Elijah McClain was a 23-year-old Black guy from Colorado. I'm a lot like Elijah. I'm a skinny guy who often gets cold and bundles up when I'm walking home. He had anemia, and he didn't eat meat. There was a point in my life where I was vegetarian, and I was also anemic.

He died after a confrontation with police in 2019. In a situation like that, I too could look “sketchy” as the 911 caller described him, or “suspicious” as the police officer, who stopped him, said.

And then, when I was watching the video of the police encounter, he explains first to them that, you know, he was stopping his music, which is why he wasn't responsive at first. Things escalate. They wrestle Elijah to the grass. An officer says, “He just grabbed your gun, dude.”

It sounds like such a trope at this point. They put him in a hold, grabbing his neck. You hear Elijah tell the officers his name, say that he was just going home, say that he's an introvert and that he's just different. “I'm just different. Why are you attacking me?” He continues, “I'm sorry. I'm so sorry. Ow, that really hurt. You are all very strong. Teamwork makes the dream work,” while the cops are continuing to tackle him to the ground.
I remember watching the video and, you know, reading the transcript and just having tears coming down my face. I feel like, if I was also in that situation, I would have tried to diffuse it with, you know, some sort of humor. You can hear him crying and vomiting and saying he can't breathe. At one point, the cops talk about wanting to use ketamine when the ambulance arrives. And then they say, “He has incredible strength.”

“Yeah, crazy strength.”

Elijah is 5'6, 140 pounds: He's basically my size. I mean, we're a couple of inches and a few pounds different, but practically the same. It was just wild to me to hear those cops say, you know, “He's so strong. He's the strong one.”

He didn't seem to be posing anyone, any harm. I mean, you can hear it in his words, and he's sobbing, too. What threat did he pose?

The coroner's report put forward a bunch of different reasons that could have caused him to slip into a coma and later die after that encounter with police. Among the list of random and sort of arbitrary ideas thrown out in the report, one was that McClain had some underlying mental illness that could have caused this thing called “excited delirium.”

I didn't think too much about excited delirium after hearing about that case, but then I saw the term come up again with George Floyd. In May of 2020, George Floyd was accused of using counterfeit money at a grocery store in Minneapolis. He was then arrested and murdered by police officer Derek Chauvin, while three other officers stood by or helped to restrain him. Chauvin, who was later convicted on two counts of murder and one count of manslaughter, had his knee on Floyd's neck for nearly 10 minutes. When George Floyd was murdered on video, one of the Minneapolis police officers who was nearby said out loud that he was concerned about the possibility of excited delirium. In the impending lawsuit, the police defense proposed that Floyd had excited delirium and other medical conditions that led to his death, as opposed to the knee, crushing on his neck.

To me, it just seems to me like, I don't know – “excited delirium” is some B.S. term used to cover up deaths of people, especially Black folk, in police custody. And it got me and my team just thinking about how a medical condition – something that's supposed to be scientific – how it could be used to perpetuate racist violence and racist stereotypes.

What is this condition? Why did it start?

[Sounds from an electric keyboard enter. A newsy musical phrase glides back and forth across 4 notes. It's the THEME MUSIC for Color Code.]

This is Color Code, a podcast from STAT. I'm Nicholas St. Fleur, a science and health reporter here. And over 8 episodes, I'm taking a look at the hidden and not-so-hidden forces behind our
country’s stark racial health inequities. This is episode 5, where we’re attempting to untangle the roots of excited delirium.

[The MUSIC fades.]

So what is excited delirium? There's no universal, agreed upon definition. But for the purposes of this episode, I'll try my best to describe it. Those who purport that excited delirium is a real, explicit condition say that people experiencing it have an acute, extreme disruption of their behavior and ability to think. People with excited delirium are often described as being sweaty, having higher body temperatures, and superhuman strength, just like we saw in Elijah McClain's case. They're said to be anxious, disoriented, or violent. It's said to be caused by drug use or perhaps an underlying mental illness. It tends to appear in the autopsy reports of people who are restrained physically by law enforcement.

And so to be super, super clear – because this is genuinely confusing – the condition of delirium on its own is a real thing. It is not by itself a disease. Rather, it's a description of a set of symptoms.

[The MUSIC fades.]

