of this life saving measure. Mahalo piha.



LATE

Committee: Health
Human Services & Homelessness
Hearing Date/Time: Wednesday, March 25, 2026 at 9:30am
Place: Conference Room 329 & Via Videoconference
Re: **Testimony of the ACLU of Hawai'i in SUPPORT of HCR146 / HR138**

Dear Chairs Takayama and Marten, Vice Chairs Keohokapu-Lee Loy and Olds, and Committee Members:

The ACLU of Hawai'i **supports HCR146 and HR138** urging the Legislature to prioritize consideration of legislation prohibiting the use of “excited delirium”, or similar pseudoscientific concepts, as a medical diagnosis, cause of death, or legal theory in the State of Hawai'i.

“Excited delirium” (or “excited delirium syndrome”) is not a real medical diagnosis. Yet for too long, it has been invoked to justify law enforcement violence—especially against people of color and those experiencing mental health crises.

Sheldon Haleck.¹ George Floyd.² Elijah McClain.³ Daniel Prude.⁴ Tyre Nichols.⁵ Angelo Quinto.⁶ Adam Trammell.⁷ All were killed by police.

¹ Nick Grube, *Autopsy: Honolulu Man Dies After ‘Violent Physical Struggle’ With Cops*, Honolulu Civil Beat (July 14, 2015), <https://www.civilbeat.org/2015/07/autopsy-honolulu-man-dies-after-violent-physical-struggle-with-cops>.

² Julia Jones, *Authorities claimed these Black men had excited delirium just before they died. But the diagnosis itself is a problem and should be abandoned, a new study says.* CNN (Mar. 12, 2022), <https://www.cnn.com/2022/03/12/us/excited-delirium-police-deaths-study/index.html>.

³ Colleen Slevin, *Paramedics told investigators that Elijah McClain had ‘excited delirium,’ a disputed condition*, Associated Press (Dec. 6, 2023), <https://apnews.com/article/elijah-mcclain-paramedics-trial-excited-delirium-cb42ae9846ab9e4fc07eff970872143a>.

⁴ Chris Gelardi, *What Killed Daniel Prude? The Cops and New York AG Said a Diagnosis That’s Since Been Debunked.* The Intercept (Dec. 21, 2024), <https://theintercept.com/2024/12/21/new-york-police-daniel-prude-excited-delirium-debunked>.

⁵ Adrian Sainz, *Former supervisor: ‘No need’ for officers to beat Tyre Nichols*, The Philadelphia Tribune (Sept. 20, 2024), https://www.phillytrib.com/news/across_america/former-supervisor-no-need-for-officers-to-beat-tyre-nichols/article_efbb2309-0e63-50ff-ae59-462b48db07d2.html.

⁶ Daniela Pardo & Jackson Ellison, *Antioch family led the effort to ban excited delirium diagnosis in California*, Spectrum News 1 (Dec. 15, 2023), <https://spectrumnews1.com/ca/southern-california/inside-the-issues/2023/12/15/antioch-family-led-the-effort-to-ban-excited-delirium-diagnosis-in-california>.

⁷ Gina Barton, *A mentally ill man died after being hit 18 times with a Taser in his home. The police officers weren’t charged.* Milwaukee Journal Sentinel (Apr. 27, 2018), <https://www.jsonline.com/story/news/local/milwaukee/2018/04/27/no-charges-against-west-milwaukee-officers-death-mentally-ill-man-hit-18-times-taser/552071002>.

To justify tasing, choking, asphyxiating, pinning, kneeling on, crushing, handcuffing, pepper-spraying, drugging, clubbing, baton-striking, beating, punching, or kicking these individuals, officers gave the same excuse: “*I thought he had excited delirium.*”

But “excited delirium” has no basis in medicine. It has no consistent definition or diagnostic criteria.⁸ The American Medical Association states, “current evidence does not support ‘excited delirium’ or ‘excited delirium syndrome’ as a medical diagnosis.”⁹ The World Health Organization’s International Classification of Diseases 10th Revision (the official global standard for diagnosing diseases) and the DSM-5 (the authoritative classification system for mental health disorders used by medical professionals in the United States) both exclude it.¹⁰ And major U.S. medical organizations—including the American Psychiatric Association¹¹, the National Association of Medical Examiners¹², the American College of Emergency Physicians¹³, and the American College of Medical Toxicology¹⁴—explicitly reject it.

