

STATE OF SOUTH CAROLINA
IN THE SUPREME COURT

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Dec 20 2023

S.C. SUPREME COURT

Certiorari to the Court of Appeals
Appeal from Florence County
Hon. William H. Seals, Circuit Court Judge
Appellate Case No. 2019-000521

THE STATE,

Petitioner,

v.

TERRIEL LESHAWN MACK,

Respondent.

Opinion No. 6031 (S.C. Ct. App. filed July 12, 2023)
(Withdrawn, Substituted and Refiled November 1, 2023)

THE STATE, ... PETITIONER

v.

TERRIEL LESHAWN MACK,.....RESPONDENT.

APPENDIX

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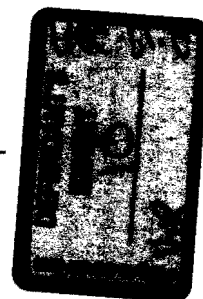
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INDEX

RECORD ON APPEAL	1
FINAL BRIEF OF RESPONDENT	694
FINAL BRIEF OF APPELLANT.....	743
UNPUBLISHED OPINION 262 OF THE SC COURT OF APPEALS.....	225
PETITIONER’S PETITION FOR REHEARING	798
ORDER DENYING PETITION FOR REHEARING & SUBSTITUTING OPINION.....	818
OPINION NO. 6031 OF THE SC COURT OF APPEALS.....	819
RESPONDENT’S PETITION FOR REHEARING	836
ORDER DENYING PETITION FOR REHEARING.....	842

NARRATIVE

ON 090402 SGT. CLINT CALDWELL AND I, DEPUTY PAT O'HARA, WERE DISPATCHED TO THE ABOVE ADDRESS, IN REFERENCE TO A DISORDERLY PERSON OUTSIDE THE RESIDENCE. PRIOR TO MY ARRIVAL, SGT. CALDWELL ARRIVED ON THE SCENE. HE THEN GOT ON THE RADIO STATING HE NEEDED MORE HELP. ONCE THIS UNIT ARRIVED ON THE SCENE, SGT. CALDWELL HAD THE SUBJECT BY ONE ARM. HE WAS LAYING ON THE GROUND, BUT WAS BLEEDING FROM THE RIGHT SIDE OF HIS FACE, NEAR HIS EYE AREA. HE DID HAVE A LOT OF BLOOD ALREADY ON HIM, BUT IT WAS ALREADY DRIED UP. AT THAT TIME, SGT. CALDWELL ADVISED ME TO CALL FOR EMS TO HAVE THEM COME DOWN AND TRANSPORT THE SUBJECT TO GET MEDICAL ATTENTION ON A QUICK STATEMENT. I THEN ASKED WHAT HAPPENED. THEY STATED THAT THEY GOT INTO A VERBAL FIGHT, AND THEN IT TURNED INTO HER HAVING TO DEFEND HERSELF. AFTER EMS ARRIVED, I THEN ASKED THE COMPLAINANT/VICTIM TO GIVE ME A STATEMENT OF WHAT HAPPENED. SHE DID SO. SHE STATED THE SUBJECT CAME HOME, SO SHE FIXED HIM SOME DINNER. SHE STATED SHE WAS GETTING UNDRESSED TO TAKE A BATH WHEN THE KIDS CAME IN, AND ACCORDING TO THE COMPLAINANT, THE SUBJECT'S ATTITUDE HAD CHANGED. ACCORDING TO THE COMPLAINANT, SHE DID NOT GET UNDRESSED, BECAUSE SHE FELT HIS ATTITUDE WAS CHANGING FOR THE WORSE AND HE WAS BECOMING AGITATED AND SOMEWHAT THREATENING. THE COMPLAINANT STATED THE SUBJECT STARTED TO BECOME VERY BELLIGERENT AND OUT OF CONTROL. SHE TRIED TO CALM HIM DOWN. SHE STATED SHE SAT ON THE BED AND TALKED TO HIM. SHE STATED SHE REACHED UNDER HIS PILLOW, SHE FOUND A KNIFE AND A LITTLE SCREWDRIVER. SHE STATED SHE PULLED OUT THE KNIFE, AND HE GRABBED IT FROM HER. THE SUBJECT STARTED SWINGING THE KNIFE IN A VIGOROUS WAY, SAYING ALL HE HAD GOTTEN DOWN. WHILE THIS WAS GOING ON, VICTIM NUMBER THREE WAS CUT ON THE SIDE OF HIS CHEST AREA BY THE KNIFE. AT SOME POINT DURING ALL THIS ALTERCATION, VICTIM NUMBER ONE STATED THEY DID GET THE SUBJECT TO GO OUTSIDE. ONCE OUTSIDE, THE SUBJECT WAS STILL SWINGING THE KNIFE AT THAT TIME. ACCORDING TO VICTIM NUMBER ONE, THEY DEFENDED THEMSELVES. THEY HIT THE SUBJECT WITH A POOL STICK AND STARTED HITTING THE SUBJECT SEVERAL TIMES. AT SOME POINT DURING THE FIGHT OUTSIDE OR INSIDE, VICTIM NUMBER ONE WAS BIT ON HER RIGHT, ~~INSIDE KNEE AREA.~~ VICTIM NUMBER TWO WAS BIT ON BOTH SIDES OF HEAD, AND VICTIM NUMBER THREE WAS CUT ON THE RIGHT SIDE OF HIS CHEST AREA. THERE WAS NO MARKS OR INJURIES ON VICTIM NUMBER FOUR. VICTIM NUMBER FOUR IS THE ONE WHO CALLED 911. VICTIM NUMBER ONE THEN SHOWED THIS OFFICER A VICTIM'S RIGHT FORM FROM LAST MONTH, WHERE THE SUBJECT WAS ARRESTED FOR CDV, A SECOND TIME. AT THAT TIME, THIS UNIT DID GET IN CONTACT WITH INV. KATHLEEN STREETT. THIS UNIT ADVISED HER OF WHAT HAD TRANSPIRED. I STATED I WAS GOING TO GET PICTURES OF THE INCIDENT LOCATION AND STATED THE SUBJECT WAS GOING TO THE HOSPITAL TO BE EVALUATED AND CHECKED OUT. INV. STREETT ADVISED THAT IF THE SUBJECT WAS GOING TO BE ADMITTED TO GET A PROBABLE CAUSE SHEET. SHE STATED IF HE WAS NOT GOING TO BE ADMITTED, TO ARREST HIM AND TRANSPORT HIM TO THE LEC. AFTER EMS LEFT WITH THE SUBJECT, THIS UNIT THEN STAYED ON THE SCENE A LITTLE BIT LONGER. THIS UNIT DID TAKE SEVERAL PICTURES OF THE SCENE, TOOK TEN PICTURES. THE PICTURES CONSISTED OF THE BEDROOM AREA, THE PILLOW WHERE THE KNIFE AND SCREWDRIVER WAS SUPPOSED TO BE, THE KITCHEN AREA, WHERE THE SUBJECT DID MINOR DAMAGE, CAUSING SOME ITEMS TO GO OUTSIDE THE DOOR, BEING EGGS AND HAIR CURLERS, OUT IN THE FRONT OF THE YARD, WHERE THE SUBJECT WAS BLEEDING. ALSO, ONE OF THE PICTURES CONSISTED OF THE FRONT OF THE HOUSE AND ALL DOORS. THIS UNIT ALSO HAD A PICTURE OF THE SUBJECT AND ALL OF THE VICTIMS AT THE INCIDENT LOCATION. ALSO COLLECTED AT THE SCENE, WAS THE KNIFE THAT THE SUBJECT USED, ALONG WITH THE SCREWDRIVER THE SUBJECT USED, AND THE POOL STICK VICTIM NUMBER ONE USED TO DEFEND HERSELF AGAINST THE SUBJECT. ALL THAT WAS COLLECTED BY THIS UNIT AND TURNED OVER TO EVIDENCE. THE PICTURES WERE TURNED OVER TO INV. STREETT. AFTER LEAVING THE INCIDENT LOCATION, THIS OFFICER THEN WENT TO CAROLINAS HOSPITAL SYSTEM TO SPEAK WITH THE SUBJECT. WHILE AT CAROLINAS HOSPITAL,



I THEN WENT IN AND TALKED WITH THE SUBJECT. THIS UNIT STATED TO THE SUBJECT IF THERE WAS ANYTHING HE WANTED TO SAY AND TELL ME WHAT WAS GOING ON. ACCORDING TO THE SUBJECT, THEY WERE ARGUING AND HE WAS TRYING TO LEAVE. HE STATED WHILE HE WAS IN THE YARD, THAT THEY JUMPED HIM. WHILE IN THE YARD ACCORDING TO THE SUBJECT, THEY SAT ON HIM FOR ABOUT TWENTY MINUTES, HITTING HIM WITH THE POOL STICK, FISTS AND SPITTING ON HIM. HE STATED HE DID NOT DO ANYTHING TO THEM AND DID NOT TOUCH THEM. HE STATED HE DID NOT KNOW WHY THEY DID THIS TO HIM. THE SUBJECT ALSO MADE A STATEMENT SAYING THAT IF LAW ENFORCEMENT WOULD SHOW, THEY WERE GOING TO KILL HIM AND PUT HIM IN A DITCH. THE SUBJECT DID HAVE SEVERAL MARKS ON HIS HEAD AND SWELLING OVER HIS RIGHT EYE AND CHEEK AREA, AND SEVERAL SCRATCHES TO HIS CHEST. PICTURES OF THE SUBJECT AND HIS INJURIES WERE TAKEN BY THIS UNIT.

VICTIM

NAME:

TYPE: INDIVIDUAL

BUSINESS:

ADDRESS: 1.

PHONE:

OCCUPA: ALT. SCHOOL

BUS. PH:

RACE: B SEX: M AGE: 15

ETHN: N

DATE OF BIRTH: / /86

** VICTIM RELATION TO SUBJECTS **

SUBJECT# 001 SC STEPCHILD

VICTIM

NAME:

TYPE: INDIVIDUAL

BUSINESS:

ADDRESS:

PHONE:

OCCUPA: ALT. SCHOOL

BUS. PH:

RACE: B SEX: M AGE: 14

ETHN: N

DATE OF BIRTH: / /88

** VICTIM RELATION TO SUBJECTS **

SUBJECT# 001 SC STEPCHILD

VICTIM

NAME:

TYPE: INDIVIDUAL

BUSINESS:

ADDRESS:

PHONE:

OCCUPA: ALT. SCHOOL

BUS. PH:

RACE: B SEX: M AGE: 14

ETHN: N

DATE OF BIRTH: / /88

** VICTIM RELATION TO SUBJECTS **

SUBJECT# 001 SC STEPCHILD

McLeod Regional Medical Center
The Choice For Medical Excellence
555 East Cheves Street - PO Box 100551 - Florence, SC 29501-0551

MR: 00-13-76-82 FN: 102856572 PT: Mack, Terriel Leshawn
DATE SEEN: 09/05/2002 ED PHYSICIAN: JIMMY R. KLUGH, MD
DOB: [REDACTED]

CC: HUMAN BITE TO THE RIGHT HAND

HPI: This is a 15-year-old African-American gentleman who comes in complaining of a bite to the right thumb which occurred approximately 1 hour prior to arrival. The patient also has a bite to the right side of his head and to the left side of his neck. The patient denies any other injuries. The patient also complains of some right wrist pain which started yesterday after wrecking his bicycle. The patient does have good range of motion, flexion and extension but with forced extension. The patient does have some pain over the volar surface of his wrist.

PME: The patient has no past medical history. The patient has an unknown tetanus status.

MEDS: He is on no medicines.

AL: Not allergic to any medicines.

SH: The patient denies tobacco and alcohol use.

ROS: As stated in HPI. Otherwise, all systems reviewed and negative.

PE: GENERAL: The patient is awake and alert. In no acute distress. HEENT: Head is normocephalic. The patient does have some swelling over the right frontal temporal area with a small laceration there. Eyes are PERRL. Extraocular movements are intact. Ears, nose, and throat exams are unremarkable. NECK: Supple. Nontender. LUNGS: Clear to auscultation bilaterally. HEART: Regular rate and rhythm. ABDOMEN: Soft and nontender. SKIN: Shows a small puncture wound to the right dorsal surface of the thumb across the interphalangeal joint. LYMPH: Showed no pedal edema. NEUROLOGIC: Showed no focal motor or sensory deficits. MUSCULOSKELETAL: The patient does have tenderness to the proximal phalanx of the right thumb. The patient also has lots of tenderness over the volar surface of the wrist but no bony tenderness over the distal radius or ulna and no snuff box tenderness. No tenderness to palpation with axillary loading.

EDC/MDM: The patient will have his tetanus up dated. He will be given prescriptions for Augmentin and Motrin.



McLeod Regional Medical Center
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(Page 2)

MR: 00-13-76-82 **PN:** 102856572 **PT:** Mack, Terriel Leshawn
DATE SEEN: 09/05/2002 **ED PHYSICIAN:** JIMMY R. KLUGH, MD

(continued)

IMP: 1) Human bite to the right thumb and right hand. 2)
Right wrist sprain.

PLAN: Follow up with his regular doctor.



Jimmy R. Klugh, MD

DD: 09/05/2002 02:05
DT: 09/06/2002 04:42/ET/1242
JOB#: 2267

102856572 00-13-76-82 09/05/02
MACK, TERRIEL LESHAWN
15 M INT: TIME:

TIME	BP>2 YRS	PULSE	RESP	O2 SAT	TEMP	PAIN	SCORE	INITIAL
						O R		
						O R		
						O R		
						O R		

POST TRIAGE CATEGORY: I II III IV V
UPGRADED [] Y [] N DOWNGRADED [] Y [] N (IF YES) REASON: _____

PAIN ASSESSMENT (REQUIRED ON ALL PATIENTS)

NONE CHEST EXTREMITY ABDOMEN HEADACHE BACKPAIN OTHER: LOCATION _____
INTENSITY 0-10 10 ONSET: AM PM : Gradual : Sudden
QUALITY:
DULL SHARP ACHING THROBBING BURNING STABBING OTHER: _____
~~INCREASES OR WORSE WITH~~
MOVEMENT DEEP BREATH HEAT COLD SITTING LYING WT BEARING EATING
PHYSICAL ACTIVITY OTHER: _____
IMPROVES WITH:
HEAT COLD LYING DOWN RELAXATION MIDS OTHER: _____

PSYCHOSOCIAL ASSESSMENT:

Religious/Cultural Practices Relating to Care : Yes ☒ No ☐
Motor/Speech Deficit: ☒
Hearing Deficit: ☒ ☐ H011
Visual Deficit: ☐ Blind ☐ Partial Blind ☐ Color Blindness ☐ Corrective Lens
Primary Language: English
☒ Unable to read/write
☐ Significant other can read/write
Interpreter Notified [] Y [] N/A
Support System
☒ Family/Significant Other
☐ Lives alone

Any suspected or admitted abuse or neglect: ☐ Y ☒ N

DEVELOPMENTAL STATUS

Appropriate for age: ☒ Yes ☐ No
Head Circm (<18 month) _____ cms Full Term
_____ wks
Birth Wt (<1 Yr) _____ lbs _____ ozs Premature
_____ wks
Current Diet: _____

AGE	HEAD CIRCUMFERENCE
YEAR/MONTH	CENTIMETERS
BIRTH	35
3 MONTHS	40.4
6 MONTHS	43.4
9 MONTHS	45.3
1 YEAR	46.6
18 MONTHS	47.9

TRIAGE DATA COLLECTED BY: James H. Hagan

REVIEWED BY: _____ RN @ _____ AM PM
Signature Printed Name

102856572 00-13-76-82 09/05/02
MACK, TERRIEL LESHAWN
15 M INT: TIME:

Pediatric Developmental Age Assessment

☐ 0 - 3 months Smiles Coos Holds head steady	☐ 4 - 8 months Turns to voice Rolls over Sits without support	☐ 9 - 12 months Feeds self finger foods Pulls self up Says "da da", "ma ma"
☐ 12 - 18 months Three words besides "ma ma", "da da" Walks well Drinks from cup	☐ 18 - 24 months Walks up and down steps Knows "8" body parts Combines words meaningfully	☐ 2 - 4 years Jumps, hops, and skips Uses pronouns and plurals Sings song from memory
☐ 4 - 8 years Prints first name Throws and catches ball Does jigsaw puzzles/builds models Likes rewards	☐ 8 - 12 years Independent play Concerns about health, school career Enjoys team sports Relates well with peers	☐ 12 - 14 years Loud, boisterous, rowdy behavior Talking becomes major past time Makes independent decisions Identifies feelings of self and others

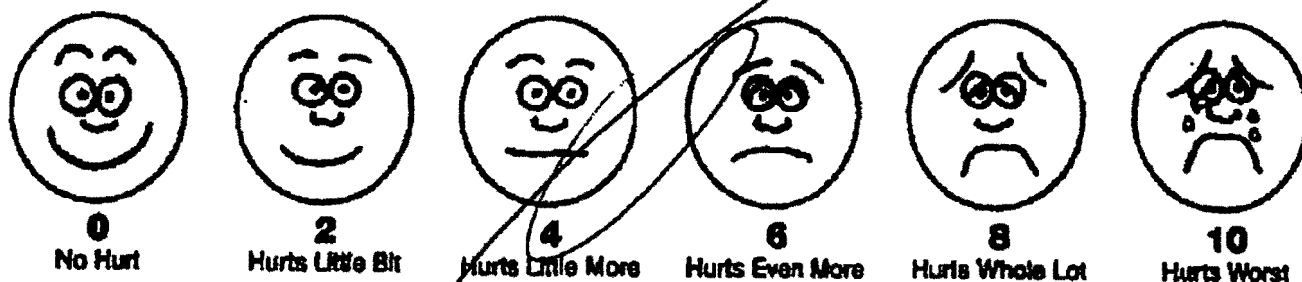
Development appropriate for age: [] Yes [] No Comments:

NON-COGNITIVE PAIN SCALE

	0	1	2
Quality of cry	No Cry	Moderate Frequency can be distracted by sound	Screaming, painful, high pitched
Consolability	Calm before 1 minute	Quiet after 1 minute of effort	None after 2 minutes
Sleep Cycle	Sleep > 10 minutes	Short naps between 5 - 10 minutes	Short naps < 5 minutes
Motor activity (tone)	Normal; relaxed	Moderate agitation and tonicity	Constant thrashing, agitated, hypertonic
Facial expression	Calm, relaxed expression	Intermittent grimace; tension	Marked constant grimace; tension
If score: > 5 = needs prn meds 4-5 = Pain medications as ordered 0-3 = Comfort measures			

Adapted from Attia, J., Amiel-Tison C., Mayer MN et al: Measurement of postoperative pain and narcotic administration in infants using a new clinical scoring system. *Anesthesiology* 67:A 532, 1987

WONG-BAKER FACES PAIN RATING SCALE



Medical professional please note:

Explain to the person that each face is for a person who feels happy because he has no pain (hurt) or sad because he has some or a lot of pain. Face 0 is very happy because he doesn't hurt at all. Face 2 hurts just a little bit. Face 4 hurts a little more. Face 6 hurts even more. Face 8 hurts a whole lot. Face 10 hurts as much as you can imagine, although you don't have to be crying to feel this bad. Ask the person to choose the face that best describes how he is feeling.

Rating scale is recommended for persons aged 3 years and older.

From Wong DL, Hockenberry-Eaton M, Wilson D, Winkelstein M, Abram E, DiVito-Thomas PA, *Whaley and Wong's Nursing Care of Infants and Children*, 6th ed., St. Louis, MO Mosby Year Book Inc. 1999 1153. Copyrighted by Mosby-Year Book, Inc. Reported by permission.