So an elderly person with a urinary tract infection, for example, can sometimes have an episode of delirium. The UTI may cause them to suddenly feel confused, agitated, or withdrawn. The underlying cause is the UTI. The UTI is what needs to be treated, and it's the UTI that would be the cause of any further complications. You won't usually find delirium by itself in a regular autopsy report, as one neurologist told us. But as I mentioned earlier, excited delirium is often cited as a potential cause of death in police encounters.

After learning more about the fraught nature of this supposed condition, we wanted to understand how it came to be what it is today. And it turns out that a pivotal moment in the history of this term came in one specific city: Miami. Miami in the 80s, to be specific. To help me understand all of this, STAT reporter and Miami native Isa Cueto took a deep dive on the history. She's here now to help us tell the story. Hey Isa, how are you?

ISA CUETO
Hi, Nick. I'm doing well. How are you?

NICK
I'm doing okay. I'm doing okay as well. So, yeah – you went on a bit of a reporting trip to your hometown of Miami. Tell us a bit about that.

ISA CUETO
We wanted to go to Miami because we wanted to go to some of the places, where this research was being done, and where some of the events of excited delirium happened, and also to better understand Miami and its history, during this time period in particular. We also wanted to try to
get a hold of some researchers and people who were around in the 80s when this part of the story takes place because they weren’t responding or were reluctant to be interviewed.

And we tried to reach another researcher, David Fishbein, who’s also active and still teaching at UM. But he didn’t want to be interviewed. He worked on some of the original papers, and he wrote back to me in an email, “Sorry, do not do race in general. In my opinion, such shows have presupposed agendas and do not do true investigative reporting. They often present one side and withhold information that may be damaging to their agenda. So the answer is no to the interview.”

NICK
Wait, what? “I do not do race,” he said?

ISA CUETO
Yeah, it’s interesting because I think obviously there’s been a lot of conversation around excited delirium that has to do with race, and some people are just uncomfortable bridging that gap between medicine and race and inequity. And I know that that’s not the only person who sort of responded in that way, right? We had someone else.

NICK
Yeah, Isa. I mean, you’re reminding me about when we were first, kind of, reporting or looking to do an episode on excited delirium, I remember our producer, Theresa Gaffney, had reached out to this conference, the Institute for the Prevention of In-Custody Deaths. They have a conference called, “Excited Delirium and Arrest-Related Death Conference.” And we thought, wow, that would be a great place to just, you know, learn more about excited delirium, to learn more about, you know, just this topic. And they were super standoffish from what I remember. They don’t allow any media. They were telling us a bit about how they’ve had media in the past and how all their reporting was biased. And they said to us: The reporting was biased, inaccurate, and argumentative with the presenters during breaks. The IPICD board decided to restrict attendance to law enforcement officers, medical doctors, and attorneys.

ISA CUETO
Yeah, it’s the question of race in all of this is interesting because, in going back through the history, race and the rule of law is sort of this unavoidable thread throughout it, and especially when we look at this time period in Miami’s history. And we spoke to Marvin Dunn [faintly: Hi, Dr. Dunn. How are you?], who’s a professor and a historian of Black Miami. And he is a Black man, who grew up in Miami and was there during that time period.

ISA CUETO (interviewing)
How’s it going?

MARVIN DUNN
Well, it’s been a busy day.
ISA CUETO
We heard. [laughs]

ISA CUETO (narrating)
And he described to us what it was like to live through that and to see what was going on in his city.

MARVIN DUNN (interview clip)
It was fiery. It was volatile. It was scary. It was frantic. It was painful.

I grew up here. I left to go to the Navy and to graduate school. But I had never seen or felt Miami the way it was in 1979, 1978, when it really became very clear that there was going to be a problem in Miami. And I began to project, predict, anticipate that, at some point, there was going to be a blow. I could feel it. Not just me: A lot of folks could feel it, starting in '78 into '79. Then, clearly by the time we got into the 80s, Miami was a city on fire.

ISA CUETO (narrating)
Yeah, Nick, just as a side note, I mean, growing up in Miami, I wasn't around in the 80s, but my parents were, and they were teenagers during that time period. And they remember the city being really tumultuous and chaotic. And there were just all of these huge forces at play that typically wouldn't overlap at the same time in one place. So you take, for example, the McDuffie riots, which happened in Miami after the acquittal of police officers, who brutally beat a man, Arthur McDuffie, during a traffic stop. There were large parts of the city that went up in flames, mainly Black neighborhoods in Miami. People were enraged by this.