Its roots expose why: it is a racist and scientifically baseless theory, weaponized to shield law enforcement from accountability. In the 1980s, at the height of the crack cocaine epidemic, Dr. Charles Wetli, a medical examiner, began attributing to “excited delirium” the sudden deaths of cocaine users in police custody, as well as a group of

⁸ Gonin et al., *Excited Delirium: A Systematic Review*, *Academic Emergency Medicine*, Oct. 9, 2017), <https://onlinelibrary.wiley.com/doi/full/10.1111/acem.13330> (“The overall quality of studies was poor. A universally recognized definition is lacking, remaining mostly . . . based on clinical subjective criteria.”).

⁹ American Medical Association, *Policy H-130.932: Pharmacological Intervention for Agitated Individuals in the Out-of-Hospital Setting* (2021), <https://policysearch.ama-assn.org/policyfinder/detail/excited%20delirium?uri=%2FAMADoc%2FHOD.xml-H-130.932.xml>.

¹⁰ Kevin Fiscella, MD, MPH, et al., ‘*Excited Delirium*’: *Dehumanizing and Unscientific*, National Commission on Correctional Health Care (Sept. 21, 2022), <https://www.ncchc.org/excited-delirium-dehumanizing-and-unscientific> (“[E]xcited delirium is not recognized by DSM-5 or by any single ICD-10 code.”).

¹¹ American Psychiatric Association, *Position Statement on Concerns About Use of the Term ‘Excited Delirium’ and Appropriate Medical Management in Out-of-Hospital Contexts* (Dec. 2020), <https://www.psychiatry.org/getattachment/7769e617-ee6a-4a89-829f-4fc71d831ce0/Position-Use-of-Term-Excited-Delirium.pdf> (“The term ‘excited delirium’ (ExDs) is too non-specific to meaningfully describe and convey information a person. ‘Excited delirium’ should not be used until a clear set of diagnostic criteria are validated.”).

¹² National Association of Medical Examiners, *Excited Delirium Statement* (Mar. 2023), <https://name.memberclicks.net/assets/docs/Excited%20Delirium%20Statement%203%20-%202023.pdf> (“[T]he terms ‘Excited Delirium’ or ‘Excited Delirium Syndrome’ . . . are not endorsed by NAME . . .”).

¹³ Carmen Lee, MD, MAS, *ACEP Rejects ‘Excited Delirium’*, *ACEP Now* (Apr. 5, 2024), <https://www.acepnow.com/article/acep-rejects-excited-delirium/?singlepage=1> (“[E]xcited delirium should not be used among the wider medical and public health community, law enforcement organizations, and ACEP members acting as expert witnesses testifying in relevant civil or criminal litigation.”).

¹⁴ Andrew I. Stolbach, MD, MPH, FACMT, et al., *ACMT Position Statement: End the Use of the Term ‘Excited Delirium’*, *American College of Medical Toxicology* (May 1, 2023), https://www.acmt.net/wp-content/uploads/2023/05/PS_230501_End-the-Use-of-the-Term-Excited-Delirium.pdf.

Black women sex workers in Miami who had used cocaine.¹⁵ A serial killer had actually murdered these women, yet Dr. Wetli insisted genetics explained why Black people were more prone to dying from “excited delirium.”¹⁶ Decades later, researchers and litigation defense experts funded by TASER International (now Axon Enterprises) published and distributed materials to police chiefs and medical examiners nationwide to broaden the term’s use and acceptance.¹⁷