Respiratory Airway ☒ Patent ☐ Intubated ☐ Oral/Nasal Airway ☐ Other _____ Breathing ☐ Normal ☐ Abnormal _____ Breath Sounds ☒ L Clear ☐ R Wheezing ☐ L R Crackles ☐ R Diminished Cough ☐ Productive ☐ Nonproductive * Indicates entry in nursing notes Additional Notes: _____	Emergency Services Nursing Assessment Mode of arrival: <u>WALK</u> Time in room: <u>0145</u> Room number: <u>9</u> Home Aids ☐ PIC Line ☐ Peg Tube ☐ Ventilator ☐ Colostomy ☐ Tank-Off <u>Devis</u> ☐ Ash/Spill Cath ☐ Port-a-Cath ☐ Other: _____ GI ☐ Nausea ☐ Vomiting <u>Dei</u> ☐ Diarrhea ☐ Loss of appetite ☐ Home diet: _____ Bowel Sounds ☒ Present ☐ Absent Abdominal ☒ Normal ☐ Distended ☐ Guarded ☐ Rigid
Circulatory Pulse ☒ Radial ☐ Present ☐ Absent ☒ R Pedal ☐ Present ☐ Absent Rhythm ☒ Regular ☐ Irregular Neck Veins ☐ Distended ☒ Flat Heart Sounds ☒ Regular ☐ Irregular Capillary Refill ☒ Normal ☐ Delayed AV Shunt ☐ Patent ☐ Obstructed Edema ☒ Absent ☐ Present ☐ Pitting ☐ Nonpitting ☐ Location: _____ Additional Notes: _____	GU ☐ Flank Pain ☐ Left ☐ Right <u>Devis</u> ☐ Dysuria ☐ Frequency ☐ Urgency ☐ Hematuria Penile Discharge ☐ None <u>Devis</u> ☐ Present Color: _____ GYN Bleeding Number of Pads: _____ Vaginal Discharge Color: _____ Odor: <u>Y</u> <u>N</u> LMP: _____ Preg/Delivery Date: _____ FHT G _____ P _____ A _____
Neuro LOC ☒ Alert/Oriented x <u>3</u> ☐ Responds to verbal ☐ Unresponsive Pupils Right pupil reaction <u>3</u> ☐ Brisk ☐ Sluggish ☐ Nonreactive Left pupil reaction <u>3</u> ☐ Brisk ☐ Sluggish ☐ Nonreactive Extremities ☒ Moves all extremities ☐ Deficit *see nurses notes Speech ☒ Clear ☐ Slurred ☐ Aphasia For any abnormal start neuro flow sheet:	Pediatric (18 mos & <) LOC ☐ Alert/Oriented x ☐ Responds to verbal ☐ Lethargic ☐ Irritable ☐ Strill Cry Anterior Fontanel ☐ Soft ☐ Tense ☐ Bulging ☐ Flat ☐ Full ☐ Sunken ☐ Closed Pupil Size (mm) 6 5 4 3 2
Psychosocial / Psychiatric Affect ☐ Flat ☒ Normal Behavior ☒ Cooperative ☐ Uncooperative ☐ Agitated ☐ Other: _____ Ideations ☒ None ☐ Harm to self ☐ Harm to others Hallucinations ☐ Auditory ☐ Visual Restraints/Seclusions ☐ Yes If yes, see seclusion flowchart ☒ No Forensic Restraints ☐ Yes If yes, police officer must be present ☒ No Security Notified ☐ Yes ☒ No Patient searched ☐ Yes If yes, searched by whom: _____ ☒ No Notes: _____ Initial Nurse Signature: <u>[Signature]</u>	

102856572 00-13-76-82 09/05/02
 MACK, TERRIEL LESHAWN
 15 M INT- TIME:

Integumentary
 Temp
☒ Normal
☐ Cold
☐ Hot
 Color
☒ Normal
☐ Cyanotic
☐ Pale
☐ Other: _____
 Breakdown
☐ Present
☒ Absent
☐ Location (Note on figure)
 Trauma
☐ Present
☒ Absent
☐ Location (Note on figure)

Figure Legend
 (Include Size in Description)
 A - Abrasion
 C - Contusion
 L - Laceration
 P - Decreased Pulse
 X - Tenderness
 Stb - Stab Wound
 LS - Sutured
 OFx - Open Fracture
 Amp - Amputation
 GSW - Gunshot Wound
 CFx - Closed Fracture
 BS - Burns
 BSA %
 PAR - Paralysis
 S - Decreased Sensation

[illegible][illegible][illegible]

Discharge Disposition		Time: <u>0240</u>		Accompanied with ☐ Self ☐ Family ☐ EMS	
☒ Home	☐ Other	☐ Ambulatory		☐ Stretcher	☐ Carried
Via ☒ W/C		☐ In Custody			
☒ PVS.O. verbalized understanding of discharge instructions: <u>Human 3 ite</u> ☐ Medication Education completed with patient: <u>11/16/16</u> <u>57</u> <u>11/16/16</u> <u>57</u>					
☐ Discharge vital signs: BP <u>114</u> P <u>100</u> R <u>57</u> T <u>97.8</u>					
Resource Needs: ☒ None ☐ Spiritual Care ☐ Other: _____ ☐ Financial Counselor ☐ Pee Dee Coalition					
☐ Case Manager Notified @ _____ AM PM ☐ Assistance with ADL's ☐ Assistance with medical equipment ☐ Assistance getting medications ☐ Assistance with referral Type: _____					
Safety Side rails up x2 ☐ Yes ☐ No Call light within reach ☐ Yes ☐ No			Admit <u>11/16/16</u> <u>57</u> <u>11/16/16</u> <u>57</u>		
Time report called: _____ Room # _____ Report to: _____ Time to floor: _____			Transported with: ☐ Monitor ☐ O2 ☐ Pulse Ox ☐ RN		

INITIALS	PRINTED NAME	SIGNATURE
RM <u>DM</u>	Barbara N.E. Lee Deborah Bradley Lee	Barbara N.E. Lee Deborah Bradley Lee

102856572 00-13-76-82 09/05/82

102856572 00-13-76-82 09/05/02
MACK, TERRIEL LESHAWN
15 M INT: TIME:

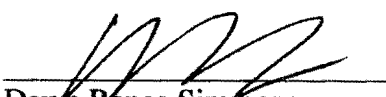
STATE OF NEW YORK
COUNTY OF NEW YORK

)
)
)

AFFIDAVIT

Personally, appeared before me, the undersigned, who being duly sworn, deposes and states as follows:

1. That I am a citizen and resident of the County of New York, State of New York.
2. I attest and affirm that I, Dawn Renee Simmons, am the author of "Letters To Our Sons, A Collection of Letters By Prisoners & Ex-prisoners To Stop Mass Incarceration of Our Youth."
3. I attest and affirm that I, Dawn Renee Simmons, did have my book Letters To Our Sons, published on October 31, 2018.
4. I attest and affirm that Mr. Terriel Mack did submit a letter to me which was published in my book.
5. I attest and affirm that the letter I received from Mr. Terriel Mack is dated December 31, 2013 and I received it in January 2014.
6. I attest and affirm that the letter which was submitted to me by Mr. Terriel Mack appears in my book on pages 42-43.

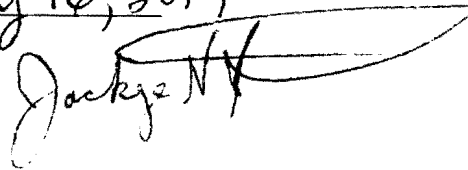

Dawn Renee Simmons

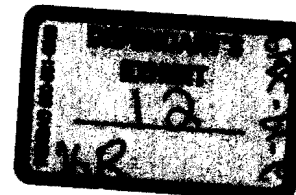
SWORN TO before me this
18th day of February, 2019

NOTARY PUBLIC FOR NEW YORK

My Commission Expires: July 16, 2019

Jackye N. Stephenson
Notary Public State of New York
Commission #01ST6048677
Qualified in New York County
My Commission expires July 16, 2019





STATE OF SOUTH CAROLINA

COUNTY OF FLORENCE

)
)
)

AFFIDAVIT

Personally, appeared before me, the undersigned, who being duly sworn, deposes and states as follows:

1. That I, Nourise McLaughlin, am a citizen and resident of the County of Florence, State of South Carolina. I am over the age of eighteen and attest and affirm the following to be true.
2. Terriel Shawn Mack is my brother's son, my nephew. I have known him his entire life. Shawn grew up living with his mother Dawn and spent some time with his father and our family.
3. Shawn's mother worked multiple jobs at times which kept her from being present in Shawn and his brother's lives. The boys ran free in the neighborhood and did not have much guidance growing up. From my experience with Shawn and his brothers, Dawn did not provide a lot of support or leadership for her children. She was very inconsistent with parenting them and the boys just seemed to make their own choices of where to be and when.
4. Throughout Shawn's life Dawn had many different relationships with men. These men would often live with her and the boys and be the main male role models in their lives. Her relationships seemed much more important to her than being a parent to her kids so she would put the men before her children whenever problems came up.
5. Many of these men have been arrested and did not treat Dawn or her kids the way they deserved to be treated. Dawn would stand up for the men and tell her children to toughen up now or you will get your [behind] beat later. I have always known you cannot get a right out of two wrongs and when both parental figures are not acting as they should the results can be predicted. Dawn deserved better for herself and should have brought better men into her kids' lives if she was going to have relationships at all.
6. Shawn and his brothers are all intelligent young men but everything positive they learned was in school and everything else was learned in the streets. They are all very bright but did not have anyone to help them appreciate the importance of an education, so they did not succeed in school as they got older.
7. I live in Florence County and will be here to support Shawn if he is released. My brothers, daughters, and entire family will do everything we can to help him be successful in our community.

Nourise McLaughlin
Nourise McLaughlin

SWORN TO before me this

5th day of February, 2019

Brill Russell

NOTARY PUBLIC FOR SOUTH CAROLINA

My Commission Expires: 3/24/27



STATE OF SOUTH CAROLINA
COUNTY OF FLORENCE

)
)
)

AFFIDAVIT

Personally, appeared before me, the undersigned, who being duly sworn, deposes and states as follows:

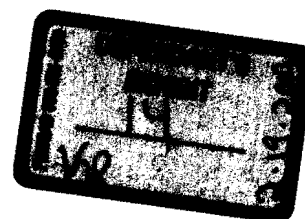
1. That I, Shante McLaughlin, am a citizen and resident of the County of Florence, State of South Carolina. I am over the age of eighteen and attest and affirm the following to be true.
2. Terriel Shawn Mack is my uncle's son and I have known him his entire life. We went to school together until Shawn went to the Department of Juvenile Justice. He was involved in the Chess Club in the mornings and enjoyed playing sports.
3. Shawn was a really good student and even helped me and our other cousins with our school work. To me, he was just a normal, smart kid. I enjoyed spending time with him and our friends after school and at family gatherings.
4. Before he went to DJJ, we spent a lot of time together but when he came back it was like a switch flipped. After he was released from DJJ he stopped hanging out with us and only spent time with the three or four guys in our neighborhood that were in DJJ with him. I was sad that he did not want to hang out with us anymore but I did not think the guys he had started hanging out with were very good people.
5. The guys that he was hanging out with seemed to change his way of thinking and how he spent his time. He did not seem to focus on school at all and was mostly just spending time the neighborhood with them.
6. I have two children and work hard to provide for them every day. If Shawn is released, I will help him and support him with anything he needs including making sure he has somewhere to live and somewhere to work. We have a large family, and will all work together to make sure he has a successful transition back into our community.

Shante' McLaughlin
Shante McLaughlin

SWORN TO before me this
5th day of February, 2019

Bonnie Russell

NOTARY PUBLIC FOR SOUTH CAROLINA
My Commission Expires: 3/24/27



STATE OF SOUTH CAROLINA

AFFIDAVIT

COUNTY OF FLORENCE

Personally, appeared before me, the undersigned, who being duly sworn, deposes and states as follows:

1. That I, Terry McLaughlin, am a citizen and resident of the County of Florence, State of South Carolina. I am over the age of eighteen and attest and affirm the following to be true.
2. Terriel Shawn Mack is my son.
3. If Shawn is released, he will be able to come to work for my brother, Barry McLaughlin, and myself. We opened McLaughlin Floor Coverings in 1990 and have been working in the Florence area and throughout South Carolina ever since.
4. Shawn is very bright and I know he would be able to easily pick up on the work we do and be successful in helping our business grow.
5. I will also be available to my son for anything he needs, from a place to stay to a warm meal. I know that making a transition back into the community will be a process and I will be by his side every step of the way.

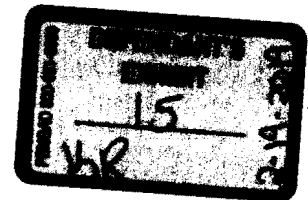
Terry McLaughlin
Terry McLaughlin

SWORN TO before me this
5th day of February, 2019

Boni Russell

NOTARY PUBLIC FOR SOUTH CAROLINA

My Commission Expires: 3/24/27



STATE OF SOUTH CAROLINA

AFFIDAVIT

COUNTY OF ALLENDALE

Personally, appeared before me, the undersigned, who being duly sworn, deposes and states as follows:

1. That I, Rodrigues Demetress Doe, am a citizen and resident of the County of Florence, State of South Carolina. I am over the age of eighteen and attest and affirm the following to be true.
2. Terriel Mack was a tutor in the education department at Lieber when I was there in 2009. Mack was very intelligent and just a good dude. He was always down at the schoolhouse helping others get their GEDs.
3. I was never housed with Mack so we did not ever have a chance to hang out or become friends. I only knew him in his role as a tutor for those working on education credits.
4. Mack worked with me and tutored me and I was able to successfully complete the program and get my GED before I was released. I do not think I would have been able to do it without his help.

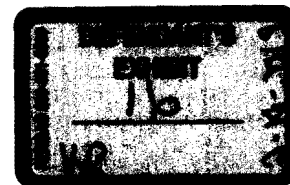
R. Doe
Rodrigues Demetress Doe

SWORN TO before me this

9th day of February, 2019

Brian Russell
NOTARY PUBLIC FOR SOUTH CAROLINA

My Commission Expires: 3/24/27





Official Transcript of GED Tests

Issued by:
SCDE Office of Adult Education
1401 Senate Street
Columbia, SC 29201

cd.sc.gov/instruction/adult-education/

Candidate Information

Last Name: MACK

First Name: TERRIEL

MI:

Address: WILBORN AVE DOC- LCI
RIDGEVILLE, SC 29472

DOB:

SSN: XXX-XX-XXXX

Test Name	Standard Score	Percentile Rank	Test Date	Test Form
Language Arts, Writing	500	50	11/13/2008	II
Social Studies	480	42	11/13/2008	II
Science	480	42	11/13/2008	II
Language Arts, Reading	580	79	11/13/2008	II
Mathematics	460	34	11/13/2008	II
Pass/Non Pass: Pass	2500	Avg Score:	500	

GED
Administrator:

Date Printed: Friday, February 8, 2019

Center Name: Not available.

Center ID: 3000430036

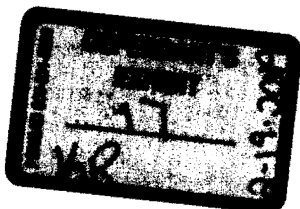
Test Format: EP

Date Passed: November 13, 2008

Language: English

* The scores on this report are the highest scores achieved by the candidate and not necessarily the most recent. If the latest scores are lower than the scores previously achieved, the latest scores are not reported.

Russell Release for Terriel Mack 312070 February 12, 2019 GC005



INDEPENDENT PSYCHIATRIC EVALUATION

EXAMINEE: Terriel Mack
DATE OF BIRTH: [REDACTED]
ATTORNEYS FOR MR. MACK: Marshall S. Weaver, Esq.
Brie R. Russell, Esq.

DATE OF EVALUATION: February 15, 2019
DATE OF REPORT: February 17, 2019

EXAMINER: Matthew E. Gaskins, MD
Forensic Psychiatrist



IDENTIFYING INFORMATION

Mr. Mack is a 32-year-old African American male who is currently serving a sentence of Life Without Parole (LWOP) after being found guilty in 2005 for the charge of Murder based on events from 2003. At the time of the crime for which he was convicted he was a juvenile (17 years old). Based on the rulings of *Miller v. Alabama* 132 S Ct 2455 (2012) and *Aiken v. Byars* 410 S.C. 534 (2014), Mr. Mack is scheduled for a resentencing hearing. This examination was requested by Mr. Mack's attorneys to provide a psychiatric assessment and provide feedback as it relates to the factors to be considered for resentencing.

STATEMENT OF NON-CONFIDENTIALITY

Prior to the interview Mr. Mack was warned about the limitations in confidentiality associated with forensic evaluations. He was informed the evaluation was requested by his attorney and work products produced based on the evaluation were controlled by his attorney. He was told that this evaluation did not establish a doctor-patient relationship and that no treatment would be provided as a result.

SOURCES OF INFORMATION

1. Initial conversation with Mr. Mack's attorney, Marshall Weaver, requesting the evaluation.
2. Florence County school records.
3. Records from SC Department of Juvenile Justice (SCDJJ).
4. Birth certificate for Mr. Mr. Mack.
5. Psychological evaluation report completed by Geoffrey R. McKee, PhD, dated February 4, 2019.
6. Florence County Family Court commitment order 2002-JU-21-21.
7. Statement from Carolina Hospital System (no records for review).
8. Statement from Circle Park Behavioral Health Services (no records for review).

9. Statement from SC Department of Special Needs (SCDDSN) (no records for review).
10. Immunization record from SC Department of Health and Environmental Control (SCDHEC).
11. Medical records from McLeod Health.
12. Statement from PeeDee Regional Family Medicine (no records for review).
13. Statement from SC Vocational Rehabilitation (no records for review).
14. Statement from SC Department of Mental Health (SCDMH).
15. Medical records from SC Department of Corrections (SCDC).
16. Medical records from Greenville Memorial Medical Center (GMMC).
17. Medical records from University of Specialty Clinics (University of South Carolina School of Medicine).
18. General Education Development (GED) certificate.
19. Two hour and 45-minute psychiatric interview conducted at Broad River Correctional Institution.
20. City of Florence incident report and accompanying documents for case numbers 2003-12-373 and 2003-012408.
21. Crime scene, autopsy, and investigative photographs.

BRIEF LEGAL HISTORY

On January 15, 2003, Mr. Mack was adjudicated delinquent and committed to SCDJJ.

Mr. Mack was arrested in connection with a shooting death which occurred in December 2003. He was charged with two codefendants. He was found guilty of Murder on October 25, 2005. He was sentenced to LWOP and placed in the custody of SCDC. Since that time, he has transferred to various prisons within SCDC.

REVIEW OF AVAILABLE RECORDS

SCDMH

A letter dated May 1, 2017, states that Mr. Mack received treatment from October 2001 through January 2002 for an unspecified diagnosis. The letter states, "These records are no longer available due to our retention policy of ten years."

FLORENCE COUNTY SCHOOL RECORDS

Mr. Mack's records show academic decline in middle school with some failing grades. Prior to this he was performing in the average range.

SCDJJ

The records include a psychosocial evaluation dated June 27, 2002 (at age 15). The evaluation noted that Mr. Mack had "several referrals dating back to 1999 when he was 12-years-old." During this evaluation Mr. Mack told the evaluator "that he was associating

with a negative crowd and attributes this as one reason for his current offenses" and "[t]his age also corresponded with the start of his alcohol and drug use." The report states, "It is noted that he had a great deal of idle and unstructured time when his offenses occurred because he was expelled from school." Diagnoses offered in this evaluation include Conduct Disorder (moderate), Alcohol Abuse, Cannabis Abuse, and Family-Child Relationship Problems. Additionally, the stressor of "Father's lack of involvement in Terriel's life" is listed as a diagnostic impression. Recommendations in this report included referral for substance use treatment and "counseling to uncover and deal with his anger." It was also recommended that Mr. Mack's "mother be required to successfully complete parenting classes." It is unclear if these recommendations were implemented.

An intake note dated February 27, 2003, states Mr. Mack was assessed after being adjudicated delinquent for auto breaking and petit larceny. The records state, "He acknowledges responsibility for his offense, but minimizes the severity." He is described as having an affect (i.e. observed expression of mood) that "was positive" with a "somewhat defensive" attitude. He was assigned to "individual counseling to address treatment goals and personal issues and concerns to effect positive change." Later in this document Mr. Mack is described as having "great deal of anger" and self-reported "his biggest problems are his substance use and that he aligns himself with negative peers much to the detriment of his own needs."

Additional relevant information from this source of information include:

- References to "a poor relationship with his stepfather and mother" throughout indicating significant family discord.
- Multiple reports of Mr. Mack having difficulty controlling anger (e.g. "poor management skills and impulse control," "anger management problems").
- Statements regarding substance use (including alcohol and marijuana) starting at an early age.
- Mr. Mack's attendance and participation in therapy groups was inconsistent. It is noted that he had multiple changes in location during this time.
- Behavioral infractions including multiple instances of fighting.

MCLEOD HEALTH

Mr. Mack received treatment for a chief complaint of "human bite to the right hand" on September 5, 2002. There were multiple other injuries noted on exam.

SCDC

Mr. Mack was first evaluated for mental health concerns starting in 2006. Initially there was no "acute emotional/psychological distress." The first evaluations were requested as "security referral[s]." He had multiple assessments, but the first psychiatrist note available for review is dated May 2, 2011, when he was evaluated by Robert M. Poiletman, MD. Dr. Poiletman offered diagnoses including Posttraumatic Stress Disorder (PTSD) and Psychosis Not Otherwise Specified (NOS). In this note, Dr. Poiletman states he saw Mr.

Mack "one time before" due to symptoms Mr. Mack attributed to being attacked by a corrections officer. Dr. Poiletman prescribed Risperdal® (risperidone), an antipsychotic medication; and prazosin, a blood pressure medication often used to treat nightmares associated with PTSD. His medications were adjusted under Dr. Poiletman's care with varying degrees of success.

Mr. Mack was transferred to Perry Correctional Institution where his medications were stopped on April 17, 2012. The note is signed by Eileen Delany, but it is not clear her classification, and the reasons for discontinuing are not outlined. During the following years, the majority of his mental health care at SCDC was not provided by psychiatrist but more often by health service coordinators. Based on their notes, they did not believe Mr. Mack was being truthful regarding his current symptoms. Mr. Mack reported paranoia and atypical hallucinations (i.e. descriptions of hallucinations not commonly associated with severe and persistent mental illness) most often related to traumatic encounters with corrections officers.

His next psychiatric evaluation was on May 30, 2015, when he was evaluated by Jimmy Pacheco, MD. Dr. Pacheco offered the diagnosis of Antisocial Personality Disorder (ASPD) with a rule out diagnosis of Impulse Disorder NOS. Dr. Pacheco prescribed Thorazine® (chlorpromazine), an antipsychotic. It is noteworthy that while there was not a diagnosis associated with hallucinations present at this time, his treatment goals included "to decrease hallucinations both auditory and visual hallucinations."

He was assessed by another psychiatrist, Michael Ferlauto, MD, on October 29, 2015. Dr. Ferlauto agreed with the diagnosis of ASPD and included a rule out of "psychotic [disorder] vs malingering." Dr. Ferlauto continued Thorazine® (chlorpromazine) but noted a "low threshold for discontinuing since ASPD seems to be primary pathology." Dr. Ferlauto continued to provide care and on April 28, 2016, it was noted that Mr. Mack received/took medication inconsistently and added a rule out diagnosis for a depressive disorder. Mr. Mack reported continued depressive symptoms throughout his treatment with Dr. Ferlauto. In the note dated July 27, 2017, Dr. Ferlauto writes, "Offered to start him on an antidepressant b/c he always seems depressed but he declined."

After he was transferred to Lee Correctional Institution his psychiatric care was taken over by Beverly Wood, MD, who offered diagnoses of ASPD and Unspecified Psychosis with a rule out diagnosis of PTSD. Dr. Wood agreed with Thorazine® (chlorpromazine) and prazosin. Dr. Wood continued to provide treatment throughout the year. Mr. Lee was housed at the Lee Correctional Institution during the riots which occurred on April 15, 2018. He reported to Dr. Wood on May 11, 2018, that he was "not doing well" because "he saw dead bodies stacked up during the recent riot and it replays in his mind over and over."

In a counseling/psychiatric progress note dated June 15, 2018, Mr. Mack reported that "he was found hanging in the shower" and had to be cut down. The writer of this report, Melissa Gambrell, NP, describes Mr. Mack as guarded in discussion. The records state that Mr. Mack has on more than one occasion reported suicidal ideation which resulted

on his being placed on suicide watch unrelated to the riot. The treatment plan includes "PTSD from Lee riot" as a concern which required treatment. Another note with the same date states, "Depression is significant" and describes him as "cooperative and non-communicative."

A physician note dated September 20, 2018, completed by Halford Meyer, MD, lists diagnoses including Psychosis, Malingering, Unspecified Anxiety Disorder, and ASPD. The most recent progress note available for review dated December 18, 2018, states that he continues to receive antipsychotic medication for treatment of psychotic symptoms.

Additional medications prescribed through SCDC include Zoloft® (sertraline), an antidepressant; Cogentin® (benztropine), a medication used to treat/prevent side effects of antipsychotics; Loxitane® (loxapine), an antipsychotic; Cymbalta® (duloxetine), an antidepressant often used to treat neuropathic pain; and Geodon® (ziprasidone), an antipsychotic. The medication administration record (MAR) provided for review confirm that administration was inconsistent.

The records also describe general medical concerns including shoulder dislocation in 2012.

PSYCHOLOGICAL REPORT GEOFFREY MCKEE

Dr. McKee conducted a psychological evaluation on January 11, 14, and 22, 2019, "to assess [Mr. Mack's] current diagnoses, risks of harm to others, sophistication and maturity, and amenability for treatment."

