

IN SUPPORT OF HB-917

To: Judiciary Committee (House) and Judicial Proceedings Committee (Senate)
From: Brian D. McMichael, M.D., FAAPMR, Medical Director, Dodd Rehabilitation Hospital, Former Community Health Educator; Former Company Grade Armor Officer; ARNG/USAR; Former Military Police/Military Dog Handler, USMC

Date: February 09, 2020

Re: Written Testimony in support of House Bill 917

I am submitting this written testimony to offer my unqualified support for House Bill 917. Over the years of my varied career, I have developed a working knowledge of the problem of hate, as well as the aftermath of crimes motivated by hate.

I served in the United States Marine Corps, in the Military Police as a Military Working Dog Handler and Supervisor. As such I received training and updates on the emerging law enforcement problem of hate groups, to include their associations with prison gangs, criminal organizations, and right-wing extremism.

After separating from active duty, I began work as a community health educator. In December 1993, growing out of my work with high-risk youth mainly in the areas of sexual and reproductive health and gender equity, I helped plan and present, "Operation Grow Hair," a counseling and diversion program for members of the Fourth Reich Skinheads. The program was developed in collaboration with the then-U.S. Attorney, Marc R. Greenberg, and the Hands Across the Campus program of the Orange County chapter of the American Jewish Committee. "Operation Grow Hair" was developed after the prosecution of members of the Fourth Reich Skinheads (unpublished 1993 report, U.S. Attorney's Office, Central District of California; Janofsky, M. (1994, January 1). Victims of Bias Try to Steer Skinheads Off Road to Hate. *The New York Times*, Section 1, Page 1. Retrieved from <https://www.nytimes.com/1994/01/01/us/victims-of-bias-try-to-steer-skinheads-off-road-to-hate.html>).

I joined the Army National Guard, where I was accepted to Officer Candidate School. I was commissioned and served as an officer, in both troop leadership and staff positions. I received

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further training on the command problems of bias, racism, sexism as well as individuals and groups motivated by hate in many forms.

As a physician and physician-leader, I have received further training on inclusion, implicit bias, bias, discrimination, and hate. Specifically, in my clinical practice in acute inpatient rehabilitation, I have taken care of patients injured by acts of violence motivated by hate, leading to traumatic brain injuries, traumatic spinal cord injuries, polytrauma, and even burns.

In my experience, people who take harmful actions motivated by hate hold their biases deeply, and are rarely amenable to reflection, or persuasion. Nonetheless, they are often circumspect with a consciousness of the social unacceptability of their sentiments and resulting stigma. Often their rage is smoldering and short-fused. So, intoxication by alcohol or other substances that reduce inhibitions would generally lead toward acting on their general and harbored hateful state of mind. Intoxication being a contributing factor, not an exonerating one.

Given the norms of stigma toward hate and hate crimes and the heightened penalties for hate crime special circumstances, it is unlikely that a criminal motivated by hate would openly declare their motivation, before or after their hate crime. I believe it is wholly reasonable, if facts support that a defendant has espoused hate-based beliefs and, or hate-based affiliations, and such a person then harms another who is, or even mistaken to be, a member of a group targeted by the defendant's previous hateful behavior and beliefs, especially if little other motivation for their crime is apparent, then the this and related facts and states of mind should be included in the elements of proof for a hate crime. Let the finder of fact then evaluate such a case.

I respectfully request a favorable report on House Bill 917



Brian D. McMichael, M.D., FAAPMR