Hawai‘i is not immune to this dangerous, psuedoscientific excuse for police violence. On March 16, 2015, Sheldon Haleck—a U.S. Air National Guard veteran—was experiencing a mental health crisis outside Iolani Palace. He was unarmed, non-violent, and not committing a crime. Yet three Honolulu police officers tased him 3 times and pepper-sprayed him 12 times in under 5 minutes.¹⁸ Sheldon died the next day. The Ninth Circuit ruled Sheldon’s family had enough evidence to take their Fourth Amendment excessive force case to trial.¹⁹ Still, they lost. Why? HPD hired three serial Taser/Axon defense experts—Stacey Hail, John G. Peters, and Mark Kroll²⁰—who convinced the jury that he died from “excited delirium,” not police violence.²¹

Sheldon’s parents, Verdell and William Haleck, fought for years seeking justice, only to see the legal system fail them. Their heartbreak is a stark reminder that, as long as “excited delirium” remains an available defense, families of those killed by police will continue to face insurmountable obstacles to holding officers accountable. Notably, other lawsuits in Hawai‘i involving deaths in police custody have invoked the same defense.²²

¹⁵ Brianna da Silva Bhatia, MD, et al., ‘*Excited Delirium*’ and Deaths in Police Custody: The Deadly Impact of a Baseless Diagnosis, Physicians for Human Rights (Mar. 2022), <https://phr.org/our-work/resources/excited-delirium>.

¹⁶ *Id.*

¹⁷ Jason Szep, Tim Reid, and Peter Eisler, *Special Report: How Taser inserts itself into investigations involving its weapons*, Reuters (Aug. 24, 2017), <https://www.reuters.com/article/world/special-report-how-taser-inserts-itself-into-investigations-involving-its-weapo-idUSKCN1B417M>.

¹⁸ Chelsea Davis, *Appeals Court: HPD officers used excessive force during deadly tasing near Iolani Palace*, Hawai‘i News Now (July 10, 2018), <https://www.hawaiinewsnow.com/story/38617628/us-court-of-appeals-hpd-officers-used-excessive-force-during-deadly-tasing-near-iolani-palace>.

¹⁹ *Silva v. Chung*, 740 F. App’x 883 (9th Cir. 2018).

²⁰ Yoohyun Jung and Nick Grube, *Who – Or What – Is To Blame For The Death Of Sheldon Haleck?*, Honolulu Civil Beat (May 22, 2019), <https://www.civilbeat.org/2019/05/who-or-what-is-to-blame-for-the-death-of-sheldon-haleck>.

²¹ Yoohyun Jung, *Defense: ‘Excited Delirium,’ Not Excessive Force, Killed Sheldon Haleck*, Honolulu Civil Beat (May 31, 2019), <https://www.civilbeat.org/2019/05/defense-excited-delirium-not-excessive-force-killed-sheldon-haleck>.

²² Jack Truesdale, *‘Excited Delirium’: Dubious Syndrome Often Cited In Killings By Police Is Benched By Examiners*, Honolulu Civil Beat (Apr. 3, 2023), <https://www.civilbeat.org/2023/04/excited-delirium-dubious-syndrome-often-cited-in-killings-by-police-is-benched-by-examiners>.

As one medical group succinctly puts it, “it is time to discontinue the use of this term.”²³ By preventing law enforcement from relying on the baseless and prejudicial defense of “excited delirium,” the legislature would ensure that only medically valid, evidence-based explanations are used in official reports and legal proceedings.

Other states—including California, Colorado, and Minnesota²⁴—have already taken this step. Hawai‘i should do the same.

For these reasons, the ACLU of Hawai‘i respectfully asks that you move this measure.

Sincerely,



Jongwook “Wookie” Kim
Legal Director
ACLU of Hawai‘i
wkim@acluhawaii.org

With more than 4,000 Hawai‘i-based members, the mission of the American Civil Liberties Union of Hawai‘i is to protect the fundamental freedoms enshrined in the United States and Hawai‘i State Constitutions through legislative, litigation, and public education work. The ACLU of Hawai‘i is a non-partisan and private non-profit organization that provides its services at no cost to the public and does not accept government funds. The ACLU of Hawai‘i has been serving our communities in Hawai‘i for over 60 years.

²³ *Supra* note 14.

²⁴ Andy Mannix, *Minnesota Gov. Walz signs law banning ‘excited delirium’ for police*, Minnesota. Star Tribune (June 5, 2024), <https://www.startribune.com/minnesota-gov-walz-signs-law-banning-excited-delirium-for-police/600371297>.