Dr. McKee's evaluation outlines reasons that Mr. Mack's "defense attorney could have offered expert forensic psychological testimony." These reasons include the results of psychological instruments outlined in Dr. McKee's report; "descriptions of [Mr. Mack's] personal history of achievements, family, stability, and happiness before age 10;" "devastating traumas and reactive depression between ages 10-13;" and "adolescent 'self-medication' by substance dependence and emotional/behavioral volatility from ages 14 until his arrest for murder." Dr. McKee uses retrospective assessments to determine how Mr. Mack was likely functioning at the time of his arrest and subsequent trial. One of these instruments was the Jesness Inventory-Revised (JI-R). Dr. McKee writes, "These JI-R results indicate that although he may have been chronologically 17 years old at the time of his arrest and subsequent confinement in jail awaiting trial, he was emotionally, perceptually, and cognitively (decision-making, problem-solving) a much younger person."

In the report Dr. McKee outlines numerous tests and instruments frequently utilized in "pre-trial criminal forensic evaluation[s]" which were available at the time of Mr. Mack's trial. Dr. McKee expresses concern that research has shown "differences between juvenile and adults in certain CST [competency to stand trial] capacities, particularly in more abstract elements such as understanding plea bargaining." Dr. McKee notes, based on available information, Mr. Mack was not referred to SCDMH for CST evaluation. Dr.

McKee states that such an "evaluation would have addressed these issues as well as provided for the court's consideration a summary of Terriel's personal history and perhaps the findings from the previous SCDJJ psychological evaluation and SCDJJ Discharge Summary."

Dr. McKee ends the report by stating:

It is my opinion that Terriel was at age 17/18, and still is now, capable of rehabilitation based on the results of this evaluation and current mental status, diagnoses of PTSD and possible psychosis and [the results of psychological testing]. These data indicate that he would profit from recurrent access to mental health treatment including regular group and/or individual counseling sessions augmented by appropriate psychiatric medication for the foreseeable future.

FORENSIC INTERVIEW

CLINICAL PRESENTATION AND PSYCHIATRIC HISTORY

Mr. Mack was interviewed at Broad River Correctional Institution. Prior to the interview Mr. Mack's attorney, Brie Russell, had a brief discussion with Mr. Mack and facilitated the introduction. Ms. Russell then left the interview room so that the interview could be conducted on a one on one basis.

Mr. Mack reported the following information: He is currently held in Broad River Correctional Institution. He is compliant with treatment, but medications are not always given to him. There have been times when he was given incorrect medicines, or his medicine was given to other inmates. Mr. Mack believes he has PTSD based on several traumatic events which occurred throughout his life. He witnessed domestic violence by his mother's partners directed at her. He would try to intervene which would lead to his being assaulted by these men. In one of these instances he was bitten and had to go for treatment (see medical records above). Additionally, these men often were hostile and dismissive of the men that preceded them (i.e. remove pictures of them, talk bad about them). This led to him lacking a consistent positive paternal figure. His own father "never claimed [him]" and has had a casual relationship with him described as saying "what's up?" and nodding when they pass. During most of his childhood two consistent and empathetic caregivers were his maternal grandmother and maternal great grandmother. His great grandmother died from cancer when he was 13 years old which was a chaotic event. Shortly after his maternal grandmother moved to North Carolina. He believes his childhood experience has made him more cautious and suspicious of others. After his great grandmother died, he started living "street life" and using drugs and alcohol to help cope. This was due to a permissive parenting style of his mother. He witnessed gang culture even though he was not directly affiliated. This exposed him to further violence and drug use. Upon arriving at SCDC he quickly noticed many similarities to "life on the street" and "prison culture." In corrections he has witnessed violence, gang culture, and drug use. In order to survive he has to remain on guard at all times. The basis for this

stance is his past experiences. He has been the victim of violence from other inmates as well as corrections officers. He has had multiple behavioral infractions including fighting with corrections officers, fighting with peers, and possession of contraband. In one instance he was found to have a sharpened stick. This was at the same time that he had shoulder surgery and "was a one-armed man" making him feel "like a sitting duck." His experiences have led him to knowingly push boundaries and break rules in order to "survive" while incarcerated (i.e. have a potential weapon when limited physically, fight an officer/inmate who disrespects him publicly). He has an attitude of acceptance of this as the status quo ("it is what it is"). The violence prior to and during his incarceration has caused him to experience recurrent intrusive thoughts and nightmares related to the trauma. He tries to "keep to [him]self" to avoid possible conflicts but this is not a viable option given his incarceration (i.e. he has to go where he is told). He was present in Lee Correctional Institution during the riot. He witnessed extreme violence and was personally threatened by others. It was the intervention of someone involved in the riot that saved him from possible harm or death during the riot. His nightmares and intrusive thoughts of violence have intensified as well as incorporated events from the riot. He has "seen" dead bodies stacked and blood on the walls. In discussion, the word *seen* refers to nightmares and intrusive, unwanted images of things he witnessed opposed to hallucinations. He believes medications help with these symptoms. When he does not have medicine, he become paranoid and will "refuse to eat" because a belief that people are "messing with [his] food." The medicine has helped to lessen the intensity of the nightmares and intrusive thoughts.

He wanted to make clear that he has also had extended periods free from write-ups including up to two consecutive years being disciplinary free.

Mr. Mack reported one past suicide attempt by hanging. This occurred after following the events at Lee Correctional Institution. He stated he tried to hang himself and had to be cut down. He does not describe recurrent depressive episodes but a chronic low mood. He stated he tries to maintain a positive outlook but understands his mood acutely worsens when there is a setback or other stressor added (e.g. placed on lockdown, friend/family member dies, bad news from home).

Mr. Mack reported that he also "hear[s] voices" of unseen others that "tell [him] to do things." When pressed, he was unable to provide details.

ALCOHOL AND SUBSTANCE USE HISTORY

Mr. Mack reported heavy use of alcohol and marijuana as an adolescent. He does not believe that his use caused problems and did not describe symptoms of physiologic dependence. He stated he has largely avoided the drugs and alcohol available within SCDC.

MEDICAL HISTORY

Mr. Mack reported a shoulder surgery which resulted from "an officer assaulting [him]." He added that he is otherwise healthy.

FAMILY MEDICAL HISTORY

Mr. Mack stated that his great grandmother died due to unknown cancer. He reported his mother has an unknown mental health diagnosis and a history of abusing alcohol.

SOCIAL HISTORY

Mr. Mack reported the following information: He was born and raised in Florence, SC, by his mother along with three brothers. He has two paternal half-siblings. He has never had a meaningful relationship with his biological father because his father will not "claim [him]." He was close with his mother, but she would put her children second when in a relationship. The men with whom his mother associated were often violent toward her. He and his brothers would attempt to interfere and leading to his being injured "by grown men." He was briefly placed in foster care while in kindergarten for unknown reasons. At age 10 he moved in with his grandmother. His grandmother had problems related to use of crack cocaine early in his life but was able to turn her life around. His grandmother was an inspiration for him and the person to whom he turned when upset. He spent a year with his grandmother before returning to his mother's. He lived there until his arrest for Murder. His mother continued to ignore her responsibilities throughout this time and there was often no food in the refrigerator. His brothers started stealing food from elsewhere, and Mr. Mack started living the "street life" to make money. This included dealing drugs to earn money "to buy food for [his] brothers." He was "doing fine" in school "for the most part" but did get in trouble for rules violations. He dropped out of school in the 10th grade because going to school became dangerous because of "stuff in the neighborhood." He continued to live "just surviving the street." He briefly worked at a car wash and with his mother preparing a restaurant for opening. He turned to using substances to help self-medicate himself in order to relieve the stress and frustration associated with his lifestyle.

ARREST AND TRIAL

Mr. Mack stated that others placed him at the scene of the crime and identified him as the shooter. He stated that the motive for the shooting was reported by witnesses and codefendants to be either robbery or to obtain marijuana. He stated that the Murder occurred on December 17, 2003, and he was arrested two days later. During the interview he did not want to discuss his version of events as he has an appeal pending at this time. He acknowledged that he was convicted as the shooter and therefore found responsible for the death. He added that he had other charges which were ultimately dropped prior to trial with the exception of "Criminal Conspiracy."

He stated he was initially appointed Michael Nettles as his attorney in January 2004. In February 2005, his case was transferred to Elizabeth York because Mr. Nettles was elected to the circuit court. Ms. York was his attorney until August 2005 when she took a

leave from work due to pregnancy. Mr. Mack reported that during this time he was not able to discuss the details his charges with either of his first two attorneys as the investigation and discovery was ongoing. In August 2005, Scott Floyd was appointed his attorney. Mr. Mack stated that 81 days later his trial began. Mr. Mack stated that he was frustrated with the multiple changes in representation and did not believe that the attorneys were invested in his case. He repeatedly said, "Only 81 days to get ready for a Murder case is not enough." He stated that he did not have meaningful conversations regarding the evidence against him or the likelihood of conviction at trial with his attorneys. He reported that he was "naïve" about his chances. He felt frustrated for the nearly two years of uncertainty at the detention center while awaiting trial. He believes he was likely showing signs of "depression and anxiety symptoms" at the time including frequent episodes of tearfulness. He reported that he was able to cover it up by being "very optimistic" that the jury would find in his favor. He reported that he told his attorneys about his past mental health treatment including his evaluation at SCDJJD but was not evaluated by mental health in the detention center and did not have a CST evaluation. As the evidence and witnesses were presented at trial, he continued to believe he would be found not guilty. The jury required additional information regarding the case and asked to re-hear testimony making him believe he was "almost right." He described feeling surprised by the verdict because he did not think the jury would believe the witnesses/statements due to their own questionable pasts.

After his conviction he was sent to prison at the age of 19. He stated he experienced shock at the amount of violence and drug use he encountered in prison. He realized he was still a teenager in a prison "full of grown men" all who had more experience than he. Despite this frustration, he believed his conviction would be overturned on appeal. With encouragement from others on the outside he decided to obtain his GED to educate himself and be better prepared to return to society. He found "going to school [to be] [his] escape" from the frustrations of prison life. He described feeling pride in this accomplishment that made him want to give back to others. He reported that this led him to volunteer and help other inmates complete the GED program. He reported he is most proud of helping another inmate score higher than himself on the GED examination. He has spent a lot of time educating himself in preparation for various legal motions. He believes he now is able to discuss elements of his case as he prepares for the resentencing hearing and possible appeals. He reported becoming more involved in the church community in prison to meet other like-minded individuals who "want to give back" to others and "stay positive." He stated that he was part of getting a cultural awareness program going which focuses on educating inmates about multiple cultures and belief systems (e.g. Irish culture, African history, Buddhism) to help broaden the horizons. He stated he also started a "current events group" where he would obtain coffee, donuts, and newspapers for a group of inmates. The goal being to discuss the topics of the day outside the prison to remind the inmates that the world continues to move on while they are in prison and to be educated about "the events of the day." He reported being involved with a group that are publishing a collection of advice called "Letters to Our Sons" designed to break "the cycle of mass incarceration."

MENTAL STATUS EXAMINATION

Mr. Mack was escorted to the evaluation by corrections officers. He was wearing a jumpsuit provided the prison and was in belly-chains and ankle restraints. There were no abnormal movements noted. He was well-groomed with appropriate hygiene. He had a pair of broken eyeglasses with him with thick lens. He had a stack of papers in an envelope which he said were records for the pending re-sentencing hearing. He pulled out appropriate papers when discussing his case (e.g. school records when discussing education, court documents when discussing his case). He was cooperative with the evaluation and answered questions appropriately. He was alert and oriented to person, place, time, and situation. His memory and concentration were intact. He described his mood as tired and he was observed to have a full range of affect. For the majority of the interview he was in good spirits with a bright affect. He appeared frustrated when discussing his trial and tearful when discussing the past violence he witnessed as well as current nightmares. Near the end of the evaluation Mr. Mack's food service trays were dropped off. While inspecting his tray a roach crawled out of his food. This caused him to become angered stating, "You see this shit?" He reiterated frustrations with the detention center's level of cleanliness and care toward inmates. He was able to calm himself after a few minutes without difficulty laughing it off as relatively normal. He stated he was not experiencing suicidal or homicidal ideation. He reported he was not experiencing auditory or visual hallucinations during the events. He described some fear of corrections officers which is believed to be within normal limits and not part of paranoia or delusional thinking.

DIAGNOSTIC IMPRESSION

It is opined to a reasonable degree of certainty that Mr. Mack meets the diagnostic impression for Posttraumatic Stress Disorder. This diagnosis is based on Mr. Mack having clinically significant symptoms that result from his exposure to multiple traumas (e.g. witnessing and experiencing abuse as a child; witnessing and participating in violent acts while incarcerated; witnessing intensely violent acts during the riot of April 2018). Based on the totality of information Mr. Mack's has experienced symptoms of PTSD including intrusive memories, nightmares, increased psychological stress when exposed to reminders of the violence, attempts to avoid reminders of trauma, avoidance of discussing trauma (e.g. minimally communicative with providers), persistent negative emotional state (i.e. descriptions of appearing depressed), feeling estranged from others (i.e. feeling alone), irritability/anger outbursts with little to no provocation, hypervigilance, and sleep disturbance.

Medical records, notably those of SCDC, have also offered the diagnosis of malingering. The diagnosis *malingering* is the intentional feigning or exaggeration of symptoms in order to obtain secondary gain (e.g. medication, preferential placement, money, removal of restrictions). This is important because *malingering* cannot be offered based on evidence of feigning or exaggerating alone as the diagnosis implies to know the intended goal of the person feigning or exaggerating symptoms. The records do not outline suspected motivations for the suspected behavior other than in reference to the suicidal ideation following the riot Lee Correctional Institution. Additionally, while it is available in SCDC,

psychological testing for malingering has not been administered for Mr. Mack making the opinion on feigning a clinical suspicion and not a confirmed diagnosis. It is also worth noting that the most common form of malingering is exaggeration and should not be dismissed. For example, when a person is seen by a doctor and asked how much something hurts on a 10-point scale. Many people will claim 10 out of 10 pain even though they know they have felt worse. This is common example of someone who is technically malingering with the intent of having their symptoms heard. In correctional settings this is often necessary due to the limited resources available.

Another diagnosis mentioned in the records is *Antisocial Personality Disorder*. Mr. Mack does show clinically significant signs/symptoms of this diagnosis, but it should be viewed cautiously. Personality diagnoses are not generally offered until a person has become an adult. The difficulty with Mr. Mack is that he has been detained or incarcerated as an adolescent and has not been able demonstrate his adult behavior/personality outside of correctional settings. Mr. Mack has demonstrated antisocial personality traits including aggressiveness, lack of remorse, and impulsivity while in corrections. These traits added with the evidence of conduct disorder and other violations of the rights of others as an adolescence meets the diagnostic criteria for Antisocial Personality Disorder. However, these traits seem to have been adaptively beneficial for Mr. Mack to survive "street life" and while in prison. It is not clear that he would continue this pattern of behavior as an adult in a non-correctional setting. This is an important consideration as the diagnosis itself is often used in pejorative contexts. For these reasons, this diagnosis is not offered at this time.

CONCLUSIONS

In *Aiken v. Byars* the Supreme Court of South Carolina adopted the considerations outlined in *Miller v. Alabama* by the Supreme Court of the United States for resentencing of juveniles sentenced to life without parole for Murder convictions. The factors and psychiatric considerations our outlined below (the enumerated quotations are from the decision of *Aiken v. Byars* with the internal quotations being cited from *Miller v. Alabama*):

1. "the chronological age of the offender and the hallmark features of youth, including 'immaturity, impetuosity, and failure to appreciate the risks and consequence'"
 - Mr. Mack's chronologic age at the time of the offense for which he was convicted is 17 years old. He is therefore considered an *adolescent* (clinically) and a *juvenile* (legally) at the time of the offense. The mindset of late adolescence often is accompanied by idealistic and optimistic views on potential problems. That is to say that either nothing bad can happen or that everything will work itself out. This can lead to overconfidence as described by Mr. Mack.
 - Dr. McKee's testing, in particular the JI-R, indicated that Mr. Mack was functioning below average given his chronological age. This means that Mr. Mack's ability to weigh the evidence against him and assess the likelihood of conviction against a potential plea bargain would have been less sophisticated than those of similar age peers.

- Mr. Mack reported that he was not adequately explained his chances of conviction given the evidence against him (e.g. witnesses and co-defendant attributing the Murder to him as well as his own statements to police). He stated he was unable to fully appreciate the risks of taking the case to trial at the time and may have had a "very optimistic" attitude about the trial. He believes he was "almost right" because the jury requested guidance and additional information during deliberation. Whether or not this information was conveyed, it is opined that the above factors contributed to his decision to take the case for trial. Similarly, as the case went on with the evidence lining up against him, he did not seek to discuss or reconsider his plea.
 - Mr. Mack described feeling frustrated that he had gone through multiple attorneys in the lead up to his trial. He reported that he did not appreciate the finality of verdict in part because he was naïve.
2. "the 'family and home environment' that surrounded the offender"
- Mr. Mack's home life was chaotic for most of his life.
 - He did not have meaningful interactions with his biological father and was never "claimed" by him. His various parental figures (i.e. mother's paramours) were often volatile and abusive toward his mother and the children. He did not have a strong male role model in the home. He found some mentorship in the "street life" but acknowledges in retrospect that this was not the solution to his problem. This issue continue to bother him to this day.
 - His mother was fairly attentive except when involved in a romantic relationship. When his mother was involved with a partner, she put the relationship above the needs of the family. This is evidenced in the records through multiple references to parent-child relationship problems and the need for parenting classes for his mother. As Mr. Mack was the oldest child, he took it upon himself to act as a patriarch, at the age of 12, in order to help care for his siblings. This led to his becoming involved in "street life" in order to obtain money to buy food for himself and his brothers.
 - The available information shows Mr. Mack started being negatively influenced by peers around age 12. While he states that he was not in a gang, he acknowledges that he was known in the community as being associated with gangs and other peers known to get in trouble. The continued impact of these experiences is evident by his repeated use of the term "street life" in an almost romanticized way. While this statement seems bizarre at face value, Mr. Mack's comparisons are the chaotic home environment where he feared "grown men" hurting himself and his life at SCDC.
 - Mr. Mack had access to alcohol and drugs at an early age demonstrating the lack of structure and supervision required of adolescences. For individuals who have shown behavioral problems (e.g. trouble in school, arrests) the supervision is of the utmost importance. The records indicate that this permissive environment was a significant problem in that there were recommendations that Mr. Mack's mother complete parenting classes.

3. "the circumstances of the homicide offense, including the extent of the offender's participation in the conduct and how familial and peer pressures may have affected him"
 - Mr. Mack did not want to discuss the events that led to his arrest and subsequent conviction. He based this on a pending appeal and did not want to provide information that may later be held against him outside of the re-sentencing hearing.
 - Based on the available information, Mr. Mack was involved in a shooting death. He initially had two co-defendants. He was found guilty based on evidence including the statements of witnesses and the co-defendant that identified Mr. Mack as the shooter. Based on the incident report Mr. Mack told police that the death was essentially a drug deal gone bad and that he shot the victim in self-defense after the victim pulled a gun on him. He also said that he had been smoking marijuana and drinking alcohol prior to the shooting.
 - In summary for this point, it is worth considering Mr. Mack was convicted as the shooter, the listed motivations are connected to "street life" (e.g. money, drugs), and that Mr. Mack was likely intoxicated at the time of murder.
4. "the 'incompetencies associated with youth – for example, [the offender's] inability to deal with police officers or prosecutors (including on a plea agreement) or [the offender's] incapacity to assist his own attorneys'"
 - The available records make multiple references to Mr. Mack having difficulty controlling his anger. While recommendations were made to address this issue, it is unclear if these recommendations were ever implemented. His inability to control anger indicates that Mr. Mack did not have adequate coping skills as a youth. His description of increasing frustration during the time between his arrest and conviction shows that he likely never developed adequate coping skills to deal with his emotions including fear and anger which may have clouded his judgment during the trial.
 - Similar to previous points, Mr. Mack was likely operating at levels below his chronologic age. This means that his attorneys, solicitors, police officers, and jurors likely overestimated his functioning at the time of his arrest and subsequent trial. As Dr. McKee outlines in his report, there were readily available instruments which could have been used to assess Mr. Mack's functioning and relay that information to the people involved.
 - Mr. Mack had a history of past mental health treatment but was not referred for an evaluation to assess CST. While there is no specific evidence that this evaluation was necessary, the combination of past mental health treatment, frustration/depressive symptoms in the detention center, the apparent overconfidence, and the seriousness of the allegations and consequences would have justified requesting such an evaluation.
5. "the 'possibility of rehabilitation'"
 - Mr. Mack has shown the ability to improve himself and others during his current incarceration:
 - Mr. Mack obtained his GED while in SCDC.
 - Mr. Mack has helped others obtain GED.

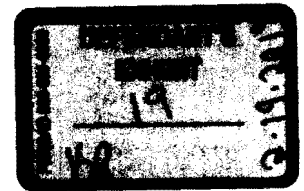
- Mr. Mack has been involved in tutoring and mentoring other inmates.
- Mr. Mack engages in the cultural awareness program.
- Mr. Mack has had extended periods of time without behavioral infractions.
- Mr. Mack has had behavioral problems in corrections (e.g. fights, writeups, disciplinary actions). He attributes most of these to either defending himself or taking actions necessary to "survive" prison. The latter point clarified to mean that he is not able to "show weakness" in prison because others would then view him as a target. This adaptation is similar to steps he took while living the "street life" in order to survive.

The opinions expressed in this report are expressed to a reasonable degree of medical certainty.

Respectfully submitted,

A handwritten signature in black ink, appearing to read "Matthew E. Gaskins", with a stylized flourish at the end.

Matthew E. Gaskins, MD



STATE OF NEVADA

COUNTY OF CLARK

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AFFIDAVIT

Vera F. Dolan who appeared personally before me, affirms and states the following:

1. I, Vera F. Dolan, am an epidemiologist and consultant. My business is located in Las Vegas, Nevada.
2. *Referral Question:* In 2015, I was asked by a lawyer representing a juvenile previously sentenced to life without parole to conduct an investigation and develop a life table with life expectancies specific to male inmates in the South Carolina Department of Corrections ("SCDC"). The question to be answered by my investigation was: what is the proper and accurate life expectancy for a male entering SCDC at the time he was a juvenile?
3. *Qualifications:* I am an epidemiologist¹ with a Bachelor's degree in public health from Johns Hopkins University and a Master's of Science in Public Health in epidemiology from the University of North Carolina, Chapel Hill. I have over 30 years of experience in the life and health insurance industries. I am a Fellow of the Academy of Life Underwriting, which is the highest credential in life insurance underwriting. I am currently a private consultant for the life insurance industry and related industries.
4. I have published over 33 peer reviewed articles in which I prepared a mortality ratio analysis from raw population data. I have prepared life tables for over 35 years, beginning when I was a student studying for my Masters of Science in Public Health. My current curriculum vitae is attached as Exhibit 1.
5. I have been qualified as an expert in life expectancy, life insurance, and epidemiology in state and federal courts throughout the country. In South Carolina, I was qualified as an expert in life expectancy and epidemiology in the Williamsburg County Court of General Sessions. In that court, I testified about my South Carolina study and life expectancy findings for SCDC inmates.
6. *Definition of Relevant Terms:*
 - a. **Life expectancy:** the statistical calculation of the average length of life expected for an individual of a certain age, sex, race, and/or other risk factor.
 - b. **Life table:** data laid out in a table format to show how a statistical calculation of life expectancy is done.