There was also the Mariel boatlift, which was a migration of over 100,000 people from Cuba and Haiti into Miami during that time period – a lot of impoverished people and also people, who were taken from the jails and mental institutions at that time in Cuba and were sent over to the U.S. There was also the war on drugs and there was the illegal drug trade, which was really centralized in Miami – illegal drug trafficking from South America through Miami. And amidst all of that, there was also a lot of police corruption, and their crime rate and homicide rate went through the roof. So it's really this unimaginable tide of all of these overlapping factors that make it just a hot place to be at that time, and not in the sense that it is now this international, fun place, but just a charged environment.

MARVIN DUNN (interview clip)
And Miami was different. And a lot of cities were having difficulties during this time. But Miami's being overwhelmed was different because we were being overwhelmed by people coming in here. And after the Cubans, come the Haitians. So – and we occupy a very small strip of land along the east coast of Florida. Behind us is the Everglades. So crisis, and water, and the housing, policing, schools: All of those things were suddenly put upon Miami in ways that didn't happen in other cities that were also having some of the problems of the 60s.

NICK (narrating)
Whoa. Yeah, no, I — I guess I never really thought about it. So tell me a bit about, you know, where does your reporting take you next?

**ISA CUETO**
So the confluence of all of those factors gives a lot of power and influence to essentially agents of the state. So law enforcement is a major one. And Professor Dunn spoke to us a bit about that.

**MARVIN DUNN (interview clip)**
There are a lot of young officers, Hispanic officers, who hit the streets. And of course, the city put them in the Black areas because the more experienced officers didn't want to be in the Black sections. So you had guys trying to prove themselves with a badge and a gun in the ghetto. And that was dangerous. Still is.

So the quality of the policing went down because the police departments hired a lot of cops very quickly. And many of them were folks who were — who had not been — who had not grown up here, who were new arrivals here, who didn't really understand the dynamics of the community. They got a badge, and they were now the police officers in this community.

**NICK (narrating)**
Whoa. You can kind of – really hear the emotion, but also the kind of — it sounds like he's kind of transported himself back to that period, in terms of how he's relaying it to you. So tell me a bit about, you know, what was kind of happening next.

**ISA CUETO**
The point of laying all that out is that there are, at this point, tons of bodies showing up at the medical examiner's office. There's this sort of out-of-control environment by all accounts. Like Professor Dunn said, it's fiery. It's frantic. And this, in turn, helps the medical examiner rise in power and influence.

**NICK**
What exactly is a medical examiner in this context?

**ISA CUETO**
So “medical examiner” in this context is a forensic pathologist, who gets basically the questionable death cases. So things that can't be immediately attributed to one thing or the other, who — deaths that might involve police or might be questionable circumstances — need an autopsy to be done to determine the cause of death.

**NICK**
And you're saying that they're getting more power. What do you mean by that?

**ISA CUETO**
Yeah. So we spoke to Professor Katie Mas.
[We hear the start of Isa’s call with Catherine “Katie” Mas.]

ISA CUETO (on the phone)
You're going to meet us out front there?

CATHERINE MAS
Yeah, I'll meet you out front. You'll see this…

ISA CUETO (narrating)
She’s a historian. She has tracked some of the history of medicine, and, in particular, in Miami-Dade County during this timeframe. And she explained it to us a bit.

[A stringed instrument provides curious MUSIC in the background.]

ISA CUETO (on the phone)
Had you heard about excited delirium before I called you?

CATHERINE MAS
No, I had not heard about excited delirium. And when you told me about that, I was really interested in hearing that because, you know, it doesn't surprise me that Miami would be a place for this disease. Would you call it a disease?

People are looking for an authoritative voice to – on what they're seeing as unprecedented surge in crime and homicide and violence. And there's also that kind of image of the medical examiner's office that makes these stories so compelling. So you have so many homicides that the medical examiner's office has to rent a refrigerated truck from the local Burger King to house the overflow of bodies. So, you know, there's this attention to: Oh, wow, what is the medical examiner's office seeing, and how are they understanding what's going on?