LATE

Dedicated to safe, responsible, humane and effective drug policies since 1993

TESTIMONY SUPPORTING HCR 146

TO: Chair Takayama, Vice Chair Keohokapu-Lee Loy, and HLT Committee

FROM: Nikos Leverenz, DPFH Board President

DATE: March 25, 2026 (9:30 A.M.)

Drug Policy Forum of Hawai'i (DPFH) ***strongly supports*** HCR 146, which urges the legislature to prioritize the consideration of legislation prohibiting the use of “excited delirium,” or similar pseudoscientific concepts, as a medical diagnosis, cause of death, or legal theory.

The term “excited delirium” is now disavowed by major medical organizations, including the American Medical Association, the American Psychiatric Association, the American Academy of Emergency Medicine, the National Association of Medical Examiners, the American College of Medical Toxicology, and the American College of Emergency Physicians.

In 1985, researchers used the phrase “excited delirium” [to describe symptoms like intense paranoia, unexpected strength, and hyperthermia that could indicate potentially fatal cocaine intoxication](#), which should “prompt immediate transport of the victim to a medical facility.” Since then, law enforcement across the country, including Hawaii, employed the term to justify the use of intermediate and even lethal force upon individuals in crisis and subsequently elude accountability in the courts. [As noted in a recent article in KFF Health News](#), it was “cited as a legal defense in the 2020 deaths of George Floyd in Minneapolis; Daniel Prude in Rochester, New York; and Angelo Quinto in Antioch, California, among others.”

A [2021 editorial in STAT News](#) relayed how the syndrome has been used in fatalities where aggressive forms of police restraint were employed: “The [most extensive review](#) of all cases of excited delirium to date, published in 2020, found that the ‘syndrome’ was most often fatal in the presence of aggressive forms of police restraint, including manhandling and hog- or hobble-ties. The authors concluded that ‘excited delirium is not a unique cause of death in the absence of restraint.’ They discounted acute stimulant intoxication as a direct cause of death, given typically sublethal drug levels found on autopsy. Instead, they concluded that the association between stimulant use and death is likely secondary to the use of aggressive police maneuvers.”

In 2019, Elijah McClain of Aurora, Colorado, was forcibly injected with ketamine by [paramedics who made a determination of “excited delirium”](#) and subsequently died of cardiac arrest. In 2023, those paramedics were found [guilty of criminally negligent homicide](#).

Sheldon Haleck, a local veteran with a history of mental health issues, including anxiety, depression, and PTSD, passed in March 2015 the day after multiple Taser bursts and prodigious use of pepper spray were employed to take him into custody, the City & County of Honolulu successfully argued in civil court that [the cause of death was “excited delirium” instead of excessive use of force](#). The medical examiner found that Haleck [“died from a combination of factors stemming from his altercation \[and\] his heightened state of physical and mental agitation from methamphetamine.”](#)

To bolster its case the City & County of Honolulu employed expert witnesses with ties to Axon Enterprises, Inc., which has a pecuniary interest in shielding itself and government actors who use its products. As such, it is critical for policymakers to inoculate Hawaii’s criminal legal system from this kind of untoward corporate influence, especially that which runs afoul of the consensus of the medical community, in its pursuit of the impartial administration of justice.

The death of Sheldon Haleck and that of [Brandan Maroney](#), who was shot to death with many officers on the scene in 2024, should also prompt policymakers at the state and county levels to initiate reforms that curb the potentially lethal criminalization of behavioral health problems, particularly among Native Hawaiian and Pasifika communities who are subject to higher rates of surveillance and contact.

[As noted in a 2020 article in *The New England Journal of Medicine* on structural racism and racial health inequities](#), “The notion that police reform alone will solve police violence is incomplete and misleading....For effective change, we must determine which sectors (such as mental health and social services) should be involved in equitably addressing public safety without necessarily requiring a police response.”

For example, persons experiencing an acute mental health episode could first be met with non-coercive engagement by social workers and mental health professionals to de-escalate the situation and ascertain the immediate care options.