¹ An epidemiologist is similar to an actuary in that both are professionals who create life tables to determine life expectancies for various populations. Epidemiologists, unlike actuaries, have a medical background and specialize in the study of health and disease in populations statistically.

- c. **Mortality rate:** the rate at which people die within a given age, sex, race and/or other risk factor group. A mortality rate is calculated by dividing the number of deaths occurring within a given population by the total number of that population at risk of death.
7. *South Carolina Code Life Expectancy Tables:* The South Carolina legislature adopted life expectancy tables, which are contained in S.C. Code § 19-1-150. The tables found in the South Carolina Code were derived from the 2001 Commissioners Standard Ordinary Mortality Tables ("CSO Mortality Tables"). The CSO Mortality Tables were created by the Society of Actuaries in conjunction with the National Association of Insurance Commissioners to provide statutory guidance to state insurance commissioners in figuring out what statutory reserves should be for insurers in their state. The CSO Mortality Tables do not reliably predict the life expectancy for the general population or an incarcerated population because they are based on the lives of insured people, essentially selecting a portion of the population that is much healthier than the general population. An additional problem with the tables is that they were created in 2001 with data much older than 2001 causing concerns that the data relied upon by the tables is outdated and unreliable.
8. *Methodology:* To determine life expectancies for male inmates in SCDC, I reviewed approximately 68,000 male inmate records provided to me by SCDC.² The SCDC information included a unique identifier for each inmate (in place of the inmate's name), their date of entry to SCDC, their age at entry, and the date of release or death (where applicable). Those records originally included all inmates incarcerated from 1996-2015 and included follow-up data through the first half of 2016. Of the 68,000 records, I identified 3,000 duplicate records and excluded them from my final data set. I also identified and excluded a small number of records where the dates of admission and dates of death or release were incongruent. After making these exclusions, I reviewed the records of the remaining 64,204 unique inmates. For purposes of this affidavit, the records of the 64,204 inmates reviewed are referred to as the "SCDC Population."
9. In the SCDC records provided to me was information from the South Carolina Department of Health and Environmental Control ("DHEC") on all of those individuals who died between 1996 and 2016. As part of the preparation of the records provided to me, DHEC used the identifying information provided by SCDC to link the SCDC database with DHEC's information. I was thus provided with the

² I did not receive data from the South Carolina Department of Juvenile Justice, so I did not have sufficient data to calculate the mortality rates of 15, 16, or 17 year olds. This does not affect the accuracy of the reported life expectancies for inmates 18 years old and older because, as discussed below, life expectancy is based on mortality rates for people the same age as the individual and those older than that individual.

date of death and the age at the time of death for each individual within the SCDC population who died at some point after they entered SCDC.³

10. *Mortality Rate Calculation:* To determine life expectancies from the SCDC Population, I first needed to determine the mortality rates for each year of age of people incarcerated in SCDC. Exhibit 2 shows my mortality rate calculations for all individuals incarcerated in SCDC between 1996 and 2015 (Exhibits 3 and 4 show my calculations for black inmates only and white inmates only, respectively). The following is a description of my mortality rate calculations, using column references to the tables in Exhibits 2, 3, and 4.

- a. The first column labeled **Age** lists ages 15 through 97. This range was used because an individual who was incarcerated at SCDC at some point between 1996 and 2015 was alive at each age between 15 and 97.
- b. The second column labeled **Alive** represents the number of men from the SCDC Population who passed through a given age during the time period between 1996 and 2015.
- c. The third column labeled **Dead** provides the number of men within the SCDC Population who died at a given age any time between 1996 and 2016.
- d. The fourth column labeled **Total** provides the total of the “Alive” and “Dead” columns, which is the total population at risk of death during a given age.
- e. The fifth column labeled **Mortality Rate** provides the rate at which men in the SCDC population die at any given age. The mortality rate is calculated by dividing the number of people who died (column three) at a given age by the total number of people at risk of death (column four) during the same age.
- f. The sixth column labeled **Smoothed Mortality Rate** provides the trend of the mortality rate. In statistics, when dealing with raw data like the data relating to the population considered in this case, the rate calculations can have anomalies and bumps such that smoothing is necessary to identify the actual trend over time. To find the trend for the SCDC population mortality

³ The individuals died either during their incarceration or after their release from SCDC. Reliance on mortality information both during incarceration and after release is standard methodology in the actuarial field for calculating the life expectancy of individuals who have been incarcerated. Using this data provides the most reliable calculation for the life expectancy of a juvenile sentenced to a prison term of any length of time. Other analyses, including a study of deaths of incarcerated individuals serving life sentences shows the observed age at the time of death for those individuals who died while incarcerated is substantially lower than the life expectancy calculated from the data obtained from DHEC. See ¶¶ 17-18.

rate, I calculated the three-year moving average of the mortality rates by averaging a given age's mortality rate with the two ages surrounding it. As the data became sparser at the older ages, I used a five-year moving average, which included the mortality rate at a given age and the two ages above and below it. This calculation found the trend in these mortality rates for a more accurate calculation of life expectancies at each age.

11. *Mortality Ratio Calculation:* I next compared the SCDC Population mortality rates with the general United States population mortality rates.

- a. The seventh column on Exhibits 2-4 labeled **US Population Mortality Rate** provides the most current mortality rates by age for males in the US population available at the time of this analysis. These mortality rates were determined by the Centers for Disease Control ("CDC") and is used in life tables published in the CDC's Vital Statistics Reports. The CDC mortality rates are calculated for life tables for the all US males, for black US males only, and for white US males only; these life tables are attached as Exhibits 5, 6, and 7 respectively.⁴ On SCDC Population Mortality Rate tables (Exhibits 2-4) for various races, the US Mortality rate was obtained from the US Life Table for the same race.
- b. The eighth, and final column, on Exhibits 2-4 labeled **Mortality Ratios** compares the smoothed mortality rate from the SCDC Population at a given age with the US Population mortality rate for the same age. The mortality ratio is calculated by dividing the SCDC Population mortality rate by the US Population mortality rate, meaning any mortality ratio over 1.0 indicates the SCDC Population mortality rate is higher than the US Population mortality rate. Mortality ratios are provided only for ages in which there were at least five deaths among the SCDC Population in order to ensure the accuracy of the resulting ratios and life expectancies.

12. *Race Specific Calculations:* I created mortality rate and mortality ratio tables for all races, blacks only, and whites only because doing so is consistent with the CDC analysis of the US population, which shows that race has a significant effect on mortality rates.

13. *Creation of Life Tables:* Life tables provide life expectancies based on mortality rates from a given population. Using the mortality ratios calculated in Exhibits 2-4, I created life tables for the SCDC Population. I created individual life tables for all males, all black males, and all white males, which are attached as Exhibits 8, 9, and 10, respectively. The following is a description of the life expectancy calculations, using column references to the tables in Exhibits 8, 9, and 10.

⁴ The mortality rates on the CDC US Population Life Tables are found in the column labeled **Probability of dying between ages x and x + 1** on Exhibits 5-7.

- a. The first column labeled **Age** lists all ages 0-100.
- b. The second column labeled **Basic Mortality** provides the mortality rate at a given age from the US Population Life Tables (Exhibits 5-7).
- c. The third column labeled **Mortality Risk Factor** is the mortality ratio calculated on the SCDC Population Mortality Rate Tables in Exhibits 2-4.
- d. The fourth column labeled **Adjusted Mortality** provides the US mortality rate for a given age adjusted by the mortality risk factor (mortality ratio) using multiplication.⁵ At ages where there was sufficient mortality data (five or more deaths at any given age) from the SCDC Population, the adjusted mortality rate equals the mortality rate calculated from the SCDC Population data.⁶ At ages where there was insufficient mortality data (four or less deaths at any given age) from the SCDC Population, the adjusted mortality rate equals the US Population mortality rates.
- e. The fifth column labeled **Population at Risk** starts with a hypothetical cohort, or population of 100,000 at age 0. This population is decreased at each successive age by the number of deaths that occurred at the previous age. For example, in the SCDC Life Table for all races (Exhibit 8), the population at risk in age 0-1 is the full hypothetical cohort of 100,000 less 658 deaths that occurred during the first year of life.
- f. The sixth column labeled **Deaths** provides the number of deaths expected to occur at a given age. This number is calculated by multiplying the adjusted mortality rate (column four) by the population at risk (column five).
- g. The seventh column labeled **Interval Person-years** provides the number of years lived by the remaining population during a given age. This is calculated by subtracting one half of the number of deaths during that age from the population at risk during a given age (this assumes the individuals who die during that year live an average of half the year before dying).
- h. The eighth column labeled **Cumulative Person-years** provides the total number of years left to be lived by the entire population surviving to a given

⁵ I used the mortality ratio (comparing the SCDC Population mortality rates to the US Population mortality rates) because I did not have mortality rates for all ages from the SCDC Population data. Specifically, there is not sufficient data for male SCDC inmates at the very youngest and very oldest ages. In order to create a credible life table, one needs to have mortality rates for all of the ages. Use of the mortality ratio to create an adjusted mortality rate is standard practice in the actuarial field when reviewing populations that do not have enough data to calculate credible mortality rates for all ages.

⁶ These ages are designated by highlighting in the Mortality Risk Factor column.

age. This is calculated by totaling the interval-person years for a given age and all of the ages after that age.

- i. The ninth column labeled **Life Expectancy** provides the remaining life expectancy for any SCDC inmate surviving to a given age. It is calculated by dividing the cumulative person-years (column eight) by the population at risk (column five) at a given age.
- j. To use the life expectancy to calculate the age to which an SCDC inmate is expected to live, on average, locate the age of the inmate in the age column and identify the corresponding life expectancy, then add the person's age to the life expectancy. For example, on the Life Table for blacks only (Exhibit 9), a black male inmate in SCDC at age 18 has a remaining life expectancy of 38.2 years. This individual would, therefore, be expected to live to age 56 ($18 + 38.2$).

14. *Notes on Using Life Tables:* Because race is a risk factor affecting life expectancy, it is most appropriate to use the life table for the race corresponding to the actual inmate to determine the life expectancy for that inmate. For example, a black male inmate's life expectancy is most accurately determined by using the Life Table for black males only (Exhibit 9). A white male inmate's life expectancy is most accurately determined by using the Life Table for white males only (Exhibit 10). Hispanic or Latino inmates' life expectancies are most accurately calculated by using the Life Table for white males only (Exhibit 10) because SCDC classifies them as white.⁷ Life expectancies for inmates of other races can most accurately be calculated by using the Life Table for all races⁸ (Exhibit 8).

15. *Findings:* The SCDC Population Life Tables (Exhibits 8-10) can be compared to the US Population Life Tables (Exhibits 5-7). Comparing the life expectancy for 18 year old males of any race in the general US Population and the SCDC Population reveals that an 18 year old in the general US Population has a remaining life expectancy of 59.1 years (expected death at 77 years old) and an 18 year old male in SCDC has a remaining life expectancy of 37.3 years (expected death at 55 years old). The 18 year old who is incarcerated in SCDC, accordingly, has a life expectancy that is 21.8 years shorter than a male in the general US Population.

⁷ Because SCDC does not classify Hispanic or Latino inmates separately from whites, the white male only mortality rates and life table include data from Hispanic and Latino inmates.

⁸ In addition to classifying inmates as black or white, SCDC uses classifications for Pacific Islander, Asian, American Indian, unknown, and other, but these categories of inmates did not include a sufficient number of inmates to allow for creation of a life table specific to them. Thus, all races are included in the Life Table for all races and that table can be used for inmates who do not fall within the black, white or Hispanic/Latino categories.

16. The Life Tables created based on the SCDC Population clearly indicate that any person who has been incarcerated in SCDC has a lower life expectancy than a person in the general US Population.
17. *Observed Data on Deaths in SCDC:* SCDC also provided me with information on all inmates serving a life sentence who died in SCDC between January 2001 and June 2016. The number of deaths during this period was not sufficient to create a credible life table for inmates serving life sentences who died while incarcerated.⁹ I was, however, able to compare the actual life span of the individuals who died to their expected age of death based on the US Population Life Tables.¹⁰ I grouped these individuals by the age of their last admission to SCDC and calculated the average number of years difference between their actual age at death and their expected age at death in the table below.

Age at Last Admission Group	Average Difference Observed vs Expected Age at Death
16 to 19	-31.8
20 to 24	-26.5
25 to 29	-21.4
30 to 39	-21.7
40 to 49	-16.8
50 to 59	-10.0
60 up	-4.9

As this table shows, the individuals sentenced to life who entered SCDC between the ages of 16 and 19 died while incarcerated an average of 31.8 years earlier than predicted by the US Population life expectancies.

18. The SCDC Population Life Table for all races shows (Exhibit 8) a life expectancy for a 16 year old male incarcerated in SCDC for any length of time is 39.2 years, which is 21.8 years less than the life expectancy of a 16 year old male in the general US Population. The calculations above, based on observed deaths, show the actual

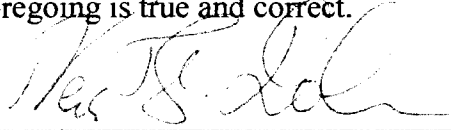
⁹ In order to create a credible life table, the population data must include five deaths at each age. During the period of 2001 to 2016, there were 262 deaths among inmates serving a life sentence. This was insufficient data to create a life table. While the data set is not large enough to create a life table, it is sufficient to show the mortality risk trend of people serving life imprisonment in SCDC as compared to the general US Population.

¹⁰ Because these deaths occurred between 2001 and 2016, I used the life expectancies published in 2000 for the general US Population. Since 2000, the life expectancies for the general population have increased.

life span of a 16 year old serving life imprisonment was 31.8 years less than the life expectancy of a 16 year old male in the general US Population. This demonstrates that a male incarcerated in SCDC for life is at a much higher risk of mortality and has a significantly shorter life expectancy than the general US Population.

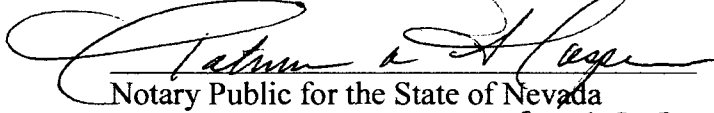
19. *Other Notes:* My life expectancy calculations were completed in 2016 with records from 1996 to 2015 and mortality data through 2016. I recommend updating mortality data and mortality ratios every five years. I recommend a full twenty-year look back, as was completed here, be completed again in ten years.

I affirm, under the penalty of perjury, that the foregoing is true and correct.


VERA F. DOLAN

Sworn to and subscribed before me

This 5 day of MAY, 2017


Notary Public for the State of Nevada

My commission expires: 10-18-2020



Exhibit 1

Vera F. Dolan

6238 Belgium Drive, Las Vegas, Nevada 89122-7592
702.476.8500 / dolanvp@consultancy.com

EDUCATION and PROFESSIONAL CERTIFICATIONS

MSPH University of North Carolina at Chapel Hill, Epidemiology, 1981
BA The Johns Hopkins University, Public Health, 1979
FALU Fellow of the Academy of Life Underwriting, 1998
ELS Editor in the Life Sciences, 2003

EXPERIENCE

Principal, VFD Consulting, Inc., 1989 to Present

Providing life and health insurance and related industries mortality and underwriting research, market research, product development, business development and technology, underwriting education and training, and litigation support to multinational clients, including:

AIG American General Life Cos.
American Family Life Insurance Co.
AVS Underwriting
Bank of America
Calypso Biomedical
Canada Life Reinsurance
Charles Schwab & Co.
Clinical Reference Laboratory
decydeWARE
Drinker, Biddle & Reath
Edwards Lifesciences
EMSI (formerly PMSI)
Farmers Mutual Insurance Co.
FaxWatch
Federal Home Loan Bank (San Francisco)
First Financial Underwriting Services
General American Life Insurance Co.
Golden Gateway Financial
Hank George, Inc.
Health Net of California
Heritage Labs
HSBC Insurance Services
Independent Order of Foresters
Insure.com

LabOne
Life Settlement Consulting & Management
Los Angeles County Crime Laboratories
MetLife Canada
MIB Group
Millennium Pharmaceuticals
Mutual of Omaha
North Coast Opportunities
On The Risk – The Journal of the Academy of Life Underwriting
PartnerRe Life (formerly Winterthur Life Reinsurance)
Pacific Blue Cross
PPO Oklahoma
Protective Life Insurance Co.
Safe Harbor Resources
Sagicor Financial Corporation
Society of Actuaries
Thomson Management Solutions
21st Services
Wells Fargo Bank
Western Reserve Life Assurance Co. of Ohio
Xcelerate Corporation

Vera F. Dolan

Curriculum Vitae, continued

Expert witness services provided to the following:

Multiple retentions:

Andres, Andres & Moore, Santa Ana, CA
Barger & Wolen, Irvine, CA and New York, NY
County of Hawaii, Hilo, HI
Donahue Horrow, El Segundo, CA
Lewis & Roca, Phoenix, AZ

McCue-Pauley & Associates, Dallas, TX
Taylor Anderson, Denver, CO
U.S. Department of Justice
Wilson Elser Moskowitz Edelman & Dicker, Los Angeles and San Diego, CA

Expert witness brokers:

AMFS / Medical Experts Nationwide
Consolidated Consultants
Insurance Expert Network
ForensisGroup
LITILI

Medical Advisors, Inc
Medical Consultant Services
The TASA Group
Thomson Reuters Expert Witness Service

Single cases:

Andrews Kurth, Dallas, TX
Bolt Keenley Kim, Berkeley, CA
Campano Law Group, Lancaster, CA
Carlin & Buchsbaum, Long Beach, CA
Carmody Torrance Sandak Hennessey, Waterbury, CT
City of Torrance, Torrance, CA
Cort Cronin Michelson Baumgardner Preece, Seattle, WA
Coughlin Law Firm, San Diego, CA
Cozen O'Connor, Wilmington, DE
Deitchman & Deitchman, Placerville, CA
Demas Law Group, Sacramento, CA
Dressler Law Office, New Haven, CT
Egan & Pechtel, Kennewick, WA
Epstein Becker & Green, Los Angeles, CA
Evan Freinich, Boulder, CO
Fairchild, Price, Haley & Smith, Nacogdoches, TX
Fallgatter Farmand & Catlin, Jacksonville, FL
Ferguson, Skipper, Shaw, Keyser, Baron & Tirabassi, Sarasota, FL
Friedman, Rubin & White, Anchorage, AL
Gilchrist & Rutter, Santa Monica, CA
Graves & King, Riverside, CA
Greenberg Traurig, Denver, CO
Greene Broillet & Wheeler, Santa Monica, CA
The Healy Law Firm, Chicago, IL
Hinshaw & Culbertson, Los Angeles, CA
Hoagland, Fitzgerald & Pranaitis, Alton, IL
Diana Holt, LLC, Columbia, SC
Jardine Law Office, DeForest, WI
Kent D. Jensen Law Office, Burley, ID
Johnson Schachter & Lewis, Sacramento, CA
Kantor & Kantor, Northridge, CA
Katten Muchin Rosenman, Los Angeles, CA
Kitch Druchas Wagner Valitutti & Sherbrook, Detroit, MI
Knapp Petersen Clarke, Glendale, CA
Koch Degn & Gomez, Visalia, CA
Law Office of Andy Basseri, Beverly Hills, CA
Law Offices of Benjamin Blakeman, Los Angeles, CA
Law Offices of Robert A. Brenner, Woodland Hills, CA
Law Office of Sean Brew, San Diego, CA
Law Offices of James Matthew Brown, San Diego, CA

Law Offices of Clyde I. Butts, Walnut Creek, CA
Law Offices of Michael Jay Green, Honolulu, HI
Law Office of Katherine MacKinnon, St. Louis Park, MN
Law Office of Stephen W. Penn, Morgan Hill, CA
Law Office of Charles M. Ray, Newport Beach, CA
Law Office of Kenneth U. Reyes, Los Angeles, CA
Law Offices of Cary T. Tanaka, Honolulu, HI
Law Office of Edward J. Thomas, Bakersfield, CA
Littler Mendelson, San Jose, CA
MacMorris & Carbone, Stockton, CA
Daniel Q. Mahone, Frederick, MD
McArdle, Frost & Brinton, Chicago, IL
McDermott Will & Emery, Chicago, IL
McDowell & Osburn, Manchester, NH
McFall Burnett & Brinton, Manteca, CA
Meyers McConnell Reisz Siderman, Los Angeles, CA
Milavetz Gallop & Milavetz, Edina, MN
Morris Polich & Purdy, San Francisco, CA
Myers & Gomel, Las Vegas, NV
Nicholas & Tomasevic, San Diego, CA
Norton Rose Fulbright US, Houston, TX
Ogden Murphy Wallace, Seattle, WA
Pyle Sims Duncan & Stevenson, San Diego, CA
Renaud Cook Drury Mesaros, Phoenix, AZ
Riverside County Public Defender, Riverside, CA
Saur Law Office, Laguna Hills, CA
Schumacher Francis & Nelson, Charleston, WV
Segal and Kirby, Sacramento, CA
Seyfarth Shaw, Chicago, IL
SGH Martineau, London, England
Shook Hardy & Bacon, Kansas City, MO
Sigelman Law Corporation, Beverly Hills, CA
Snell & Wilmer, Phoenix, AZ
South Carolina Commission on Indigent Defense, Columbia, SC
Stanley Law Offices, Syracuse, NY
Stennett & Casino, San Diego, CA
Vaka Law Group, Tampa, FL
Webb Bordson Law Group, San Diego, CA
David K. Wilson & Associates, Sherman, TX
Whitfield & Eddy, Des Moines, IA
Winters & Associates, San Diego, CA

Vera F. Dolan

Curriculum Vitae, continued

Consulting Projects – Underwriting

- Life Underwriting Requirements Research, 2004 to Present Providing methodologies, analysis and write-up of insurance testing laboratory data to initiate new products and services. Conducting cohort mortality studies to improve life underwriting risk assessment.
- Life Policy and Procedures Manual, 2014 Revised and updated life insurance policy and procedures manual based on current underwriting and business operations.
- Health Medical Underwriting Manual, 2010 Adapted medical underwriting manual for supplemental health insurance products.
- Structured Settlement Underwriting Manual, 2008 Developed underwriting manual for structured settlements based on current processes.
- Life Claims Audit, 2007 Performed random selection of cases and designed case data extraction sheet for large life insurance claims study.
- Critical Illness and Disability Income Training, 2006 Prepared and presented training to life underwriters in critical illness and disability income underwriting.
- Underwriting Manual Research and Writing, 2006 Adapted traditional life underwriting manual for simplified life, disability and waiver of premium products.
- Life Settlement Experience Analysis, 2006 Analysis of life settlement mortality to determine predictive factors.
- Life Underwriting Research, 2001 to 2003 Constructed life tables from medical literature to validate life underwriting guidelines. Produced quantitative and qualitative life underwriting manual guidance.
- Life Settlement Underwriting Research, 1998 to 2004 Provided model and design of automated life expectancy calculation system, data collection instruments, evaluation scoring and impairment risk factor weights.
- Insurance Services Product Development, 1997 to 1998 Provided analysis of disease mortality, incidence and prevalence to develop new insurance services product.
- Pension Underwriting Research, 1994 Provided biostatistical research basis to a multinational consortium for a new type of impaired risk European pension product.

