

TESTIMONY IN OPPOSITION TO HB 1737

Relative to capital punishment

Submitted by: Douglas Carmichael, Meredith, NH

Position: OPPOSE

Chairman and Members of the Committee:

I urge you to vote Inexpedient to Legislate on HB 1737. In 2019, the legislature made the principled, bipartisan decision to abolish capital punishment, sustained by a veto override. That decision should stand.

Wrongful convictions: At least 200 people have been exonerated from death row since 1973 - one exoneration for every 8.3 executions. A 2014 PNAS study ("Rate of False Conviction" by Gross et al.) estimated 4.1% of death sentences are imposed on innocent people. The Death Penalty Information Center's "Innocence Epidemic" report (2021) found official misconduct in 69% of wrongful capital convictions. Execution eliminates any possibility of correction.

Costs: New Hampshire has no execution chamber or protocol. The Ohio Legislative Service Commission (2021) found death penalty cases cost 2.5 to 5 times more than non-capital cases. A Duke University study found capital cases cost \$2.16 million more per execution. California has spent over \$4 billion since 1978 (Alarcon & Mitchell, Loyola Law Review, 2011). These resources should go to victim services, law enforcement, and crime prevention.

RSA 91-A conflict: Major pharmaceutical companies refuse to supply lethal injection drugs; all three major industrial gas suppliers refuse to provide execution gases. This forces states into secrecy - fundamentally incompatible with New Hampshire's Right-to-Know law mandating "the greatest possible public access" to government actions.

Harm to staff: A 2022 NPR investigation (Chiara Eisner) documented "life-altering trauma" among execution team members across 17 states. In South Carolina, two are permanently disabled from PTSD; a third died by suicide. Nine former Oklahoma corrections officials warned in January 2023 of increased PTSD, suicide, and substance abuse risk. Former Oregon Superintendent Frank Thompson said executions created "an additional group of victims" among staff.

Medical ethics: The AMA's Code of Medical Ethics states physicians "must not participate in a legally authorized execution." The ANA (4 million nurses) opposes participation as "contrary to the fundamental goals and ethical traditions of the nursing profession." The NAEMT prohibits participation. The ASA states lethal injections "can never conform to the science, art and practice of anesthesiology." The American Board of Anesthesiology revokes certification for participation. Those most qualified are ethically barred.

No deterrence: The National Research Council's "Deterrence and the Death Penalty" (2012) concluded existing studies are "fundamentally flawed" and "not informative about whether capital punishment decreases, increases, or has no effect on homicide rates." Donohue and Wolfers (Stanford Law Review, 2005) found it "entirely unclear" whether the death penalty affects murder rates.

New Hampshire has not executed anyone since July 14, 1939 - more than 86 years. Public safety does not require capital punishment.

I respectfully urge the committee to recommend HB 1737 as Inexpedient to Legislate.

Douglas Carmichael

Meredith, NH