In addition to excising the deadly fiction of “excited delirium” from its laws, the Legislature should expeditiously revisit statutory statewide use of force standards for law enforcement to provide [clearer parameters that are in accord with current best practices](#) to reduce injury and death.

Mahalo for the opportunity to provide testimony.

HR-138

Submitted on: 3/21/2026 10:29:23 AM

Testimony for HLT on 3/25/2026 9:30:00 AM

| Submitted By | Organization | Testifier Position | Testify |
|---------------------|---------------------|---------------------------|------------------------|
| WILLIAM HALECK | Individual | Support | Written Testimony Only |

Comments:

March 21, 2026

House Committee on Health

Chair: Gregg Takayama

Vice Chair: Sue L. Keohokapu-Lee Loy

Health Committee Members

Chair, Vice Chair and House Health Committee Members

I am William Haleck and I strongly support HCR146 / HR138, Relating to Excited Delirium to ban the use of the term 'excited delirium' in the State of Hawaii.

I am representing my son, Sheldon Haleck, who was a husband, father, son, uncle, friend and a Military Police veteran who was honorably discharged from the Air National Guard and who wrestled with the aftermath of his past deployments -- PTSD, drugs and other mental health issues. In March of 2015, Sheldon died as a result of an encounter with Honolulu police in front of Iolani Palace for jaywalking. He was unarmed, non-aggressive and did not harm anyone or damage any property, and he was having a mental health crisis. His only crime was walking in the street, and he did not obey the commands of the police. Sheldon was pepper sprayed multiple times and tased several multiple times before he was handcuffed and hogtied with several police officers on his back and a knee to his neck where he became unresponsive and died the next day at Queens Medical Center. The Police Department claimed he died of "Excited Delirium," which is defined as agitation, aggression and acute distress which leads to sudden death, a defense theory that has been debunked in the medical community. The sudden death symptom of 'excited delirium' is known to be 'positional asphyxia' or 'respiratory failure' due to oxygen deprivation to the lungs caused by the body weight on the victims back and the knee to the neck or shoulder blade while the victim is in a handcuffed and hogtied prone position causing the victim to become unresponsive and followed by death. (Like George Floyd)

The Honolulu Police Department claimed Sheldon died as a result of Excited Delirium even while his death certificate stated Homicide. We filed a civil lawsuit against the police department and the police defense expert witness, an ER doctor, testified that Sheldon did not die from being pepper sprayed, tased or by police excessive use of force but that he experienced “excited delirium” and that was the cause of his death. The jurors believed that 'excited delirium' was a real medical diagnosis and found the police officers not responsible for Sheldon's death.

In 2023, the American College of Emergency Physicians was the last medical organization to disavow their 'white paper' which was the backing for 'excited delirium' which was being used as a medical diagnosis as it pertained to 'junk science' and has no basis in medical science and it helped undergird court cases across the country, such as ours. This injustice is what spurred our request for change with the introduction of HRC146 / HR138, Relating to Excited Delirium.

In October 2023, California was the first state to pass a law to ban the controversial term 'excited delirium' followed by the States of Colorado, Minnesota and New York. We hope that the State of Hawaii will follow the lead of those states that have banned excited delirium. The ban forbids the use of the term 'excited delirium' as a medical diagnosis or cause of death. It also prohibits coroners and medical examiners from listing it as a cause of death on a death certificate or autopsy report. It would bar law enforcement from using the term to describe the condition of someone in an incident report, and it would be inadmissible as evidence in civil lawsuits, such as ours.

My goal is not only for my son Sheldon, but for all those innocent victims who unjustly lost their lives while in police custody and to prevent families in the State of Hawaii from suffering this injustice in the future.

I would like to thank you again for your time and I humbly ask for your support to pass HRC146 / HR138, Relating to Excited Delirium to ban the term "excited delirium" or any term relating to it from being used in the State of Hawaii. I would humbly ask if this Resolution gets passed if it could please be called "The Haleck Resolution" in honor of my son, Sheldon so that his death was not in vain.