Consulting Projects - Business Development and Technology

- Simplified Products Survey and Report, 2005 Conducted survey of top-selling simplified products for underwriting and business process lessons learned.
- New Business Process Review and Optimization, 2004 to 2005 Examined current life new business processes to identify opportunities for decreasing redundancies, handoffs, and inefficiencies.
- Underwriting Decision Software Development, 2004 to 2005 Product and market development of life underwriting software that uses advanced logic engine
- Freelance Writing and Editing, 2004 Editing and writing summaries of medical articles, medical conferences, and insurance topics for physicians and consumers.
- Underwriting Operations Annual Report, 2004 Assisted in editing, writing and analysis of metrics presented in life underwriting operations report for 2003.
- Business Process Improvement, 2003 Interviewed underwriting and business support staff to prepare future improvement in life insurance business process workflow.

Vera F. Dolan

Curriculum Vitae, continued

Consulting Projects - Banking

- Enterprise Technology Plan, 2000 Collaborated on design of three-year technology plan for a Federal bank.
- Financial Services Experience Analysis and Strategy, 1995 to 1998 Provided statistical analysis and models to select business and consumer customers for acquisition and retention programs. Estimated bank account life expectancies using actuarial life table methods.
- Human Resources Automation Plan, 1993 Collaborated in development of plan and prototype for automated human resources management.

Certificate of Appreciation for 30 Years of Contribution, *On The Risk - Journal of the Academy of Life Underwriting*, May 4, 2016

Associate Editor, *On The Risk - Journal of the Academy of Life Underwriting*, 2004-Present

Contributing Editor, *On The Risk - Journal of the Academy of Life Underwriting*, 1994-1997

Kaiser Foundation Health Plan, Oakland, California

Medical Economics and Statistics, 1988 to 1989

Converted community-based pricing approach to experience-based rating for a \$2.5 billion premium enterprise. Conducted underwriting market study of 20,000 employers. Conducted analyses to determine competitive pricing for 2+ million member optical and pharmaceutical programs.

Transamerica Occidental Life Insurance Company, Los Angeles, California

New Business Underwriting Research, 1985 to 1988

Provided analysis of company data and medical literature to support management and underwriting decisions. Developed original methods for actuarial analyses now used for automated systems underwriting \$1.5 billion in annual business.

Lincoln National Reinsurance, Ft. Wayne, Indiana

Underwriting Research, 1982 to 1985

Provided analysis of company data and medical literature to support management and underwriting decisions.

University of North Carolina, Chapel Hill, North Carolina

Department of Biostatistics, 1981 to 1982

Performed statistical analyses for multinational clinical trials.

National Institute of Occupational Safety and Health, Cincinnati, Ohio

Industrywide Studies Branch, Biometry Section, Summer 1980

Performed proportionate mortality analysis of death certificate data for evidence of excess brain tumors among petrochemical workers. Performed analysis of medical records for evidence of excess birth anomalies among railroad workers exposed to dioxin.

Vera F. Dolan

Curriculum Vitae, continued

PUBLICATIONS - INSURANCE

"Advantages of a Life Expectancy Using Life Insurance Underwriting and Life Settlement Methods in the Legal Setting" VFD Consulting, Inc.

"Highlights of the 2016 CLIMO Annual Scientific Meeting" On The Risk - Journal of the Academy of Life Underwriting, Vol. 32, No. 4, 2016

"Hemoglobin Screening Independently Predicts All-Cause Mortality" J. Insurance Medicine, Vol. 45, No. 2, 2015, with Michael Fulks and Robert L. Stout

"Adjusting Measured Creatinine for Low Serum Glucose to Improve Mortality Prediction" On The Risk - Journal of the Academy of Life Underwriting, Vol. 31, No. 3, 2015, with Michael Fulks and Robert L. Stout

"Changing the 'Normal Range' for Blood Pressure from 140/90 to 130/any Improves Risk Assessment" J. Insurance Medicine, Vol. 45, No. 1, 2015, with Michael Fulks and Robert L. Stout

"2014 CRL Blood Pressure Study of Life Insurance Applicants" J. Insurance Medicine, Vol. 45, No. 1, 2015, with Michael Fulks and Robert L. Stout

"Which eGFR Calculation Offers the Best Mortality Prediction for Insurance?" On The Risk - Journal of the Academy of Life Underwriting, Vol. 31, No. 2, 2015, with Michael Fulks and Robert L. Stout

"Using Urine Protein Creatinine Ratio Alone or Reflexing to Urine Albumin in the Applicant with HbA1c Elevation" On The Risk - Journal of the Academy of Life Underwriting, Vol. 31, No. 1, 2015, with Michael Fulks and Robert L. Stout

"Basic Laboratory Testing" In: Basic Life Insurance Underwriting, ALU 101 Textbook, Sixth Ed. Academy of Life Underwriting, 2014, with Michael Fulks and Robert L. Stout

"Evaluating the Risk of Renal Disease Using Urine Proteinuria or Urine Albuminuria in the Applicant with HbA1c Elevation" On The Risk - Journal of the Academy of Life Underwriting, Vol. 30, No. 4, 2014, with Michael Fulks and Robert L. Stout

"Advantages of a Life Expectancy Using Life Insurance Underwriting and Life Settlement Methods in the Legal Setting" Defense Research Institute Life, Health and Disability Newsletter, Vol. 25, Issue 2, June 26, 2014

"Serum Globulin Predicts All-Cause Mortality for Life Insurance Applicants" J. Insurance Medicine, Vol. 44, No. 2, 2014, with Michael Fulks and Robert L. Stout

"NT-proBNP as a Predictor of All-Cause Mortality in a Population of Insurance Applicants" On The Risk - Journal of the Academy of Life Underwriting, Vol. 30, No. 2, 2014, with Michael Clark, Valerie Kaufman, Michael Fulks and Robert L. Stout

Vera F. Dolan

Curriculum Vitae, continued

PUBLICATIONS - INSURANCE, continued

"Beware That Low Urine Creatinine!" On The Risk - Journal of the Academy of Life Underwriting, Vol. 30, No. 1, 2014, with Michael Fulks and Robert L. Stout

"NT-proBNP as a Predictor of All-Cause Mortality in a Population of Insurance Applicants" J. Insurance Medicine, Vol. 44, No. 1, 2014, with Michael Clark, Valerie Kaufman, Michael Fulks and Robert L. Stout

"Scoring Life Insurance Applicants' Laboratory Results, Blood Pressure and Build to Predict All-Cause Mortality Risk" J. Insurance Medicine, Vol. 43, No. 3, 2012, with Michael Fulks and Robert L. Stout

"Urine Protein/Creatinine Ratio as a Risk Predictor in Non-Diabetics with Normal Renal Function" J. Insurance Medicine, Vol. 43, No. 2, 2012, with Michael Fulks and Robert L. Stout

"Trends in Mortality of Insurance Applicants with HIV Infection" J. Insurance Medicine, Vol. 43, No. 2, 2012, with Robert L. Stout and Michael Fulks

"PSA: What Values Predict Increased Mortality Risk?" On The Risk - Journal of the Academy of Life Underwriting, Vol. 27, No. 3, 2011, with Michael Fulks and Robert L. Stout

"Letter to the Editor: The Use of Modeling for Associating Test Values and Mortality Risk" J. Insurance Medicine, Vol. 43, No. 1, 2012, with Michael Fulks and Robert L. Stout

"Isolated Hematuria as a Mortality Risk Predictor" On The Risk - Journal of the Academy of Life Underwriting, Vol. 27, No. 4, 2011, with Michael Fulks and Robert L. Stout

"Highlights of the 2011 AHOU Annual Conference" On The Risk - Journal of the Academy of Life Underwriting, Vol. 27, No. 3, 2011

"Correction to article: Association of Cholesterol, LDL, HDL, Cholesterol/HDL and Triglyceride with All-Cause Mortality in Life Insurance Applicants" J. Insurance Medicine, Vol. 42, No. 2-4, 2011, with Michael Fulks and Robert L. Stout

"CDT and Serum Alcohol: What Is the Risk?" On The Risk - Journal of the Academy of Life Underwriting, Vol. 27, No. 1, 2011, with Robert L. Stout and Michael Fulks

"Albumin and All-Cause Mortality Risk in Insurance Applicants" J. Insurance Medicine, Vol. 42, No. 1, 2010, with Michael Fulks and Robert L. Stout

"Mortality Associated with Positive Hepatitis C and B Test Results" On The Risk - Journal of the Academy of Life Underwriting, Vol. 26, No. 3, 2010, with Robert L. Stout and Michael Fulks

"Glucosuria as a Mortality Risk Predictor When Blood Is Not Collected" On The Risk - Journal of the Academy of Life Underwriting, Vol. 26, No. 2, 2010, with Robert L. Stout and Michael Fulks

Vera F. Dolan

Curriculum Vitae, continued

PUBLICATIONS - INSURANCE, continued

“Mortality Associated with Positive Cocaine Test Results” On The Risk - Journal of the Academy of Life Underwriting, Vol. 26, No. 1, 2010, with Robert L. Stout and Michael Fulks

“Association of Cholesterol, LDL, HDL, Cholesterol/HDL and Triglyceride with All-Cause Mortality in Life Insurance Applicants” J. Insurance Medicine, Vol. 41, No. 4, 2009, with Michael Fulks and Robert L. Stout

“Letter to the Editor: The Authors Reply” J. Insurance Medicine, Vol. 41, No. 3, 2009, with Michael Fulks and Robert L. Stout

“Underwriting Implications of Elevated Carcinoembryonic Antigen” On The Risk - Journal of the Academy of Life Underwriting, Vol. 25, No. 3, 2009, with Robert L. Stout and Michael Fulks

“Mortality Associated with Bilirubin Levels in Insurance Applicants” J. Insurance Medicine, Vol. 41, No. 1, 2009, with Michael Fulks and Robert L. Stout

“Non-Cigarette Tobacco Use – What is the Risk?” On The Risk - Journal of the Academy of Life Underwriting, Vol. 25, No. 2, 2009, with Robert L. Stout and Michael Fulks

“Hemoglobin A1c and Mortality in Insurance Applicants: A 5-Year Follow-Up Study”, On The Risk - Journal of the Academy of Life Underwriting, Vol. 25, No. 1, 2009, with Robert L. Stout and Michael Fulks

“Using Liver Enzymes as Screening Tests to Predict Mortality Risk” J. Insurance Medicine, Vol. 40, No. 4, 2008, with Michael Fulks and Robert L. Stout

“Underwriting Integrity: Lessons from the Subprime Mortgage Crisis” On The Risk - Journal of the Academy of Life Underwriting, Vol. 24, No. 4, 2008

“Highlights from the 2007 AHOU Meeting” On The Risk - Journal of the Academy of Life Underwriting, Vol. 24, No. 1, 2008

“Increased Mortality Associated with Elevated Carcinoembryonic Antigen in Insurance Applicants” J. Insurance Medicine, Vol. 39, No. 4, 2007, with Robert L. Stout, Michael Fulks, Mark E. Magee and Luis Suarez

“Relationship of Hemoglobin A1c to Mortality in Nonsmoking Insurance Applicants” J. Insurance Medicine, Vol. 39, No. 3, 2007, with Robert L. Stout, Michael Fulks, Mark E. Magee and Luis Suarez

“Highlights from the 2006 AHOU Meeting” On The Risk - Journal of the Academy of Life Underwriting, Vol. 23, No. 1, 2007

“The Reproductive System” In: Intermediate Medical Life Insurance Underwriting ALU 201, 1st ed., Education Committee of the Academy of Life Underwriting, chapter 4, 2006

Vera F. Dolan

Curriculum Vitae, continued

PUBLICATIONS - INSURANCE, continued

"Highlights from the 2006 CIU Meeting" On The Risk - Journal of the Academy of Life Underwriting, Vol. 22, No. 3, 2006

"Improvements in Cotinine Testing of Insurance Applicants" On The Risk - Journal of the Academy of Life Underwriting, Vol. 22, No. 2, 2006 with Robert L. Stout and Mark Magee

"Highlights from the LOMA Emerging Technology Conference: Understanding How to Use New Technology" On The Risk - Journal of the Academy of Life Underwriting, Vol. 22, No. 2, 2006

Panelist, "Contemplating Pandemic Risk" by Steven C. Siegel, The Actuary, Vol. 3, Issue 3, 2006

"Highlights of the 2005 AHOU Conference" On The Risk - Journal of the Academy of Life Underwriting, Vol. 22, No. 1, 2006

"Simplified Products: Something Old, Something New, and Something That May Just Make You Blue!" On The Risk - Journal of the Academy of Life Underwriting, with Ernest A. Testa, Vol. 22, No. 1, 2006

"2005 Simplified Product Survey: Final Report" for MIB Group, with Ernest A. Testa, January 2006

"Highlights of the 2005 CIU Conference" On The Risk - Journal of the Academy of Life Underwriting, Vol. 21, No. 4, 2005

"Underwriting for the New Millennium: Simplified Product Survey" NewsDirect, September 2005

"Sleep Problems and Accidents" On The Risk - Journal of the Academy of Life Underwriting, Vol. 21, No. 1, 2005

"Customer Relationship Management: A Reinsurer's Experience" On The Risk - Journal of the Academy of Life Underwriting, Vol. 20, No. 2, 2004

"Current Concepts in the Insulin Resistance Syndrome" On The Risk - Journal of the Academy of Life Underwriting, with Robert Weir, Vol. 20, No. 1, 2004

"Highlights of the 2003 AAIM" On The Risk - Journal of the Academy of Life Underwriting, Vol. 20, No. 1, 2004

"Current Concepts in Multiple Sclerosis" On The Risk - Journal of the Academy of Life Underwriting, with Robert Weir, Vol. 19, No. 4, 2003

"Multiple Sclerosis" Canada Life Review Online, Third Quarter 2003, with Robert Weir

"Highlights of the 2003 CIU Meeting" On The Risk - Journal of the Academy of Life Underwriting, Vol. 19, No. 3, 2003

Vera F. Dolan

Curriculum Vitae, continued

PUBLICATIONS - INSURANCE, continued

“Web-Assisted Inspection Reports: Part 2 of 2” On The Risk - Journal of the Academy of Life Underwriting, Vol. 19, No. 3, 2003

“Keynote Presentation to the Annual Meeting, Canadian Institute of Underwriters” Canada Life Review Online, Second Quarter 2003

“Web-Assisted Inspection Reports: Part 1 of 2” On The Risk - Journal of the Academy of Life Underwriting, On The Risk - Journal of the Academy of Life Underwriting, Vol. 19, No. 2, 2003

“Highlights of the 2002 AAIM” On The Risk - Journal of the Academy of Life Underwriting, Vol. 19, No. 1, 2003

Project Manager, “Report of the 2002 Automated Risk Assessment System Study” Thomson Management Solutions, February 2003

“Insulin Resistance Syndrome” Canada Life Review Online, Fourth Quarter 2002

“The New Paradigm of Coronary Artery Disease: Part 1. The Pathophysiology of Vulnerable Plaque” On The Risk - Journal of the Academy of Life Underwriting, with Robert Weir, Vol. 18, No. 4, 2002

“Orthostatic Hypotension” On The Risk - Journal of the Academy of Life Underwriting, with Robert Weir, Vol. 18, No. 3, 2002

“Highlights of the 2002 CLIMOA” On The Risk - Journal of the Academy of Life Underwriting, Vol. 18, No. 3, 2002

“Treatment of Localized Prostate Cancer” On The Risk - Journal of the Academy of Life Underwriting, Vol. 18, No. 2, 2002

“Privacy Rules and Regulations: An Interview with Linda S. Kaiser, Esq.” On The Risk - Journal of the Academy of Life Underwriting, Vol. 18, No. 1, 2002

“Treated Cholesterol; A Preferred Risk?” Canada Life Review Online, First Quarter 2002, with Robert Weir

“Body Mass Index and Mortality” On The Risk - Journal of the Academy of Life Underwriting, Vol. 17, No. 4, 2001, with Robert Weir

“Innovations in Underwriting Build” Canada Life Review No. 2, 2001

“Honoring Past HOLUA Presidents” On The Risk - Journal of the Academy of Life Underwriting, Vol. 17, No. 3, 2001

Vera F. Dolan

Curriculum Vitae, continued

PUBLICATIONS - INSURANCE, continued

"Highlights of the 2001 HOLUA: An Underwriter's Odyssey" On The Risk - Journal of the Academy of Life Underwriting, Vol. 17, No. 3, 2001

"Genetic Testing Provides Challenge to Insurers" American Clinical Laboratory, Vol. 20, No. 4, 2001 pp. 18-9

"Highlights of the Spring 2001 Risk Appraisal Forum" On The Risk - Journal of the Academy of Life Underwriting, Vol. 17, No. 2, 2001

"Highlights of the 2000 IHOU: Gateway to Change" On The Risk- Journal of the Academy of Life Underwriting, Vol. 17, No. 1, 2001

"Progress in Establishing the Association of Home Office Underwriters" On The Risk - Journal of the Academy of Life Underwriting, Vol. 17, No. 1, 2001

"Innovative Technologies for Detecting Alcohol Abuse and Monitoring Drinking Status" American Clinical Laboratory, Vol. 20, No. 1, 2001

"Highlights of the 2000 CIU: Take a Risk!" On The Risk - Journal of the Academy of Life Underwriting, Vol. 16, No. 4, 2000

"Alternative/Complementary Medicine" On The Risk - Journal of the Academy of Life Underwriting, Vol. 16, No. 4, 2000

"Life Settlements" On The Risk - Journal of the Academy of Life Underwriting, Vol. 16, No. 4, 2000, with Chris Cook

"Underwriting Settlements" In: Viatical and Life Settlements: The Challenge Facing the Life Insurance Industry, Jean Gora, ed., Life Office Management Association, Chapter 4, 2000

"Detecting Alcohol Abuse and Monitoring Drinking Status" LabOne Insight, Fall 2000

"Building Corporate E-Commerce" On The Risk - Journal of the Academy of Life Underwriting, Vol. 16, No. 3, 2000

"Highlights of the 2000 HOLUA: Brave New World" On The Risk - Journal of the Academy of Life Underwriting, Vol. 16, No. 3, 2000

"Progress Report on the Formation of the New Underwriting Organization" On The Risk - Journal of the Academy of Life Underwriting, Vol. 16, No. 3, 2000

"Highlights of the Spring 2000 Risk Appraisal Forum" On The Risk - Journal of the Academy of Life Underwriting, Vol. 16, No. 2, 2000

Vera F. Dolan

Curriculum Vitae, continued

PUBLICATIONS - INSURANCE, continued

"Les Grubin Hosts Risk Appraisal Forum in the City by the Bay" Broker World, Vol. 20, No. 6, 2000

"Highlights of the 1999 IHOU" On The Risk - Journal of the Academy of Life Underwriting, Vol. 16, No. 1, 2000

"A Substandard Life Brokerage Agent's Perspective on Underwriting" On The Risk - Journal of the Academy of Life Underwriting, Vol. 16, No. 1, 2000

"Liquid Gold: What Urine Can Do for You" NAILBA Magazine, Winter 2000, with Kip Whitefield

"Highlights of the 1999 CIU" On The Risk - Journal of the Academy of Life Underwriting, Vol. 15, No. 4, 1999

"Highlights of the 2nd International Underwriting Congress" On The Risk - Journal of the Academy of Life Underwriting, Vol. 15, No. 3, 1999

"Highlights of the 1999 HOLUA Meeting" On The Risk - Journal of the Academy of Life Underwriting, Vol. 15, No. 3, 1999

"Predicting Motor Vehicle Accidents Among the Elderly" Underwriter Alert, Vol. 9, No. 2, 1999

"Risk Factors for Elder Abuse" Journal of Insurance Medicine, Vol. 31, No. 1, 1999, pp 13-20

"Insurance Securitization" On The Risk - Journal of the Academy of Life Underwriting, Vol. 15, No. 1, 1999

"Highlights of the 1998 HOLUA: Capitol Crossfire" On The Risk - Journal of the Academy of Life Underwriting, Vol. 14, No. 3, 1998

"DNA Typing for Individual Identification" On The Risk - Journal of the Academy of Life Underwriting, Vol. 14, No. 2, 1998

"DNA Typing for Individual Identification" FALU Paper, 1998

Highlights of the 1997 IHOU: Remember Our Mission" On The Risk - Journal of the Academy of Life Underwriting, Vol. 14, No. 1, 1998

"Underwriting and Risk Classification" Society of Actuaries' International Section News, No. 15, February 1998, with Chris Cook

"Highlights of the 1997 CIU: Reach for the Top" On The Risk - Journal of the Academy of Life Underwriting, Vol. 13, No. 4, 1997

Vera F. Dolan

Curriculum Vitae, continued

PUBLICATIONS - INSURANCE, continued

"Highlights of the 1997 HOLUA: The Heat Is On" On The Risk - Journal of the Academy of Life Underwriting, Vol. 13, No. 3, 1997

"First International Underwriting Congress" Society of Actuaries' International Section News, No. 14, August 1997, with Chris Cook

"Highlights of the 1997 International Underwriting Congress" On The Risk - Journal of the Academy of Life Underwriting, Vol. 13, No. 2, with Chris Cook

"International Outlook: Highlights of the 1997 International Underwriting Congress" Resources, Vol. 17, No. 6 Supplement, 1997, with Chris Cook

"Highlights of the 1996 IHOU: Building Bridges" On The Risk - Journal of the Academy of Life Underwriting, Vol. 13, No. 1, 1997