And so, you know, it's interesting because forensic pathology is one of the smallest medical specialties, but it gained so much authority at this time. And I think the medical examiner has an interesting job, in a way. They have to determine the cause of death. The medical examiner is also kind of drawing these moral boundaries in his work, explaining what, you know, the cause of death was in a particular situation. I think there are moral values that are at play.

ISA CUETO (narrating)
Yeah, I think any time that there's a lot of death and a lot of confusion abounding, people want something firm to hold onto. And that's sort of the role that Joseph Davis took on in that time period. He was the chief medical examiner for about 4 decades, starting in the 1950s, and out to the 1990s. He helped found the Miami-Dade Medical Examiner's Office, so he was extremely well respected. And as Professor Mas told us, he was also playing this role of being this sort of moral authority and drawing the moral boundaries when there is crime involved, when there's drug use involved, when there's people from other places. It's an evolving city. And so he's
helping people make sense of the broader society, not just the cause of death. And he has this sort of infamous TV interview [an archival TV clip starts faintly] where he’s talking about these surges in crime and attributing it directly to the influx of refugees.

[We hear the TV CLIP more clearly now.]

TV ANNOUNCER
…the medical examiner had some tough comments on the subject. They qualify as a guest editorial opinion.

JOSEPH DAVIS
Castro put a good one over on us. Despite what the federal judge up in Atlanta says, there are a lot of criminals, who came over in the Mariel boatlift, and we are paying the price now, and no one in Washington is doing a thing about it. We have been invaded by what the science-fiction buffs would call “aliens from outer space.” These guys are spaced out. They're psychologically, totally not even human. They're animals. Not even animals – that's an insult to the animal kingdom. They have no human attributes whatsoever. And there is not a single soul at the federal level or in the judicial level, who appreciates the fact that the system we have in this country is set up for human beings, not for people, who are not even members of the human race. And incidentally, I think it's important to remember that there are people in the world who are wicked and who are evil and not necessarily sick or maladjusted, as many of our social workers would have us believe.

ANNOUNCER
Dr. Joe Davis, Dade’s chief medical examiner.

[The CLIP ends.]

NICK (narrating)
Yo [laughs], what the—? Isa, that is wild. Wow. Ugh. Ew, that's gross. I mean, it's not too far removed from some of the rhetoric we hear today around like, you know, immigration, refugees, folks at the border, but like, ugh! There are definitely things I want to say about this that I don't know if we can air on the podcast, but, like, what?

ISA CUETO
Yeah, it's really tough to listen to that. And just growing up in the city, having Cuban parents, I know that this was not just limited to Joe Davis' opinion. So he was leading the whole operation.

NICK
Wow. So when you’re talking about, you know, people with the power, this is the person with the power.

ISA CUETO
Yeah, that's true. Davis: he was the chief medical examiner. He was the guy in charge, sort of the face of the office. He didn't do the research on excited delirium. But his deputy chief medical examiner is a big player in this. His name is Charles Wetli, and he passed away in 2020. A lot of the people, who were around at that time, are no longer with us.

Wetli came across this concept of “Bell’s mania,” which was a condition that was identified by this guy Luther Bell, who was in charge of a psychiatric hospital in Massachusetts. And he was observing these patients and found they were manic and delirious and feverish, and he reported that to a medical association under the name of “Bell’s mania.”

But so, Dr. Wetli in Miami in the 80s, when all of this is going on – he comes across this idea when he's trying to understand why people are suddenly dying after using cocaine and not a level of cocaine that can lead you to overdose. So it's about ten times less than what would typically lead to an overdose.

At this time, you have to understand the cocaine is sort of a mystery, or at least street cocaine is. And so it's described in some of his papers as illicit street cocaine, which varies in purity and is usually cut or diluted with mannitol. It may also contain lidocaine or procaine.

So police, medical examiners – everyone's trying to figure out: Okay, what exactly is this drug? What are the effects of it? Who is using it? What should we do about it? As I mentioned before, a lot of these major players are now dead.

[Faintly, in the background, ISA is heard interviewing NORMAN.]

But there was one guy, Norman Kassoff. We went to the medical examiner's office, and they suggested we talk to him about what it was like there in the 80s.

[We listen in on the start of ISA’S CALL with NORMAN, which was woven into Isa’s narration.]

**NORMAN KASSOFF** (on the phone)
I'm home today.

**ISA CUETO** (interviewing)
What area do you live in?

[The phone call fades, and ISA’S NARRATION returns.]