Mahalo,

William Haleck

HR-138

Submitted on: 3/21/2026 11:44:12 AM

Testimony for HLT on 3/25/2026 9:30:00 AM

| Submitted By | Organization | Testifier Position | Testify |
|---------------------|---------------------|---------------------------|---------------------------|
| Mark Meredith | Individual | Support | Written Testimony Only |

Comments:

Honorable Members of The Hawaii Legislature

I have known the Halecks for over 50 years, this bill I wholeheartly support is the justice that the Halecks deserve for closure.

Sincerely

Mark R. Meredith

Vietnam Veteran

HR-138

Submitted on: 3/21/2026 1:45:38 PM

Testimony for HLT on 3/25/2026 9:30:00 AM

| Submitted By | Organization | Testifier Position | Testify |
|---------------------|---------------------|---------------------------|------------------------|
| Lottie Lyons | Individual | Support | Written Testimony Only |

Comments:

I strongly support HCR146 / HR138, Relating to Excited Delirium. This House Concurrent Resolution will ban 'excited delirium' or any words related to that term from being used in the State of Hawaii. The goal is to ensure that no other Ohana in the State of Hawaii will suffer from this injustice.

HR-138

Submitted on: 3/21/2026 6:23:44 PM

Testimony for HLT on 3/25/2026 9:30:00 AM

| Submitted By | Organization | Testifier Position | Testify |
|--------------------------|---------------------|---------------------------|---------------------------|
| Gulstan Elleighton Silva | Individual | Support | Written Testimony Only |

Comments:

I fully support HCR146/HR138 relating to Excited Delirium in honor of Sheldon Haleck so that his death was not in vain.

HR-138

Submitted on: 3/21/2026 6:34:51 PM

Testimony for HLT on 3/25/2026 9:30:00 AM

| Submitted By | Organization | Testifier Position | Testify |
|---------------------|---------------------|---------------------------|---------------------------|
| DONALD F RUMFORD | Individual | Support | Written Testimony Only |

Comments:

I fully support HCR146/HR138 to ban the term "excited delirium" from being used in the State of Hawaii. This bill should be passed in memory of Sheldon Haleck who was denied justice in his civil lawsuit because of that controversial term "excited delirium". I urge the committee to pass HCR146/HR138. I ask that you consider this testimony and I thank you for the opportunity to testify.

HR-138

Submitted on: 3/22/2026 2:47:34 PM

Testimony for HLT on 3/25/2026 9:30:00 AM

| Submitted By | Organization | Testifier Position | Testify |
|---------------------|---------------------|---------------------------|---------------------------|
| Ernest Haleck | Individual | Support | Written Testimony Only |

Comments:

I fully support HCR146 / HR138 to ban the term ‘excited delirium’ from being used in the State of Hawaii. This bill should be passed in memory of Sheldon Haleck who was denied justice in his civil lawsuit because of that controversial term ‘excited delirium.’

I humbly urge the committee to pass HCR146 / HR138. I ask that you take this testimony into consideration, and I thank you for the opportunity to testify.

HR-138

Submitted on: 3/22/2026 7:21:18 PM

Testimony for HLT on 3/25/2026 9:30:00 AM

| Submitted By | Organization | Testifier Position | Testify |
|---------------------|---------------------|---------------------------|------------------------|
| Puanani Kneubuhl | Individual | Support | Written Testimony Only |

Comments:

HOUSE COMMITTEE ON HEALTH

Support for HCR146 / HR138, Relating to Excited Delirium.

I fully support HCR146 / HR138 to ban the term ‘excited delirium’ from being used in the State of Hawaii. This bill should be passed in memory of Sheldon Haleck who was denied justice in his civil lawsuit because of that controversial term ‘excited delirium.’

I urge the committee to pass HCR146 / HR138. I ask that you take this testimony into consideration, and I thank you for the opportunity to testify.

HR-138

Submitted on: 3/22/2026 7:23:41 PM

Testimony for HLT on 3/25/2026 9:30:00 AM

| Submitted By | Organization | Testifier Position | Testify |
|---------------------|---------------------|---------------------------|------------------------|
| Shiloh Kneubuhl | Individual | Support | Written Testimony Only |

Comments:

HOUSE COMMITTEE ON HEALTH

Support for HCR146 / HR138, Relating to Excited Delirium.