"Medical Studies: Where Do They Come From? Transferring Medical Knowledge to Risk Selection" (Part 2 of 2) Underwriter Alert, Vol. 6, No. 6, 1997

"Elevated GGT, Hypertension and Obesity" On The Risk - Journal of the Academy of Life Underwriting, Vol. 12, No. 4, 1996

"Clinical Trials and Population Studies (Part 1 of 2)" Underwriter Alert, Vol. 6, No. 5, 1996

"Highlights of the 1996 HOLUA: Navigating the Waves of Change" On The Risk - Journal of the Academy of Life Underwriting, Vol. 12, No. 3, 1996

"Underwriting Cultural Markets: Focus on Asian Indian Ethnicity" On The Risk - Journal of the Academy of Life Underwriting, Vol. 12, No. 3, 1996

"Highlights of the Spring 1996 Risk Appraisal Forum" On The Risk - Journal of the Academy of Life Underwriting, Vol. 12, No. 2, 1996

"Tobacco and User/Abstainer Pricing" Product Development News Society of Actuaries, Issue 40, May 1996

"Underwriting Research Resources Among Life Insurers: A Survey" VFD Consulting, Inc. 1996

"Highlights of the 1995 ICLAM/AAIM Conference" On The Risk - Journal of the Academy of Life Underwriting, Vol. 12, No. 1, 1996, with John J. Krinik

"The Quest for Excellence: Highlights of the 1995 IHOU" On The Risk - Journal of the Academy of Life Underwriting, Vol. 12, No. 1, 1996

Vera F. Dolan

Curriculum Vitae, continued

PUBLICATIONS - INSURANCE, continued

"Conference Review: 1995 Nucleic Acid-Based Technologies" On The Risk - Journal of the Academy of Life Underwriting, Vol. 11, No. 4, 1995

"Scaling New Peaks - Highlights of the 1995 HOLUA Annual Meeting" On The Risk - Journal of the Academy of Life Underwriting, Vol. 11, No. 3, 1995

"OTR Meeting Review: 1995 Society of Insurance Research Planning and Economics Conference" On The Risk - Journal of the Academy of Life Underwriting, Vol. 11, No. 3, 1995

"Tobacco and User/Abstainer Pricing" On The Risk - Journal of the Academy of Life Underwriting Vol. 11, No. 2, 1995

"OTR Meeting Review: Highlights of the 1994 IHOU" On The Risk - Journal of the Academy of Life Underwriting, Vol. 11, No. 1, 1995

"Underwriting Marital Violence" On The Risk - Journal of the Academy of Life Underwriting, Vol. 10, No. 5, 1994

"Highlights of the 1994 HOLUA Meeting" On The Risk - Journal of the Academy of Life Underwriting, Vol. 10, No. 4, 1994

"How Agents Can Cope With Reluctance to Sell DI" National Underwriter, Vol. 97, No. 49, 1993

"Both 'Supply' and 'Demand' Causing Sales Doldrums" National Underwriter, Vol. 97, No. 44, 1993

"Sailing for Success: Highlights of the 1993 IHOU Meeting" On The Risk - Journal of the Academy of Life Underwriting, Vol. 10, No. 2, 1994

"Moderate Alcohol Intake and Reduced Mortality: Illusion or Preferred Risk?" On The Risk - Journal of the Academy of Life Underwriting, Vol. 10, No. 1, 1993

"Expanding Horizons: Highlights of the 1993 HOLUA" On The Risk - Journal of the Academy of Life Underwriting, Vol. 9, No. 4, 1993

"Underwriters Urged to Tap More Into Elderly Mkt" National Underwriter, Vol. 97, No. 23, 1993

Contributing Analyst, Medical Risks: Trends in Mortality by Age and Time Elapsed, Edward Lew and Jerzy Gajewski, Praeger Publishers, New York, 1990 (as Vera F. Kelly)

"Notes on Breast Cancer" On The Risk - Journal of the Academy of Life Underwriting, Vol. 4, No. 3, 1988 (as Vera F. Kelly)

Vera F. Dolan

Curriculum Vitae, continued

PUBLICATIONS - INSURANCE, continued

"Underwriting Epilepsy" On The Risk - Journal of the Academy of Life Underwriting, Vol. 2, No. 4, 1986
(as Vera F. Kelly)

PUBLICATIONS – BUSINESS, HEALTH and OTHER

"Selling Our Children in the U.S.: An Interview with Russ Combs" The Voice: The Journal of the Domestic Violence Movement, Winter 2005

Contributor, After the Guns Fall Silent: The Enduring Legacy of Landmines, S. Roberts and J. Williams, Vietnam Veterans of America Foundation, Washington, D.C. 1995

Editor, The Politics of Information Systems, Paul Strassmann, Information Economics Press, New Canaan, CT, 1994

Invited Editorial Response, American Programmer, January, 1993

Editor-Producer, Win Some, Lose Some: My 40 Years in Corporate America, John Titsworth, Information Economics Press, New Canaan, CT, 1992

Editor, The Business Value of Computers, Paul Strassmann, Information Economics Press, New Canaan, CT, 1990

Editor, Information Payoff: The Transformation of Work in the Electronic Age, Paul Strassmann, Macmillan Free Press, NY, 1985 (as Vera F. Kelly)

"A Proportionate Mortality Study of an Oil, Chemical and Atomic Workers Local in Texas City, Texas" Annals of the New York Academy of Sciences, 381(1982): 54-61, with Reeve, Waxweiler, Thomas and Itaya (as Vera F. Kelly)

PRESENTATIONS

"Life Expectancy for Litigation" Collegium of Pecuniary Damage Experts, Las Vegas, Nevada, March 31, 2017

"Juvenile Life Without Parole Sentencing and Resentencing Case Update" CLE presentation (4.5 hours, course no. 168516), University of South Carolina School of Law, Columbia, South Carolina, December 16, 2016

"Isolated Hematuria: What Is the Risk?" Northern California Life Insurance Association, Walnut Creek, California, May 10, 2012

"Positive Cocaine Tests and Mortality" Northern California Life Insurance Association, Berkeley, California, September 17, 2009

Vera F. Dolan

Curriculum Vitae, continued

PRESENTATIONS, continued

“Actuaries and Public Health: From Analysis to Action” Society of Actuaries Health Spring Meeting, Los Angeles, California, May 28, 2008, with Grady Catterall and Dana Goldman

“Research Results: Potential Impact of a Pandemic on the U.S. Health Insurance System” Society of Actuaries Health Spring Meeting, Los Angeles, California, May 28, 2008, with Jim Toole and Jim Walbridge

“How the World Has Changed, and How Medical Underwriting Will Benefit Your Applicants and Your Companies’ Bottom Line” Annual Product Development Actuary Symposium, Denver, Colorado, June 26, 2007, with Robert L. Stout

“Non-Underwritten Life Products – Do They Work?” Annual Product Development Actuary Symposium, Denver, Colorado, June 25, 2007, with Jack Simon

“Pandemics and Extreme Events” Actuarial Society of Greater New York Annual Meeting, New York City, New York, November 9, 2006, with Janet Carstens

“Underwriting Simplified Issue Life Insurance Products” Group Underwriting Association of America, San Diego, California, October 31, 2006, with Ernie Testa

“The Life Settlements Market” Society of Actuaries Annual Meeting, Chicago, Illinois, October 18, 2006, with Tony Duscio and Jay Vadiveloo

“Preparing for Extreme Events” Society of Actuaries Annual Meeting, Chicago, Illinois, October 18, 2006, with Janet Carstens and Max Rudolph

“Pandemic Exposure and Risk Management Strategies in Asia as Compared to the United States” Society of Actuaries Life Spring Meeting, Hollywood, Florida, May 24, 2006, with Ronald Klein

“Current Trends in Distribution Channels: New Underwriting for a New Millennium” Society of Actuaries Life Spring Meeting, New Orleans, Louisiana, May 23, 2005, with Jim McArdle and Ernie Testa

“Gynecologic and Obstetric Disorders” Institute of Caribbean Home Office Underwriters, Almond Beach Resort, Barbados, September 14, 2004

“Sleep Dysfunction and Disorders” Institute of Caribbean Home Office Underwriters, Almond Beach Resort, Barbados, September 13, 2004

“Sleep Dysfunction and Disorders” Western Home Office Underwriters Association, Colorado Springs, Colorado, June 3, 2004

“Nail a Front Door on Your Back Room” Social Enterprise Alliance, San Francisco, California, March 5, 2004, with David Allburn and Russ Combs

Vera F. Dolan

Curriculum Vitae, continued

PRESENTATIONS, continued

"Multiple Sclerosis" Northern California Life Insurance Association, Emeryville, California, October 22, 2003

"Post-Stroke Morbidity" Northern California Life Insurance Association, San Rafael, California, March 21, 2001

"Variable Life Insurance – The New Frontier!" National Association of Variable Annuities, Palm Beach, Florida, November 6, 2000, with Mark Daley

"Analysis of Profitability by Customer: Banking Case Study" Society of Actuaries, Orlando, Florida, June 19, 1997, with Rex Atwood and Nancy Church

"Establishing Underwriting Guidelines Using General Population Data" International Underwriting Congress, Mexico City, Mexico, February 25, 1997, with Rick Bergstrom

"They Came for AIDS; They Stayed for Liver" Society of Actuaries, Orlando, Florida, October 28, 1996, with Rick Bergstrom and Hank George

"Detecting and Evaluating Marital Violence" Western Home Office Underwriters Association, Squaw Valley, California, June 9, 1995

Last update March 31, 2017

Exhibit 2

South Carolina DC men admitted 1996 to 2015, followed to 2016

Last admission only, duplicate IDs removed, admission year errors removed

Exposure for all races; N=64,204

Mortality rates are smoothed for ≥ 5 deaths (running average of 3 or 5 raw rates, previous age, current age & next age)

Age	Alive	All races Dead	Total	Mortality Rate	Smoothed Mortality Rate	US Population Mortality Rate	Mortality Ratios (≥5 deaths only)
15	3	0	3	0.000000		0.000439	
16	90	0	90	0.000000		0.000552	
17	831	0	831	0.000000		0.000675	
18	2,272	6	2,278	0.002634	0.002701	0.000807	3.3
19	4,322	12	4,334	0.002769	0.003011	0.000942	3.2
20	6,585	24	6,609	0.003631	0.003233	0.001085	3.0
21	8,457	28	8,485	0.003300	0.003812	0.001216	3.1
22	9,725	44	9,769	0.004504	0.004359	0.001310	3.3
23	10,374	55	10,429	0.005274	0.005486	0.001353	4.1
24	10,409	70	10,479	0.006680	0.006254	0.001358	4.6
25	10,065	69	10,134	0.006809	0.006646	0.001351	4.9
26	9,552	62	9,614	0.006449	0.007431	0.001349	5.5
27	8,993	82	9,075	0.009036	0.007899	0.001353	5.8
28	8,454	70	8,524	0.008212	0.008922	0.001371	6.5
29	8,014	77	8,091	0.009517	0.009048	0.001399	6.5
30	7,681	73	7,754	0.009414	0.009188	0.001432	6.4
31	7,465	65	7,530	0.008632	0.010131	0.001464	6.9
32	7,199	90	7,289	0.012347	0.010670	0.001496	7.1
33	6,904	77	6,981	0.011030	0.011365	0.001528	7.4
34	6,738	73	6,811	0.010718	0.010614	0.001563	6.8
35	6,473	66	6,539	0.010093	0.010348	0.001613	6.4
36	6,288	65	6,353	0.010231	0.011223	0.001682	6.7
37	5,989	81	6,070	0.013344	0.012599	0.001764	7.1
38	5,823	84	5,907	0.014220	0.014226	0.001857	7.7
39	5,670	87	5,757	0.015112	0.015292	0.001964	7.8
40	5,529	93	5,622	0.016542	0.016436	0.002083	7.9
41	5,286	95	5,381	0.017655	0.017101	0.002227	7.7
42	5,114	89	5,203	0.017106	0.017659	0.002414	7.3
43	5,012	93	5,105	0.018217	0.018047	0.002653	6.8
44	4,901	94	4,995	0.018819	0.019173	0.002939	6.5
45	4,734	99	4,833	0.020484	0.021675	0.003243	6.7
46	4,545	120	4,665	0.025723	0.025268	0.003563	7.1
47	4,164	127	4,291	0.029597	0.027663	0.003922	7.1
48	3,971	113	4,084	0.027669	0.030107	0.004320	7.0
49	3,715	127	3,842	0.033056	0.032962	0.004749	6.9
50	3,453	137	3,590	0.038162	0.038314	0.005193	7.4
51	3,193	146	3,339	0.043726	0.041608	0.005647	7.4
52	2,920	131	3,051	0.042937	0.044710	0.006122	7.3
53	2,669	133	2,802	0.047466	0.045803	0.006630	6.9
54	2,372	117	2,489	0.047007	0.050491	0.007181	7.0
55	2,068	125	2,193	0.057000	0.053517	0.007779	6.9
56	1,852	111	1,963	0.056546	0.055167	0.008415	6.6
57	1,624	89	1,713	0.051956	0.057715	0.009074	6.4
58	1,418	98	1,516	0.064644	0.061413	0.009727	6.3
59	1,213	88	1,301	0.067640	0.069713	0.010371	6.7
60	1,057	88	1,145	0.076856	0.078531	0.011034	7.1
61	878	88	966	0.091097	0.082366	0.011738	7.0
62	733	63	796	0.079146	0.086399	0.012489	6.9
63	635	62	697	0.088953	0.083857	0.013335	6.3
64	549	50	599	0.083472	0.085654	0.014319	6.0
65	444	41	485	0.084536	0.087103	0.015482	5.6
66	379	39	418	0.093301	0.096722	0.016824	5.7
67	324	41	365	0.112329	0.097724	0.018330	5.3
68	271	26	297	0.087542	0.091657	0.019900	4.6
69	234	19	253	0.075099	0.089544	0.021539	4.2

South Carolina DC men admitted 1996 to 2015, followed to 2016

Last admission only, duplicate IDs removed, admission year errors removed

Exposure for all races; N=64,204

Mortality rates are smoothed for ≥ 5 deaths (running average of 3 or 5 raw rates, previous age, current age & next age)

Age	Alive	All races Dead	Total	Mortality Rate	Smoothed Mortality Rate	US Population Mortality Rate	Mortality Ratios (≥ 5 deaths only)
70	194	23	217	0.105991	0.095649	0.023396	4.1
71	152	20	172	0.116279	0.090170	0.025476	3.5
72	136	14	150	0.093333	0.096203	0.027794	3.5
73	125	8	133	0.060150	0.097922	0.030350	3.2
74	102	12	114	0.105263	0.091534	0.033204	2.8
75	85	11	96	0.114583	0.094742	0.036345	2.6
76	76	7	83	0.084337	0.109378	0.039788	2.7
77	57	7	64	0.109375	0.111855	0.043720	2.6
78	52	8	60	0.133333	0.114580	0.048335	2.4
79	45	6	51	0.117647	0.116462	0.053650	2.2
80	34	5	39	0.128205	0.125356	0.059565	2.1
81	29	3	32	0.093750		0.065848	
82	22	4	26	0.153846		0.072956	
83	20	1	21	0.047619		0.080741	
84	19	0	19	0.000000		0.089357	
85	17	1	18	0.055556		0.099650	
86	14	2	16	0.125000		0.110901	
87	13	1	14	0.071429		0.123146	
88	10	3	13	0.230769		0.136412	
89	13	0	13	0.000000		0.150710	
90	9	0	9	0.000000		0.166038	
91	8	0	8	0.000000		0.182374	
92	7	0	7	0.000000		0.199676	
93	10	0	10	0.000000		0.217880	
94	15	1	16	0.062500		0.236903	
95	2	0	2	0.000000		0.256636	
96	2	0	2	0.000000		0.276954	
97	2	0	2	0.000000		0.297713	
Total deaths		4,239					

Exhibit 3

South Carolina DC men admitted 1996 to 2015, followed to 2016

Last admission only, duplicate IDs removed, admission year errors removed

Exposure for blacks only; N=40,454

Mortality rates are smoothed for ≥ 5 deaths (running average of 3 or 5 raw rates, previous age, current age & next age)

Age	Alive	Black Dead	Total	Raw Mortality Rate	Smoothed Mortality Rate	US Population Mortality Rate	Mortality Ratios (≥ 5 deaths only)
15	2	0	2	0.000000		0.000655	
16	60	0	60	0.000000		0.000822	
17	543	0	543	0.000000		0.001004	
18	1,504	5	1,509	0.003313	0.003033	0.001206	2.5
19	2,898	8	2,906	0.002753	0.003351	0.001421	2.4
20	4,498	18	4,516	0.003986	0.003383	0.001654	2.0
21	5,847	20	5,867	0.003409	0.004059	0.001874	2.2
22	6,867	33	6,900	0.004783	0.004333	0.002041	2.1
23	7,453	36	7,489	0.004807	0.005139	0.002134	2.4
24	7,508	44	7,552	0.005826	0.005656	0.002168	2.6
25	7,216	46	7,262	0.006334	0.005943	0.002186	2.7
26	6,842	39	6,881	0.005668	0.006574	0.002212	3.0
27	6,426	50	6,476	0.007721	0.007412	0.002230	3.3
28	5,938	53	5,991	0.008847	0.008178	0.002245	3.6
29	5,604	45	5,649	0.007966	0.008357	0.002259	3.7
30	5,284	44	5,328	0.008258	0.007893	0.002267	3.5
31	5,059	38	5,097	0.007455	0.008957	0.002276	3.9
32	4,786	54	4,840	0.011157	0.009753	0.002300	4.2
33	4,554	49	4,603	0.010645	0.010648	0.002350	4.5
34	4,392	45	4,437	0.010142	0.010346	0.002426	4.3
35	4,152	43	4,195	0.010250	0.009901	0.002527	3.9
36	3,937	37	3,974	0.009311	0.010548	0.002646	4.0
37	3,679	45	3,724	0.012084	0.012161	0.002772	4.4
38	3,525	54	3,579	0.015088	0.013441	0.002896	4.6
39	3,452	46	3,498	0.013150	0.015186	0.003027	5.0
40	3,291	58	3,349	0.017319	0.015133	0.003179	4.8
41	3,101	47	3,148	0.014930	0.015972	0.003369	4.7
42	3,016	48	3,064	0.015666	0.015002	0.003607	4.2
43	2,941	43	2,984	0.014410	0.014833	0.003902	3.8
44	2,870	42	2,912	0.014423	0.015822	0.004251	3.7
45	2,739	52	2,791	0.018631	0.019842	0.004616	4.3
46	2,611	71	2,682	0.026473	0.024402	0.005016	4.9
47	2,421	70	2,491	0.028101	0.026482	0.005513	4.8
48	2,274	58	2,332	0.024871	0.026654	0.006129	4.3
49	2,127	59	2,186	0.026990	0.028625	0.006838	4.2
50	1,988	70	2,058	0.034014	0.032107	0.007586	4.2
51	1,830	67	1,897	0.035319	0.035336	0.008344	4.2
52	1,681	64	1,745	0.036676	0.038086	0.009145	4.2
53	1,541	68	1,609	0.042262	0.041294	0.010011	4.1
54	1,360	64	1,424	0.044944	0.046430	0.010959	4.2
55	1,183	65	1,248	0.052083	0.049429	0.011995	4.1
56	1,055	57	1,112	0.051259	0.050691	0.013107	3.9
57	937	48	985	0.048731	0.056749	0.014274	4.0
58	794	60	854	0.070258	0.061732	0.015455	4.0
59	677	48	725	0.066207	0.072218	0.016630	4.3
60	585	51	636	0.080189	0.082261	0.017888	4.6
61	466	52	518	0.100386	0.093277	0.019207	4.9
62	363	40	403	0.099256	0.093367	0.020451	4.6
63	320	28	348	0.080460	0.093350	0.021595	4.3
64	269	30	299	0.100334	0.089763	0.022717	4.0
65	206	20	226	0.088496	0.097257	0.023933	4.1
66	183	21	204	0.102941	0.107622	0.025369	4.2
67	152	23	175	0.131429	0.114021	0.027104	4.2
68	116	14	130	0.107692	0.117090	0.029089	4.0
69	95	12	107	0.112150	0.107763	0.031191	3.5

South Carolina DC men admitted 1996 to 2015, followed to 2016

Last admission only, duplicate IDs removed, admission year errors removed

Exposure for blacks only; N=40,454

Mortality rates are smoothed for ≥ 5 deaths (running average of 3 or 5 raw rates, previous age, current age & next age)

Age	Alive	Black Dead	Total	Raw Mortality Rate	Smoothed Mortality Rate	US Population Mortality Rate	Mortality Ratios (≥ 5 deaths only)
70	78	9	87	0.103448	0.115344	0.033429	3.5
71	60	9	69	0.130435	0.116942	0.035780	3.3
72	55	4	59	0.067797		0.038397	
73	48	3	51	0.058824		0.041254	
74	39	5	44	0.113636		0.044174	
75	30	5	35	0.142857		0.047704	
76	27	2	29	0.068966		0.051047	
77	18	3	21	0.142857		0.054624	
78	17	3	20	0.150000		0.059628	
79	15	2	17	0.117647		0.064976	
80	11	2	13	0.153846		0.070676	
81	9	1	10	0.100000		0.076651	
82	8	0	8	0.000000		0.085516	
83	7	0	7	0.000000		0.092664	
84	6	0	6	0.000000		0.100307	
85	5	0	5	0.000000		0.108460	
86	4	1	5	0.200000		0.117140	
87	5	0	5	0.000000		0.126357	
88	4	0	4	0.000000		0.136120	
89	3	0	3	0.000000		0.146432	
90	2	0	2	0.000000		0.157294	
91	3	0	3	0.000000		0.168701	
92	2	0	2	0.000000		0.180641	
93	3	0	3	0.000000		0.193099	
94	7	0	7	0.000000		0.206052	
95	1	0	1	0.000000		0.219470	
96	1	0	1	0.000000		0.233321	
97	1	0	1	0.000000		0.247561	
Total deaths		2,351					

Exhibit 4

South Carolina DC men admitted 1996 to 2015, followed to 2016

Last admission only, duplicate IDs removed, admission year errors removed

Exposure for whites only; N=22,081

Mortality rates are smoothed for ≥ 5 deaths (running average of 3 or 5 raw rates, previous age, current age & next age)