**ISA CUETO** (narrating)
He worked as a law enforcement officer in Miami before, and was transferred to the medical examiner’s office, and eventually he became the director of operations there.

**NORMAN KASSOFF** (interview clip)
Where would you prefer to sit or take the pictures?
ISA CUETO (narrating)
He was known as Joe Davis’s right-hand man, and he had an office nearby Charles Wetli, and worked with him, too.

NORMAN KASSOFF (interview clip)
We were testing for drugs that we didn't even know existed. And we began to find a pattern, particularly in the younger generation, of a drug called “cocaine.” It was a medical epidemic in regard to the drugs.

We didn't understand it. We didn't understand that you could shoot up even more by inserting an additional chemical into the powder itself. You could smoke it. You could snort it.

The medical examiner – for three months, everybody that had a $20 bill – we asked them for it, and we would take the $20 bill, and we would run it. And every one of them was contaminated with cocaine. So we got our crime laboratory to upgrade. The county spent about a half a million dollars on getting equipment that could read more of the various drugs out there. And we found out we were just at the tip of an iceberg. And by 1981, '82, it was exploding.

ISA CUETO (narrating)
So with that context in mind, one of the first papers on this, written – published in 1981 by Wetli and Dr. Fishbain, who was, at the time, directing psychiatric emergency services at one of the biggest public hospitals in Miami. It was about a cocaine body packer. Do you know what that is?

NICK
That sounds like a drug mule to me.

ISA CUETO
That's right. And so these were folks, who were, in some cases, stuffing cocaine into little plastic bags and either ingesting them or inserting them into certain orifices and taking them across the border. And so, in that case, it's one man. And he had a normal body temperature, but he became aggravated after admission to the hospital. And it actually cites, “delirium from cocaine intoxication” and says outright that delirium should be treated by first identifying its cause and by attempting to remove the cause by appropriate medical and surgical techniques. And this is important because this is one of the issues that people who are trying to get rid of this concept of excited delirium – this is the point that they make is that delirium is a real thing. Excited delirium is very vague and doesn't address the root causes.

NICK
Are they – are they talking about, when they say, like, “remove the cause of delirium,” like, removing the cocaine?

ISA CUETO
Yeah. So in that case, it would be taking it out of his body.

**NICK**
Okay, so we're starting to hear the word – you know, we're hearing “delirium” come up now. What comes next? How do we move on from “delirium” to “excited delirium?”

[Electronic, echoic MUSIC colors what ISA says next.]

**ISA CUETO**
So the first mention of “excited delirium” is in this paper. It's toward the end of the paper, where the authors explain that there are two forms of delirium: “stuporous” and “excited.” And when they use the term “excited,” they're actually talking about “hyperactive delirium.” But this is where the term – the term is coined.

Later on, in 1985, things evolved with another paper by the same authors titled, “Cocaine-induced psychosis and sudden death in recreational cocaine users.” They described 7 patients, who have intense paranoia, bizarre and violent behavior, necessitating forcible restraint. And the symptoms were frequently accompanied by unexpected strength and hyperthermia – so overheating.

This is the first mention I could find of those two qualities, which will become really important later on in the history of excited delirium. So these people had respiratory collapse, and they died within a few minutes to an hour after they were restrained. And 5 of the 7 people died while they were in police custody with, once again, really small amounts of cocaine, 10 times lower than is typically seen in deadly overdoses. And so this is what puzzles the investigators and puts them on the track of this new syndrome. In the results, they write how these deaths were different from typical cocaine overdoses that they were seeing. And so they basically say we didn't find any of these typical markers of overdose. We didn't find signs of asphyxia from restraint. We didn't find stress – you know, their heart stopped from stress. And so they're trying to figure out: Okay, what exactly is driving these people to die? And that sets them on this path of building out the world of excited delirium.

**NICK**
Okay. So they say it's not attributable to, like, the sleeper hold or the brutality aspect, but at this point, how kind of trustworthy are these reports?

**ISA CUETO**
So they note in it that the scene descriptions, the information they were getting, was provided by investigating police agencies and medical examiner investigators. So they say: These are recreational users, who died suddenly and unexpectedly of cocaine intoxication, but with a psychiatric presentation of excited delirium. Those are the words that they use.