I fully support HCR146 / HR138 to ban the term ‘excited delirium’ from being used in the State of Hawaii. This bill should be passed in memory of Sheldon Haleck who was denied justice in his civil lawsuit because of that controversial term ‘excited delirium.’

I urge the committee to pass HCR146 / HR138. I ask that you take this testimony into consideration, and I thank you for the opportunity to testify.

HR-138

Submitted on: 3/23/2026 1:56:17 PM

Testimony for HLT on 3/25/2026 9:30:00 AM

| Submitted By | Organization | Testifier Position | Testify |
|---------------------|---------------------|---------------------------|------------------------|
| Glenn Hayashi, M.D. | Individual | Support | Written Testimony Only |

Comments:

I wish to testify in support of HCR 146 and HR 138, relating to Excited Delirium. This has been used repeatedly nationwide to escape responsibility and accountability for deaths in Poilice Custody due to the use of Excessive Force in which no physiologically or medically valid explanation for demise is available. The entity, Excited Delirium is not a valid Medical Diagnosis and has been universally denied by credible Medical Organizations nationwide.

As a retired, Board Certified Physician with 37 years of Private Practice experience in Hawaii, a Fellow of the American College of Obstetricians and Gynecologists, former staff member of 3 Honolulu hospitals in good standing, former Department Chair at Kuakini Medical Center, I believe that the diagnosis of Excited Delirium must be stricken as a credible Medical entity, particularly as a justification of death in incarcerated individuals since it has no support by any credible Medical Authority.

HR-138

Submitted on: 3/23/2026 4:09:52 PM

Testimony for HLT on 3/25/2026 9:30:00 AM

| Submitted By | Organization | Testifier Position | Testify |
|----------------------|---------------------|---------------------------|---------------------------|
| Frances Foster Haney | Individual | Support | Written Testimony Only |

Comments:

I fully support HCR146 / HR138 to ban the term ‘excited delirium’ from being used in the State of Hawaii. This bill should be passed in memory of Sheldon Haleck who was denied justice in his civil lawsuit because of that controversial term ‘excited delirium.’

I urge the committee to pass HCR146 / HR138. I ask that you take this testimony into consideration, and I thank you for the opportunity to testify.

HR-138

Submitted on: 3/24/2026 12:51:27 AM

Testimony for HLT on 3/25/2026 9:30:00 AM

| Submitted By | Organization | Testifier Position | Testify |
|---------------------|---------------------|---------------------------|---------------------------|
| Anthony V Haleck | Individual | Support | Written Testimony Only |

Comments:

I fully support HCR146 / HR138, relating to Excited Delirium in honor of Sheldon Haleck so that his death was not in vain.

LATE

HR-138

Submitted on: 3/24/2026 10:32:10 AM

Testimony for HLT on 3/25/2026 9:30:00 AM

| Submitted By | Organization | Testifier Position | Testify |
|----------------------|---------------------|---------------------------|------------------------|
| Raelyn Reyno Yeomans | Individual | Support | Written Testimony Only |

Comments:

Support!

LATE

**TESTIMONY OF GERHARD SWORD
IN STRONG SUPPORT OF HCR 146 AND HCR 198**

Aloha Chair, Vice Chair, and Members of the Committee:

My name is **Gerhard Sword**, also known to many as **Uncle Gary**, and I submit this testimony in **strong support of HCR 146 and HCR 198, and HR 138 AND HR 188** in memory of **Sheldon Haleck**, a **38-year-old Hawai'i Air National Guard veteran** who was a husband, father, son, and family man.

This issue is not about emotion alone. It is about facts. Multiple Hawai'i legislative committees have already found that so-called "**excited delirium**" is **not a recognized medical diagnosis**, has **no basis in accepted medical science**, lacks **consistent or objective diagnostic criteria**, is **not in the DSM-5**, and has **never had an ICD-9 or ICD-10 code** for legitimate medical or statistical reporting. HCR 146 further states that reliance on this term has helped obscure true causes of death and undermine accountability and justice for families.