Age	Alive	White Dead	Total	Raw Mortality Rate	Smoothed Mortality Rate	US Population Mortality Rate	Mortality Ratios (≥ 5 deaths only)
15	1	0	1	0.000000		0.000414	
16	28	0	28	0.000000		0.000522	
17	268	0	268	0.000000		0.000641	
18	717	1	718	0.001393		0.000773	
19	1,325	4	1,329	0.003010		0.000909	
20	1,944	6	1,950	0.003077	0.003181	0.001053	3.0
21	2,427	8	2,435	0.003285	0.003500	0.001185	3.0
22	2,647	11	2,658	0.004138	0.004806	0.001283	3.7
23	2,697	19	2,716	0.006996	0.006919	0.001333	5.2
24	2,676	26	2,702	0.009623	0.008440	0.001349	6.3
25	2,620	23	2,643	0.008702	0.009056	0.001354	6.7
26	2,466	22	2,488	0.008842	0.010391	0.001365	7.6
27	2,316	32	2,348	0.013629	0.009974	0.001379	7.2
28	2,265	17	2,282	0.007450	0.011864	0.001401	8.5
29	2,173	32	2,205	0.014512	0.011735	0.001432	8.2
30	2,161	29	2,190	0.013242	0.013335	0.001467	9.1
31	2,177	27	2,204	0.012250	0.013876	0.001502	9.2
32	2,195	36	2,231	0.016136	0.013753	0.001536	9.0
33	2,147	28	2,175	0.012874	0.013955	0.001570	8.9
34	2,150	28	2,178	0.012856	0.012136	0.001609	7.5
35	2,131	23	2,154	0.010678	0.011928	0.001665	7.2
36	2,177	27	2,204	0.012250	0.013112	0.001742	7.5
37	2,158	36	2,194	0.016408	0.014128	0.001829	7.7
38	2,156	30	2,186	0.013724	0.016339	0.001921	8.5
39	2,078	40	2,118	0.018886	0.016139	0.002023	8.0
40	2,117	34	2,151	0.015807	0.019133	0.002135	9.0
41	2,066	48	2,114	0.022706	0.019370	0.002273	8.5
42	2,001	40	2,041	0.019598	0.022267	0.002459	9.1
43	1,991	50	2,041	0.024498	0.023331	0.002703	8.6
44	1,956	52	2,008	0.025896	0.024755	0.002997	8.3
45	1,922	47	1,969	0.023870	0.025127	0.003309	7.6
46	1,864	49	1,913	0.025614	0.027223	0.003631	7.5
47	1,684	56	1,740	0.032184	0.030095	0.003984	7.6
48	1,638	55	1,693	0.032487	0.035454	0.004366	8.1
49	1,540	67	1,607	0.041693	0.039239	0.004768	8.2
50	1,428	65	1,493	0.043537	0.046941	0.005179	9.1
51	1,325	78	1,403	0.055595	0.050285	0.005596	9.0
52	1,210	66	1,276	0.051724	0.054307	0.006034	9.0
53	1,104	65	1,169	0.055603	0.052714	0.006508	8.1
54	990	53	1,043	0.050815	0.057024	0.007026	8.1
55	868	60	928	0.064655	0.060073	0.007591	7.9
56	780	54	834	0.064748	0.062302	0.008191	7.6
57	672	41	713	0.057504	0.060358	0.008812	6.8
58	608	38	646	0.058824	0.062585	0.009425	6.6
59	520	40	560	0.071429	0.068333	0.010028	6.8
60	458	37	495	0.074747	0.076123	0.010645	7.2
61	402	36	438	0.082192	0.072227	0.011305	6.4
62	362	23	385	0.059740	0.079569	0.012031	6.6
63	308	33	341	0.096774	0.074694	0.012880	5.8
64	276	20	296	0.067568	0.082340	0.013896	5.9
65	233	21	254	0.082677	0.085880	0.015110	5.7
66	191	18	209	0.086124	0.079940	0.016503	4.8
67	169	18	187	0.096257	0.074702	0.018045	4.1
68	153	11	164	0.067073	0.079705	0.019623	4.1
69	139	6	145	0.041379	0.083840	0.021262	3.9

South Carolina DC men admitted 1996 to 2015, followed to 2016

Last admission only, duplicate IDs removed, admission year errors removed

Exposure for whites only; N=22,081

Mortality rates are smoothed for ≥ 5 deaths (running average of 3 or 5 raw rates, previous age, current age & next age)

Age	Alive	White Dead	Total	Raw Mortality Rate	Smoothed Mortality Rate	US Population Mortality Rate	Mortality Ratios (≥ 5 deaths only)
70	116	14	130	0.107692	0.086566	0.023146	3.7
71	92	11	103	0.106796	0.085347	0.025278	3.4
72	81	10	91	0.109890	0.097071	0.027630	3.5
73	77	5	82	0.060976	0.095204	0.030219	3.2
74	63	7	70	0.100000	0.092364	0.033126	2.8
75	55	6	61	0.098361	0.088990	0.036255	2.5
76	49	5	54	0.092593	0.095477	0.039716	2.4
77	39	4	43	0.093023		0.043757	
78	35	5	40	0.125000		0.048405	
79	30	4	34	0.117647		0.053785	
80	23	3	26	0.115385		0.059839	
81	20	2	22	0.090909		0.066176	
82	14	4	18	0.222222		0.073348	
83	13	1	14	0.071429		0.081302	
84	13	0	13	0.000000		0.090236	
85	12	1	13	0.076923		0.100743	
86	10	1	11	0.090909		0.112235	
87	8	1	9	0.111111		0.124750	
88	6	3	9	0.333333		0.138311	
89	7	0	7	0.000000		0.152931	
90	6	0	6	0.000000		0.168603	
91	5	0	5	0.000000		0.185302	
92	5	0	5	0.000000		0.202980	
93	7	0	7	0.000000		0.221569	
94	8	1	9	0.111111		0.240976	
95	1	0	1	0.000000		0.261085	
96	1	0	1	0.000000		0.281762	
97	1	0	1	0.000000		0.302853	

Total deaths 1,874

EXHIBIT 5

Table 2. Life table for males: United States, 2011Spreadsheet version available from: http://ftp.cdc.gov/pub/Health_Statistics/NCHS/Publications/NVSR/64_11/Table02.xlsx.

Age (years)	Probability of dying between ages x and $x + 1$	Number surviving to age x	Number dying between ages x and $x + 1$	Person-years lived between ages x and $x + 1$	Total number of person-years lived above age x	Expectation of life at age x
	q_x	l_x	d_x	L_x	T_x	e_x
0-1	0.006575	100,000	658	99,427	7,629,389	76.3
1-2	0.000445	99,342	44	99,320	7,529,961	75.8
2-3	0.000301	99,298	30	99,283	7,430,641	74.8
3-4	0.000240	99,268	24	99,256	7,331,358	73.9
4-5	0.000183	99,244	18	99,235	7,232,101	72.9
5-6	0.000169	99,226	17	99,218	7,132,866	71.9
6-7	0.000150	99,210	15	99,202	7,033,648	70.9
7-8	0.000134	99,195	13	99,188	6,934,446	69.9
8-9	0.000115	99,181	11	99,176	6,835,258	68.9
9-10	0.000097	99,170	10	99,165	6,736,082	67.9
10-11	0.000085	99,160	8	99,156	6,636,917	66.9
11-12	0.000092	99,152	9	99,147	6,537,761	65.9
12-13	0.000132	99,143	13	99,136	6,438,613	64.9
13-14	0.000213	99,130	21	99,119	6,339,477	64.0
14-15	0.000323	99,109	32	99,093	6,240,358	63.0
15-16	0.000439	99,077	43	99,055	6,141,265	62.0
16-17	0.000552	99,033	55	99,006	6,042,210	61.0
17-18	0.000675	98,979	67	98,945	5,943,204	60.0
18-19	0.000807	98,912	80	98,872	5,844,259	59.1
19-20	0.000942	98,832	93	98,785	5,745,387	58.1
20-21	0.001085	98,739	107	98,685	5,646,602	57.2
21-22	0.001216	98,632	120	98,572	5,547,917	56.2
22-23	0.001310	98,512	129	98,447	5,449,345	55.3
23-24	0.001353	98,383	133	98,316	5,350,898	54.4
24-25	0.001358	98,250	133	98,183	5,252,582	53.5
25-26	0.001351	98,116	133	98,050	5,154,399	52.5
26-27	0.001349	97,984	132	97,918	5,056,349	51.6
27-28	0.001353	97,852	132	97,785	4,958,431	50.7
28-29	0.001371	97,719	134	97,652	4,860,646	49.7
29-30	0.001399	97,585	137	97,517	4,762,994	48.8
30-31	0.001432	97,449	140	97,379	4,665,477	47.9
31-32	0.001464	97,309	143	97,238	4,568,098	46.9
32-33	0.001496	97,167	145	97,094	4,470,860	46.0
33-34	0.001528	97,021	148	96,947	4,373,766	45.1
34-35	0.001563	96,873	151	96,797	4,276,819	44.1
35-36	0.001613	96,722	156	96,643	4,180,022	43.2
36-37	0.001682	96,565	162	96,484	4,083,378	42.3
37-38	0.001764	96,403	170	96,318	3,986,894	41.4
38-39	0.001857	96,233	179	96,144	3,890,576	40.4
39-40	0.001964	96,054	189	95,960	3,794,432	39.5
40-41	0.002083	95,866	200	95,766	3,698,472	38.6
41-42	0.002227	95,666	213	95,560	3,602,706	37.7
42-43	0.002414	95,453	230	95,338	3,507,147	36.7
43-44	0.002653	95,223	253	95,096	3,411,809	35.8
44-45	0.002939	94,970	279	94,830	3,316,713	34.9
45-46	0.003243	94,691	307	94,537	3,221,882	34.0
46-47	0.003563	94,384	336	94,216	3,127,345	33.1
47-48	0.003922	94,047	369	93,863	3,033,129	32.3
48-49	0.004320	93,679	405	93,476	2,939,266	31.4
49-50	0.004749	93,274	443	93,052	2,845,790	30.5
50-51	0.005193	92,831	482	92,590	2,752,738	29.7
51-52	0.005647	92,349	522	92,088	2,660,148	28.8
52-53	0.006122	91,827	562	91,546	2,568,060	28.0
53-54	0.006630	91,265	605	90,963	2,476,514	27.1
54-55	0.007181	90,660	651	90,335	2,385,551	26.3
55-56	0.007779	90,009	700	89,659	2,295,216	25.5
56-57	0.008415	89,309	752	88,933	2,205,557	24.7
57-58	0.009074	88,557	804	88,156	2,116,624	23.9
58-59	0.009727	87,754	854	87,327	2,028,469	23.1
59-60	0.010371	86,900	901	86,450	1,941,141	22.3
60-61	0.011034	85,999	949	85,525	1,854,692	21.6

See footnote at end of table.

Table 2. Life table for males: United States, 2011—Con.Spreadsheet version available from: ftp://ftp.cdc.gov/pub/Health_Statistics/NCHS/Publications/NVSR/64_11/Table02.xlsx.

Age (years)	Probability of dying between ages x and $x + 1$	Number surviving to age x	Number dying between ages x and $x + 1$	Person-years lived between ages x and $x + 1$	Total number of person-years lived above age x	Expectation of life at age x
	q_x	l_x	d_x	L_x	T_x	e_x
61–62	0.011738	85,050	998	84,551	1,769,167	20.8
62–63	0.012489	84,052	1,050	83,527	1,684,616	20.0
63–64	0.013335	83,002	1,107	82,449	1,601,089	19.3
64–65	0.014319	81,895	1,173	81,309	1,518,641	18.5
65–66	0.015482	80,723	1,250	80,098	1,437,332	17.8
66–67	0.016824	79,473	1,337	78,804	1,357,234	17.1
67–68	0.018330	78,136	1,432	77,420	1,278,430	16.4
68–69	0.019900	76,703	1,526	75,940	1,201,010	15.7
69–70	0.021539	75,177	1,619	74,367	1,125,070	15.0
70–71	0.023396	73,558	1,721	72,697	1,050,702	14.3
71–72	0.025476	71,837	1,830	70,922	978,005	13.6
72–73	0.027794	70,007	1,946	69,034	907,083	13.0
73–74	0.030350	68,061	2,066	67,028	838,049	12.3
74–75	0.033204	65,995	2,191	64,900	771,021	11.7
75–76	0.036345	63,804	2,319	62,645	706,121	11.1
76–77	0.039788	61,485	2,446	60,262	643,477	10.5
77–78	0.043720	59,039	2,581	57,748	583,215	9.9
78–79	0.048335	56,458	2,729	55,093	525,467	9.3
79–80	0.053650	53,729	2,883	52,287	470,374	8.8
80–81	0.059565	50,846	3,029	49,332	418,086	8.2
81–82	0.065848	47,817	3,149	46,243	368,754	7.7
82–83	0.072956	44,669	3,259	43,039	322,511	7.2
83–84	0.080741	41,410	3,343	39,738	279,472	6.7
84–85	0.089357	38,066	3,402	36,366	239,734	6.3
85–86	0.099650	34,665	3,454	32,938	203,368	5.9
86–87	0.110901	31,211	3,461	29,480	170,430	5.5
87–88	0.123146	27,749	3,417	26,041	140,950	5.1
88–89	0.136412	24,332	3,319	22,672	114,910	4.7
89–90	0.150710	21,013	3,167	19,429	92,237	4.4
90–91	0.166038	17,846	2,963	16,364	72,808	4.1
91–92	0.182374	14,883	2,714	13,526	56,443	3.8
92–93	0.199676	12,169	2,430	10,954	42,918	3.5
93–94	0.217880	9,739	2,122	8,678	31,964	3.3
94–95	0.236903	7,617	1,804	6,715	23,286	3.1
95–96	0.256636	5,812	1,492	5,067	16,571	2.9
96–97	0.276954	4,321	1,197	3,722	11,505	2.7
97–98	0.297713	3,124	930	2,659	7,782	2.5
98–99	0.318755	2,194	699	1,844	5,123	2.3
99–100	0.339914	1,495	508	1,241	3,279	2.2
100 and over	1.000000	987	987	2,038	2,038	2.1

SOURCE: CDC/NCHS, National Vital Statistics System.

EXHIBIT 6

Table 17. Life table for non-Hispanic black males: United States, 2011Spreadsheet version available from: http://ftp.cdc.gov/pub/Health_Statistics/NCHS/Publications/NVSR/64_11/Table17.xlsx.

Age (years)	Probability of dying between ages x and $x + 1$	Number surviving to age x	Number dying between ages x and $x + 1$	Person-years lived between ages x and $x + 1$	Total number of person-years lived above age x	Expectation of life at age x
	q_x	l_x	d_x	L_x	T_x	e_x
0-1	0.012502	100,000	1,250	98,927	7,173,820	71.7
1-2	0.000674	98,750	67	98,716	7,074,893	71.6
2-3	0.000494	98,683	49	98,659	6,976,177	70.7
3-4	0.000356	98,634	35	98,617	6,877,518	69.7
4-5	0.000316	98,599	31	98,584	6,778,901	68.8
5-6	0.000258	98,568	25	98,555	6,680,317	67.8
6-7	0.000224	98,543	22	98,532	6,581,762	66.8
7-8	0.000193	98,521	19	98,511	6,483,230	65.8
8-9	0.000161	98,502	16	98,494	6,384,719	64.8
9-10	0.000128	98,486	13	98,480	6,286,225	63.8
10-11	0.000107	98,473	11	98,468	6,187,746	62.8
11-12	0.000118	98,463	12	98,457	6,089,278	61.8
12-13	0.000183	98,451	18	98,442	5,990,821	60.9
13-14	0.000310	98,433	31	98,418	5,892,379	59.9
14-15	0.000481	98,402	47	98,379	5,793,961	58.9
15-16	0.000655	98,355	64	98,323	5,695,583	57.9
16-17	0.000822	98,291	81	98,250	5,597,260	56.9
17-18	0.001004	98,210	99	98,160	5,499,010	56.0
18-19	0.001206	98,111	118	98,052	5,400,849	55.0
19-20	0.001421	97,993	139	97,923	5,302,797	54.1
20-21	0.001654	97,854	162	97,773	5,204,874	53.2
21-22	0.001874	97,692	183	97,600	5,107,101	52.3
22-23	0.002041	97,509	199	97,409	5,009,501	51.4
23-24	0.002134	97,310	208	97,206	4,912,092	50.5
24-25	0.002168	97,102	211	96,997	4,814,886	49.6
25-26	0.002186	96,891	212	96,786	4,717,890	48.7
26-27	0.002212	96,680	214	96,573	4,621,104	47.8
27-28	0.002230	96,466	215	96,358	4,524,531	46.9
28-29	0.002245	96,251	216	96,143	4,428,173	46.0
29-30	0.002259	96,035	217	95,926	4,332,030	45.1
30-31	0.002267	95,818	217	95,709	4,236,104	44.2
31-32	0.002276	95,600	218	95,492	4,140,395	43.3
32-33	0.002300	95,383	219	95,273	4,044,904	42.4
33-34	0.002350	95,163	224	95,052	3,949,631	41.5
34-35	0.002426	94,940	230	94,825	3,854,579	40.6
35-36	0.002527	94,709	239	94,590	3,759,755	39.7
36-37	0.002646	94,470	250	94,345	3,665,165	38.8
37-38	0.002772	94,220	261	94,089	3,570,820	37.9
38-39	0.002896	93,959	272	93,823	3,476,730	37.0
39-40	0.003027	93,687	284	93,545	3,382,908	36.1
40-41	0.003179	93,403	297	93,255	3,289,363	35.2
41-42	0.003369	93,106	314	92,949	3,196,108	34.3
42-43	0.003607	92,793	335	92,625	3,103,159	33.4
43-44	0.003902	92,458	361	92,277	3,010,533	32.6
44-45	0.004251	92,097	392	91,901	2,918,256	31.7
45-46	0.004616	91,706	423	91,494	2,826,355	30.8
46-47	0.005016	91,282	458	91,053	2,734,861	30.0
47-48	0.005513	90,824	501	90,574	2,643,807	29.1
48-49	0.006129	90,324	554	90,047	2,553,233	28.3
49-50	0.006838	89,770	614	89,463	2,463,186	27.4
50-51	0.007586	89,156	676	88,818	2,373,723	26.6
51-52	0.008344	88,480	738	88,111	2,284,905	25.8
52-53	0.009145	87,742	802	87,340	2,196,794	25.0
53-54	0.010011	86,939	870	86,504	2,109,454	24.3
54-55	0.010959	86,069	943	85,597	2,022,950	23.5
55-56	0.011995	85,126	1,021	84,615	1,937,352	22.8
56-57	0.013107	84,105	1,102	83,553	1,852,737	22.0
57-58	0.014274	83,002	1,185	82,410	1,769,184	21.3
58-59	0.015455	81,817	1,264	81,185	1,686,774	20.6
59-60	0.016630	80,553	1,340	79,883	1,605,589	19.9
60-61	0.017888	79,213	1,417	78,505	1,525,705	19.3

See footnotes at end of table.

Table 17. Life table for non-Hispanic black males: United States, 2011—Con.Spreadsheet version available from: http://ftp.cdc.gov/pub/Health_Statistics/NCHS/Publications/NVSR/64_11/Table17.xlsx.

Age (years)	Probability of dying between ages x and $x + 1$	Number surviving to age x	Number dying between ages x and $x + 1$	Person-years lived between ages x and $x + 1$	Total number of person-years lived above age x	Expectation of life at age x
	q_x	l_x	d_x	L_x	T_x	e_x
61–62	0.019207	77,796	1,494	77,049	1,447,201	18.6
62–63	0.020451	76,302	1,560	75,522	1,370,151	18.0
63–64	0.021595	74,742	1,614	73,935	1,294,629	17.3
64–65	0.022717	73,128	1,661	72,297	1,220,695	16.7
65–66	0.023933	71,466	1,710	70,611	1,148,398	16.1
66–67	0.025369	69,756	1,770	68,871	1,077,787	15.5
67–68	0.027104	67,986	1,843	67,065	1,008,915	14.8
68–69	0.029089	66,144	1,924	65,182	941,851	14.2
69–70	0.031191	64,220	2,003	63,218	876,669	13.7
70–71	0.033429	62,216	2,080	61,177	813,451	13.1
71–72	0.035780	60,137	2,152	59,061	752,274	12.5
72–73	0.038397	57,985	2,226	56,872	693,214	12.0
73–74	0.041254	55,759	2,300	54,608	636,342	11.4
74–75	0.044174	53,458	2,361	52,278	581,733	10.9
75–76	0.047704	51,097	2,438	49,878	529,456	10.4
76–77	0.051047	48,659	2,484	47,417	479,578	9.9
77–78	0.054624	46,175	2,522	44,914	432,161	9.4
78–79	0.059628	43,653	2,603	42,352	387,246	8.9
79–80	0.064976	41,050	2,667	39,716	344,895	8.4
80–81	0.070676	38,383	2,713	37,026	305,178	8.0
81–82	0.076651	35,670	2,734	34,303	268,152	7.5
82–83	0.085516	32,936	2,817	31,528	233,849	7.1
83–84	0.092664	30,119	2,791	28,724	202,321	6.7
84–85	0.100307	27,328	2,741	25,958	173,597	6.4
85–86	0.108460	24,587	2,667	23,254	147,639	6.0
86–87	0.117140	21,920	2,568	20,637	124,386	5.7
87–88	0.126357	19,353	2,445	18,130	103,749	5.4
88–89	0.136120	16,907	2,301	15,757	85,619	5.1
89–90	0.146432	14,606	2,139	13,537	69,862	4.8
90–91	0.157294	12,467	1,961	11,487	56,326	4.5
91–92	0.168701	10,506	1,772	9,620	44,839	4.3
92–93	0.180641	8,734	1,578	7,945	35,219	4.0
93–94	0.193099	7,156	1,382	6,465	27,274	3.8
94–95	0.206052	5,774	1,190	5,179	20,809	3.6
95–96	0.219470	4,584	1,006	4,081	15,630	3.4
96–97	0.233321	3,578	835	3,161	11,548	3.2
97–98	0.247561	2,743	679	2,404	8,388	3.1
98–99	0.262144	2,064	541	1,794	5,984	2.9
99–100	0.277019	1,523	422	1,312	4,190	2.8
100 and over	1.000000	1,101	1,101	2,878	2,878	2.6

NOTE: This life table is based on death rates that have been adjusted for race and ethnicity misclassification on death certificates.

SOURCE: CDC/NCHS. National Vital Statistics System.

EXHIBIT 7

Table 14. Life table for non-Hispanic white males: United States, 2011Spreadsheet version available from: http://ftp.cdc.gov/pub/Health_Statistics/NCHS/Publications/NVSR/64_11/Table14.xlsx.