**NICK**
But while in police custody, right?
ISA CUETO
So 5 out of 7 were in police custody.

NICK
Okay. And where does your reporting take you next?

ISA CUETO
Starting in 1986, there were over a dozen women, who were found dead in Miami-Dade County – and most of them in the northern part of the county, all in strikingly similar cases. Many of them were thought to be sex workers. Many of them were Black, and police couldn’t figure out: How are these women dying?

There are no obvious signs of foul play or trauma on their bodies. And so Wetli surmises in the press that it's from what he calls “neural exhaustion” caused by cocaine use and then sexual activity. So it's sort of hinging on this idea that: People, who were recreational cocaine users – one day, they did the drug, and they had a physical reaction that caused them to die suddenly.

But after about 17 or 18 deaths, Joe Davis, the chief medical examiner, took another look at the cases when they found a young girl, who didn’t have any drugs in her system, dead in the same manner. And he determined that these actually were not caused by neural exhaustion or excited delirium-type conditions. These were actually homicides, and they were found to be a serial killer. So it actually had nothing to do with the cocaine or the sexual activity or whatever these women did for their occupation. But these cases got national attention. And so that language that Wetli had been using – that theory – was already starting to be disseminated in this horrible string of murders that happened in Miami-Dade around that time.

NICK
Okay, so what you're telling me is that Joe Davis had said these sex workers – they didn’t die because of excited delirium or cocaine or drugs, but they were likely murdered in some totally different way. Is that right?

ISA CUETO
Yeah. [A beat] Despite the fact that people who knew some of these women, fellow sex workers, were saying this was not neural exhaustion. There is a guy who's out here getting these girls. And if it were white women, and if they weren't sex workers, the FBI and everyone would be in here trying to figure out what caused it. But they were sort of brushed away as: Well, they used drugs; they were prostitutes – is what they were referred to; and they died from it. So it's, again, an indication of these, sort of, moral lines that are being drawn when people die.

If we fast forward ten years to 1996, there's this paper that comes out from Wetli and Dr. Deborah Mash, who's a University of Miami School of Medicine neurology professor and researcher, and we couldn't get a hold of her. But she worked on this pretty important paper and
some other research on excited delirium. This is when they start defending law enforcement in the scientific literature.

In this paper, they write that, despite the fact that a lot of these people have been restrained, they say it's important to note that many of this – of the victims of this disorder die suddenly without the application of any law enforcement-restraining techniques, even though earlier in the paper they say we don't have definitive data on excited delirium-associated deaths. We don't really have a clear picture of how often this happens or in what circumstances.

They add, though, that “There is mounting evidence that the stress of restraint makes fatal outcomes more likely.” And they refer specifically to a rat model, where they're injecting rats with moderate doses of cocaine and then restraining them, and they find that those rats are 3 times more likely to die from seizures than rats that are injected with the same amount and not restrained.

And so, they're saying, you know, it's important to not just claim that this is due to police restraint, but also there is this evidence that, when you do restrain people, they're more likely to die when they are under the influence of cocaine. And they're still sort of throwing out these different things, you know, that delirium can be a result of other medical disorders, not just cocaine toxicity. And so this sort of opens a door for these new uses and the greater involvement of law enforcement in determining the circumstances under which excited delirium is happening.

So from there on out, Wetli takes an interesting pivot, where his entry on “Excited Delirium” in 2005 appears in this Encyclopedia of Forensic and Legal Medicine. At that point, he's working in Suffolk County in New York. A year later, he authors a chapter in the series that's edited by a former corrections officer called “Sudden Deaths in Custody.” And another – an interesting fact is another chapter in that series was written by this guy, Vincent Dimaio. He's important because he writes a whole book called “Excited Delirium,” which later on the company TASER purchases hundreds of copies of and sends to medical examiners and coroners across the country. And he becomes this sort of famous guy defending TASER from wrongful death lawsuits. Wetli, Karch, the San Francisco medical examiner, and a bunch of these other people become expert witnesses and consultants for TASER and for law enforcement agencies.

NICK
Sounds like a conflict of interest to me.

ISA CUETO
That's sort of the pivot that their career takes. And so it shows you there's this vast difference between where things originated, which was: We don't understand cocaine; we don't understand why these people are dying; and then takes this trajectory all the way to land them at basically
shielding police from accountability and teaching them in what cases to use excited delirium as an explanation for why people die.