The medical data is also clear. The **American Medical Association** says current evidence does **not** support "excited delirium" as an official diagnosis and denounces using it as a sole justification for law enforcement force. The **American College of Emergency Physicians** says its 2009 paper is outdated, has withdrawn its approval, and states that the term should **not** be used by the wider medical and public health community, law enforcement organizations, or expert witnesses. The **American Psychiatric Association** has also issued a formal position statement expressing concern about the use of the term.

Hawai'i's own record shows why action cannot wait. HCR 198 states that the **Department of Health reported "excited delirium" has been listed as an immediate cause of death nine times since 2006**. That means this is not some abstract national debate. It has already entered Hawai'i's official death reporting system. When a term that lacks scientific legitimacy appears in autopsy reports, death records, and legal proceedings, the danger is real, and the damage is lasting.

Sheldon Haleck's case shows exactly why drastic action is necessary. Hawai'i's resolutions specifically note that defense experts used this term in connection with Sheldon's death. According to ACLU of Hawai'i, Sheldon died after three HPD officers **tased him three times and pepper-sprayed him twelve to fourteen times in about five minutes**, even though he was unarmed and not committing a crime, and the jury later returned a verdict for the officers. Whether one looks at this from a civil rights, medical, or public trust standpoint, no family should have to face a courtroom where junk science can block accountability.

Sheldon was a young man with his whole life ahead of him, a son, a loved one, and someone deeply treasured by his family, peers, and friends. His death left behind heartbreak, unanswered pain, and a call for justice that still remains today. Sheldon Haleck's father, William Haleck, is my first cousin, so this tragedy is deeply personal to me and to our entire family. What makes it even more painful is that William is a retired law enforcement officer who spent his life upholding the law, yet his own son was taken down by the actions of law enforcement. Sheldon's mother, Twinkle,

was born and raised in Hawai‘i, the same place where her son lost his life. For us, this is not just a case or a headline. It is personal. It is painful. And it is a wound our family still carries.

Hawai‘i already has a blueprint for real reform. In 2025, **SB 228** proposed the practical safeguards needed: banning “excited delirium” as a diagnosis or cause of death, prohibiting its use on death certificates and in official reports, barring law enforcement from including it in incident reports, and making it inadmissible in civil cases. That bill advanced, but it did not become law. That is exactly why these resolutions must move now and why half-measures are no longer enough.

Passing **HCR 146, HCR 198, HR 138, and HR 188** will not bring Sheldon back. But I believe these measures can help save another life by forcing Hawai‘i’s medical records, police reports, and court proceedings to rely on real science instead of a discredited label that has too often been used after people die in custody. I respectfully urge you to pass these measures.

Mahalo for the opportunity to testify.

Gerhard R. Sword
Gerhard R. Sword
“Uncle Gary”

HR-138

Submitted on: 3/25/2026 8:58:22 AM

Testimony for HLT on 3/25/2026 9:30:00 AM

| Submitted By | Organization | Testifier Position | Testify |
|---------------------|---------------------|---------------------------|------------------------|
| Carrie Ann Shirota | Individual | Support | Written Testimony Only |

Comments:

Aloha Chair, Vice Chair and Committee Members,

I am writing in support of HCR 146 and HR 138 urging the Legislature to prohibit the use of "excited delirium," or similar pseudoscientific concepts, as a medical diagnosis, cause of death, or legal theory in the State of Hawai'i. This concept is not recognized by major medical organizations and lacks scientific basis. Its application in our legal and medical systems serves primarily to obscure the true causes of death—often involving police restraint and unnecessary use of force—and undermines accountability.

Please prioritize and pass legislation that formally removes this concept from Hawai'i's medical and legal frameworks. Instead, we must focus on promoting robust alternative crisis response infrastructure and public health-based approaches to safety centered on best-practices, data, human dignity and justice.

If we had invested in that infrastructure, Mr, Haleck would be alive today.

Mahalo for your consideration.

Respectfully,

Carrie Ann Shirota