**NICK**
So, like, excited delirium was like this kind of convenient thing that we didn't know too much about, but you could attribute, you know, deaths to it, or in that case, like cocaine-related deaths to it and such. And then it's kind of been used since to, kind of, show as, as I think you were putting it, like, shield police from accountability for people, who die in their custody.

**ISA CUETO**
Well, it didn't even start out as an independent syndrome or state. It actually started out as something that is used in medicine, which is delirium – as a form of delirium. And then it became this other thing that now is highly disputed by a lot of medical professionals because it's taken on this sort of life of its own. This is a lot of information, but this is why we wanted to go to Miami, because we realized that the time, the place, the conditions in which something like this starts to be used is really important and can, in some way, determine the track that it takes. So when you have an office like that that is renowned; that is well-respected; that is handling so many cases; that is teaching law enforcement — still, to this day, Joseph Davis's training is used for law enforcement — it matters how the conversation evolves in those early days. And Professor Mas had a really interesting point to make about: It's not whether excited delirium was real or not real.

**CATHERINE MAS** (interview clip)
What comes to mind immediately for me is what the philosopher of science, Ian Hacking, has written about extensively and this idea of historical ontology. It's not about whether a condition is real or not. In a way, it's about the people and the institutions that make it real. And for me, when I hear about "excited delirium," I think a lot about historical ontology: What were these historical conditions that made it real at that time? A medical complex that, in Miami, has been dealing with a, quote unquote, “problematic community of nonwhite Americans.” And at a time where you have a politically charged war on drugs; a medical examiner's office that's overwhelmed with crime and homicides; and, you know, placing a lot of the blame on both those involved in the drug trade and drug users. And so, in the early 80s, I think excited delirium is made real by the medical authority of the medical examiner, by the public officials and the public safety officials, who are trying to establish some sense of social order in a setting that is seen as just chaotic.

**ISA CUETO** (narrating)
So I think that's sort of where we landed in our search for the answer to that question: Why does it matter that it was Miami in the 80s? Because all of those factors influence whether this is seen as real or not, whether it gets passed down through the years, whether it is still used in 2020 during the arrest of George Floyd.

**NICK**
Yeah. And Elijah McClain. My goodness. Isa, I mean, thank you. Thank you for your reporting. You've definitely, you know, given me a lot of insight into this term that I definitely had no idea kind of going in when we were kind of starting this journey. It's – wow.

ISA CUETO
Thanks, Nick.

NICK
When the Color Code team began looking into excited delirium, we thought it was this major controversy among physicians. We'd seen the news stories, dissecting it with a bit of a “both sides” approach in the media coverage of Floyd and McClain. And before Isa told me a bit about the history of excited delirium, the 2 of us sat down and did an interview with 2 physicians, which you'll hear next week as a bonus episode. The doctors, Altaf Saadi and Brooks Walsh, told us that it's actually just a small percentage of physicians who support the validity of excited delirium. And, as their research has shown, many of those folks seem to have some conflicts of interest with law enforcement agencies or corporations. So be sure to keep an ear out next week for that interview, which will cover a little bit more of the modern discussion around excited delirium.

[Full, uplifting music, complete with a keyboard, percussion, and more, rises. THEME MUSIC closes the episode and takes us to the credits.]

Thank you for listening and being part of our Color Code community.

Our team here at STAT is Alissa Ambrose, Hyacinth Empinado, Theresa Gaffney, Crystal Milner, and me, Nick St. Fleur. Special thank you to our reporter Isa Cueto. Kevin Seaman is our engineer. Tino Delamerced is our intern. Our theme music is by Bryan Joel.

Special thanks to Dr. Marvin Dunn, Norman Kassoff, Dr. Katie Mas, Dr. Altaf Saadi, and Dr. Brooks Walsh.

Thanks to the Commonwealth Fund for supporting this podcast.

After every episode, we’ll have a bunch of photos and some more reading related to the episode’s topic at STATnews.com, so please: go check it out! We'll have a new episode in two weeks.

If you like the podcast, please leave a review, and subscribe! And if you have any thoughts for us, you can reach us at ColorCode@statnews.com. Thanks!

[THEME MUSIC ends on a final note.]