Age (years)	Probability of dying between ages x and $x + 1$	Number surviving to age x	Number dying between ages x and $x + 1$	Person-years lived between ages x and $x + 1$	Total number of person-years lived above age x	Expectation of life at age x
	q_x	l_x	d_x	L_x	T_x	e_x
0-1	0.005524	100,000	552	99,517	7,643,091	76.4
1-2	0.000413	99,448	41	99,427	7,543,575	75.9
2-3	0.000273	99,407	27	99,393	7,444,148	74.9
3-4	0.000229	99,379	23	99,368	7,344,755	73.9
4-5	0.000156	99,357	15	99,349	7,245,387	72.9
5-6	0.000160	99,341	16	99,333	7,146,038	71.9
6-7	0.000146	99,325	14	99,318	7,046,705	70.9
7-8	0.000132	99,311	13	99,304	6,947,387	70.0
8-9	0.000114	99,298	11	99,292	6,848,082	69.0
9-10	0.000095	99,286	9	99,282	6,748,790	68.0
10-11	0.000082	99,277	8	99,273	6,649,509	67.0
11-12	0.000088	99,269	9	99,264	6,550,236	66.0
12-13	0.000125	99,260	12	99,254	6,450,972	65.0
13-14	0.000201	99,248	20	99,238	6,351,718	64.0
14-15	0.000305	99,228	30	99,213	6,252,480	63.0
15-16	0.000414	99,197	41	99,177	6,153,268	62.0
16-17	0.000522	99,156	52	99,130	6,054,091	61.1
17-18	0.000641	99,105	64	99,073	5,954,960	60.1
18-19	0.000773	99,041	77	99,003	5,855,888	59.1
19-20	0.000909	98,964	90	98,920	5,756,885	58.2
20-21	0.001053	98,875	104	98,822	5,657,965	57.2
21-22	0.001185	98,770	117	98,712	5,559,143	56.3
22-23	0.001283	98,653	127	98,590	5,460,431	55.3
23-24	0.001333	98,527	131	98,461	5,361,841	54.4
24-25	0.001349	98,395	133	98,329	5,263,380	53.5
25-26	0.001354	98,263	133	98,196	5,165,051	52.6
26-27	0.001365	98,130	134	98,063	5,066,855	51.6
27-28	0.001379	97,996	135	97,928	4,968,792	50.7
28-29	0.001401	97,860	137	97,792	4,870,864	49.8
29-30	0.001432	97,723	140	97,653	4,773,072	48.8
30-31	0.001467	97,583	143	97,512	4,675,419	47.9
31-32	0.001502	97,440	146	97,367	4,577,907	47.0
32-33	0.001536	97,294	149	97,219	4,480,540	46.1
33-34	0.001570	97,145	153	97,068	4,383,321	45.1
34-35	0.001609	96,992	156	96,914	4,286,252	44.2
35-36	0.001665	96,836	161	96,755	4,189,338	43.3
36-37	0.001742	96,675	168	96,591	4,092,583	42.3
37-38	0.001829	96,506	177	96,418	3,995,992	41.4
38-39	0.001921	96,330	185	96,237	3,899,574	40.5
39-40	0.002023	96,145	195	96,047	3,803,337	39.6
40-41	0.002135	95,950	205	95,848	3,707,290	38.6
41-42	0.002273	95,745	218	95,637	3,611,442	37.7
42-43	0.002459	95,528	235	95,410	3,515,805	36.8
43-44	0.002703	95,293	258	95,164	3,420,395	35.9
44-45	0.002997	95,035	285	94,893	3,325,231	35.0
45-46	0.003309	94,750	313	94,594	3,230,338	34.1
46-47	0.003631	94,437	343	94,266	3,135,744	33.2
47-48	0.003984	94,094	375	93,907	3,041,479	32.3
48-49	0.004366	93,719	409	93,515	2,947,572	31.5
49-50	0.004768	93,310	445	93,088	2,854,058	30.6
50-51	0.005179	92,865	481	92,625	2,760,970	29.7
51-52	0.005596	92,384	517	92,126	2,668,345	28.9
52-53	0.006034	91,867	554	91,590	2,576,220	28.0
53-54	0.006508	91,313	594	91,016	2,484,630	27.2
54-55	0.007026	90,719	637	90,400	2,393,614	26.4
55-56	0.007591	90,081	684	89,739	2,303,214	25.6
56-57	0.008191	89,397	732	89,031	2,213,475	24.8
57-58	0.008812	88,665	781	88,274	2,124,444	24.0
58-59	0.009425	87,884	828	87,470	2,036,169	23.2
59-60	0.010028	87,056	873	86,619	1,948,700	22.4
60-61	0.010645	86,183	917	85,724	1,862,081	21.6

See footnotes at end of table.

Table 14. Life table for non-Hispanic white males: United States, 2011—Con.Spreadsheet version available from: ftp://ftp.cdc.gov/pub/Health_Statistics/NCHS/Publications/NVSR/64_11/Table14.xlsx.

Age (years)	Probability of dying between ages x and $x + 1$	Number surviving to age x	Number dying between ages x and $x + 1$	Person-years lived between ages x and $x + 1$	Total number of person-years lived above age x	Expectation of life at age x
	q_x	l_x	d_x	L_x	T_x	e_x
61–62	0.011305	85,265	964	84,783	1,776,357	20.8
62–63	0.012031	84,301	1,014	83,794	1,691,574	20.1
63–64	0.012880	83,287	1,073	82,751	1,607,780	19.3
64–65	0.013896	82,214	1,142	81,643	1,525,029	18.5
65–66	0.015110	81,072	1,225	80,459	1,443,386	17.8
66–67	0.016503	79,847	1,318	79,188	1,362,927	17.1
67–68	0.018045	78,529	1,417	77,821	1,283,739	16.3
68–69	0.019623	77,112	1,513	76,355	1,205,919	15.6
69–70	0.021262	75,599	1,607	74,795	1,129,563	14.9
70–71	0.023146	73,991	1,713	73,135	1,054,768	14.3
71–72	0.025278	72,279	1,827	71,365	981,633	13.6
72–73	0.027630	70,452	1,947	69,478	910,268	12.9
73–74	0.030219	68,505	2,070	67,470	840,789	12.3
74–75	0.033126	66,435	2,201	65,335	773,319	11.6
75–76	0.036255	64,234	2,329	63,070	707,985	11.0
76–77	0.039716	61,905	2,459	60,676	644,915	10.4
77–78	0.043757	59,447	2,601	58,146	584,239	9.8
78–79	0.048405	56,845	2,752	55,470	526,093	9.3
79–80	0.053785	54,094	2,909	52,639	470,623	8.7
80–81	0.059839	51,184	3,063	49,653	417,984	8.2
81–82	0.066176	48,122	3,184	46,529	368,331	7.7
82–83	0.073348	44,937	3,296	43,289	321,802	7.2
83–84	0.081302	41,641	3,385	39,948	278,513	6.7
84–85	0.090236	38,256	3,452	36,530	238,565	6.2
85–86	0.100743	34,804	3,506	33,050	202,035	5.8
86–87	0.112235	31,297	3,513	29,541	168,985	5.4
87–88	0.124750	27,785	3,466	26,052	139,444	5.0
88–89	0.138311	24,319	3,364	22,637	113,392	4.7
89–90	0.152931	20,955	3,205	19,353	90,755	4.3
90–91	0.168603	17,750	2,993	16,254	71,402	4.0
91–92	0.185302	14,758	2,735	13,390	55,149	3.7
92–93	0.202980	12,023	2,440	10,803	41,758	3.5
93–94	0.221569	9,583	2,123	8,521	30,955	3.2
94–95	0.240976	7,459	1,798	6,561	22,435	3.0
95–96	0.261085	5,662	1,478	4,923	15,874	2.8
96–97	0.281762	4,184	1,179	3,594	10,951	2.6
97–98	0.302853	3,005	910	2,550	7,357	2.4
98–99	0.324194	2,095	679	1,755	4,807	2.3
99–100	0.345609	1,416	489	1,171	3,052	2.2
100 and over	1.000000	926	926	1,881	1,881	2.0

NOTE: This life table is based on death rates that have been adjusted for race and ethnicity misclassification on death certificates.

SOURCE: CDC/NCHS, National Vital Statistics System.

EXHIBIT 8

Appendix A. 2011 U.S. General Population Male Life Table

Life Expectancies Adjusted for South Carolina DC experience 1996 to 2015, followed to 2016

All races

Age (years)	Basic Mortality q_x	Mortality Risk Factor	Adjusted Mortality q_x	Population at Risk l_x	Deaths d_x	Interval Person-years L_x	Cumulative Person-years T_x	Life Expectancy e_x
0-1	0.006575	1.0	0.0065750	100,000	658	99,427	5,474,009	54.7
1-2	0.000445	1.0	0.0004450	99,342	44	99,320	5,374,582	54.1
2-3	0.000301	1.0	0.0003010	99,298	30	99,283	5,275,262	53.1
3-4	0.000240	1.0	0.0002400	99,268	24	99,256	5,175,979	52.1
4-5	0.000183	1.0	0.0001830	99,244	18	99,235	5,076,723	51.2
5-6	0.000169	1.0	0.0001690	99,226	17	99,218	4,977,488	50.2
6-7	0.000150	1.0	0.0001500	99,209	15	99,202	4,878,271	49.2
7-8	0.000134	1.0	0.0001340	99,194	13	99,188	4,779,069	48.2
8-9	0.000115	1.0	0.0001150	99,181	11	99,176	4,679,882	47.2
9-10	0.000097	1.0	0.0000970	99,170	10	99,165	4,580,706	46.2
10-11	0.000085	1.0	0.0000850	99,160	8	99,156	4,481,541	45.2
11-12	0.000092	1.0	0.0000920	99,152	9	99,148	4,382,385	44.2
12-13	0.000132	1.0	0.0001320	99,143	13	99,137	4,283,238	43.2
13-14	0.000213	1.0	0.0002130	99,130	21	99,120	4,184,101	42.2
14-15	0.000323	1.0	0.0003230	99,109	32	99,093	4,084,982	41.2
15-16	0.000439	1.0	0.0004390	99,077	43	99,056	3,985,889	40.2
16-17	0.000552	1.0	0.0005520	99,034	55	99,007	3,886,833	39.2
17-18	0.000675	1.0	0.0006750	98,979	67	98,946	3,787,827	38.3
18-19	0.000807	3.3	0.0027013	98,912	267	98,779	3,688,881	37.3
19-20	0.000942	3.2	0.0030114	98,645	297	98,497	3,590,103	36.4
20-21	0.001085	3.0	0.0032334	98,348	318	98,189	3,491,606	35.5
21-22	0.001216	3.1	0.0038118	98,030	374	97,843	3,393,417	34.6
22-23	0.001310	3.3	0.0043592	97,656	426	97,443	3,295,574	33.7
23-24	0.001353	4.1	0.0054859	97,230	533	96,964	3,198,131	32.9
24-25	0.001358	4.6	0.0062542	96,697	605	96,395	3,101,168	32.1
25-26	0.001351	4.9	0.0066459	96,092	639	95,773	3,004,773	31.3

Appendix A. 2011 U.S. General Population Male Life Table
Life Expectancies Adjusted for South Carolina DC experience 1996 to 2015, followed to 2016
All races

Age (years)	Basic Mortality q_x	Mortality Risk Factor	Adjusted Mortality q_x	Population at Risk l_x	Deaths d_x	Interval Person-years L_x	Cumulative Person-years T_x	Life Expectancy e_x
26-27	0.001349	5.5	0.0074312	95,453	709	95,099	2,909,001	30.5
27-28	0.001353	5.8	0.0078989	94,744	748	94,370	2,813,902	29.7
28-29	0.001371	6.5	0.0089216	93,996	839	93,577	2,719,532	28.9
29-30	0.001399	6.5	0.0090478	93,157	843	92,736	2,625,956	28.2
30-31	0.001432	6.4	0.0091878	92,314	848	91,890	2,533,220	27.4
31-32	0.001464	6.9	0.0101313	91,466	927	91,003	2,441,330	26.7
32-33	0.001496	7.1	0.0106698	90,539	966	90,056	2,350,328	26.0
33-34	0.001528	7.4	0.0113651	89,573	1,018	89,064	2,260,272	25.2
34-35	0.001563	6.8	0.0106137	88,555	940	88,085	2,171,208	24.5
35-36	0.001613	6.4	0.0103475	87,615	907	87,162	2,083,123	23.8
36-37	0.001682	6.7	0.0112230	86,708	973	86,222	1,995,961	23.0
37-38	0.001764	7.1	0.0125987	85,735	1,080	85,195	1,909,740	22.3
38-39	0.001857	7.7	0.0142256	84,655	1,204	84,053	1,824,545	21.6
39-40	0.001964	7.8	0.0152915	83,451	1,276	82,813	1,740,492	20.9
40-41	0.002083	7.9	0.0164363	82,175	1,351	81,500	1,657,679	20.2
41-42	0.002227	7.7	0.0171008	80,824	1,382	80,133	1,576,179	19.5
42-43	0.002414	7.3	0.0176592	79,442	1,403	78,741	1,496,046	18.8
43-44	0.002653	6.8	0.0180473	78,039	1,408	77,335	1,417,306	18.2
44-45	0.002939	6.5	0.0191735	76,631	1,469	75,897	1,339,971	17.5
45-46	0.003243	6.7	0.0216755	75,162	1,629	74,348	1,264,074	16.8
46-47	0.003563	7.1	0.0252682	73,533	1,858	72,604	1,189,727	16.2
47-48	0.003922	7.1	0.0276631	71,675	1,983	70,684	1,117,123	15.6
48-49	0.004320	7.0	0.0301072	69,692	2,098	68,643	1,046,439	15.0
49-50	0.004749	6.9	0.0329621	67,594	2,228	66,480	977,796	14.5
50-51	0.005193	7.4	0.0383143	65,366	2,504	64,114	911,316	13.9
51-52	0.005647	7.4	0.0416080	62,862	2,616	61,554	847,202	13.5

Appendix A. 2011 U.S. General Population Male Life Table
Life Expectancies Adjusted for South Carolina DC experience 1996 to 2015, followed to 2016
All races

Age (years)	Basic Mortality q_x	Mortality Risk Factor	Adjusted Mortality q_x	Population at Risk l_x	Deaths d_x	Interval Person-years L_x	Cumulative Person-years T_x	Life Expectancy e_x
52-53	0.006122	7.3	0.0447095	60,246	2,694	58,899	785,648	13.0
53-54	0.006630	6.9	0.0458032	57,552	2,636	56,234	726,749	12.6
54-55	0.007181	7.0	0.0504908	54,916	2,773	53,530	670,515	12.2
55-56	0.007779	6.9	0.0535175	52,143	2,791	50,748	616,986	11.8
56-57	0.008415	6.6	0.0551671	49,352	2,723	47,991	566,238	11.5
57-58	0.009074	6.4	0.0577152	46,629	2,691	45,284	518,248	11.1
58-59	0.009727	6.3	0.0614132	43,938	2,698	42,589	472,964	10.8
59-60	0.010371	6.7	0.0697133	41,240	2,875	39,803	430,375	10.4
60-61	0.011034	7.1	0.0785312	38,365	3,013	36,859	390,573	10.2
61-62	0.011738	7.0	0.0823663	35,352	2,912	33,896	353,714	10.0
62-63	0.012489	6.9	0.0863986	32,440	2,803	31,039	319,818	9.9
63-64	0.013335	6.3	0.0838569	29,637	2,485	28,395	288,780	9.7
64-65	0.014319	6.0	0.0856537	27,152	2,326	25,989	260,385	9.6
65-66	0.015482	5.6	0.0871033	24,826	2,162	23,745	234,396	9.4
66-67	0.016824	5.7	0.0967221	22,664	2,192	21,568	210,651	9.3
67-68	0.018330	5.3	0.0977241	20,472	2,001	19,472	189,083	9.2
68-69	0.019900	4.6	0.0916566	18,471	1,693	17,625	169,612	9.2
69-70	0.021539	4.2	0.0895439	16,778	1,502	16,027	151,987	9.1
70-71	0.023396	4.1	0.0956488	15,276	1,461	14,546	135,960	8.9
71-72	0.025476	3.5	0.0901705	13,815	1,246	13,192	121,415	8.8
72-73	0.027794	3.5	0.0962033	12,569	1,209	11,965	108,223	8.6
73-74	0.030350	3.2	0.0979219	11,360	1,112	10,804	96,258	8.5
74-75	0.033204	2.8	0.0915335	10,248	938	9,779	85,454	8.3

Appendix A. 2011 U.S. General Population Male Life Table

Life Expectancies Adjusted for South Carolina DC experience 1996 to 2015, followed to 2016

All races

Age (years)	Basic Mortality q_x	Mortality Risk Factor	Adjusted Mortality q_x	Population at Risk l_x	Deaths d_x	Interval Person-years L_x	Cumulative Person-years T_x	Life Expectancy e_x
75-76	0.036345	2.6	0.0947418	9,310	882	8,869	75,675	8.1
76-77	0.039788	2.7	0.1093784	8,428	922	7,967	66,806	7.9
77-78	0.043720	2.6	0.1118552	7,506	840	7,086	58,839	7.8
78-79	0.048335	2.4	0.1145796	6,666	764	6,284	51,753	7.8
79-80	0.053650	2.2	0.1164621	5,902	687	5,559	45,469	7.7
80-81	0.059565	2.1	0.1253563	5,215	654	4,888	39,911	7.7
81-82	0.065848	1.0	0.0658480	4,561	300	4,411	35,023	7.7
82-83	0.072956	1.0	0.0729560	4,261	311	4,106	30,612	7.2
83-84	0.080741	1.0	0.0807410	3,950	319	3,791	26,506	6.7
84-85	0.089357	1.0	0.0893570	3,631	324	3,469	22,716	6.3
85-86	0.099650	1.0	0.0996500	3,307	330	3,142	19,247	5.8
86-87	0.110901	1.0	0.1109010	2,977	330	2,812	16,105	5.4
87-88	0.123146	1.0	0.1231460	2,647	326	2,484	13,293	5.0
88-89	0.136412	1.0	0.1364120	2,321	317	2,163	10,809	4.7
89-90	0.150710	1.0	0.1507100	2,004	302	1,853	8,646	4.3
90-91	0.166038	1.0	0.1660380	1,702	283	1,561	6,793	4.0
91-92	0.182374	1.0	0.1823740	1,419	259	1,290	5,233	3.7
92-93	0.199676	1.0	0.1996760	1,160	232	1,044	3,943	3.4
93-94	0.217880	1.0	0.2178800	928	202	827	2,899	3.1
94-95	0.236903	1.0	0.2369030	726	172	640	2,072	2.9
95-96	0.256636	1.0	0.2566360	554	142	483	1,432	2.6
96-97	0.276954	1.0	0.2769540	412	114	355	949	2.3
97-98	0.297713	1.0	0.2977130	298	89	254	594	2.0
98-99	0.318755	1.0	0.3187550	209	67	176	341	1.6
99-100	0.339914	1.0	0.3399140	142	48	118	165	1.2
100+	1.00000	1.0	1.0000000	94	94	47	47	0.5

EXHIBIT 9

Appendix B. 2011 U.S. General Population Non-Hispanic Black Male Life Table
Life Expectancies Adjusted for South Carolina DC experience 1996 to 2015, followed to 2016
Black men only

Age (years)	Basic Mortality q_x	Mortality Risk Factor	Adjusted Mortality q_x	Population at Risk l_x	Deaths d_x	Interval Person-years L_x	Cumulative Person-years T_x	Life Expectancy e_x
0-1	0.012502	1.0	0.0125020	100,000	1,250	99,007	5,516,944	55.2
1-2	0.000674	1.0	0.0006740	98,750	67	98,717	5,417,937	54.9
2-3	0.000494	1.0	0.0004940	98,683	49	98,659	5,319,221	53.9
3-4	0.000356	1.0	0.0003560	98,634	35	98,617	5,220,562	52.9
4-5	0.000316	1.0	0.0003160	98,599	31	98,584	5,121,946	51.9
5-6	0.000258	1.0	0.0002580	98,568	25	98,556	5,023,362	51.0
6-7	0.000224	1.0	0.0002240	98,543	22	98,532	4,924,807	50.0
7-8	0.000193	1.0	0.0001930	98,521	19	98,512	4,826,275	49.0
8-9	0.000161	1.0	0.0001610	98,502	16	98,494	4,727,763	48.0
9-10	0.000128	1.0	0.0001280	98,486	13	98,480	4,629,269	47.0
10-11	0.000107	1.0	0.0001070	98,473	11	98,468	4,530,790	46.0
11-12	0.000118	1.0	0.0001180	98,462	12	98,456	4,432,322	45.0
12-13	0.000183	1.0	0.0001830	98,450	18	98,441	4,333,866	44.0
13-14	0.000310	1.0	0.0003100	98,432	31	98,417	4,235,425	43.0
14-15	0.000481	1.0	0.0004810	98,401	47	98,378	4,137,009	42.0
15-16	0.000655	1.0	0.0006550	98,354	64	98,322	4,038,631	41.1
16-17	0.000822	1.0	0.0008220	98,290	81	98,250	3,940,309	40.1
17-18	0.001004	1.0	0.0010040	98,209	99	98,160	3,842,060	39.1
18-19	0.001206	2.5	0.0030332	98,110	298	97,961	3,743,900	38.2
19-20	0.001421	2.4	0.0033507	97,812	328	97,648	3,645,939	37.3
20-21	0.001654	2.0	0.0033826	97,484	330	97,319	3,548,291	36.4
21-22	0.001874	2.2	0.0040591	97,154	394	96,957	3,450,972	35.5
22-23	0.002041	2.1	0.0043329	96,760	419	96,551	3,354,015	34.7
23-24	0.002134	2.4	0.0051386	96,341	495	96,094	3,257,465	33.8
24-25	0.002168	2.6	0.0056559	95,846	542	95,575	3,161,371	33.0
25-26	0.002186	2.7	0.0059428	95,304	566	95,021	3,065,796	32.2

Appendix B. 2011 U.S. General Population Non-Hispanic Black Male Life Table
Life Expectancies Adjusted for South Carolina DC experience 1996 to 2015, followed to 2016
Black men only

Age (years)	Basic Mortality q_x	Mortality Risk Factor	Adjusted Mortality q_x	Population at Risk l_x	Deaths d_x	Interval Person-years L_x	Cumulative Person-years T_x	Life Expectancy e_x
26-27	0.002212	3.0	0.0065743	94,738	623	94,427	2,970,775	31.4
27-28	0.002230	3.3	0.0074117	94,115	698	93,766	2,876,349	30.6
28-29	0.002245	3.6	0.0081778	93,417	764	93,035	2,782,583	29.8
29-30	0.002259	3.7	0.0083570	92,653	774	92,266	2,689,548	29.0
30-31	0.002267	3.5	0.0078932	91,879	725	91,517	2,597,282	28.3
31-32	0.002276	3.9	0.0089569	91,154	816	90,746	2,505,765	27.5
32-33	0.002300	4.2	0.0097525	90,338	881	89,898	2,415,019	26.7
33-34	0.002350	4.5	0.0106481	89,457	953	88,981	2,325,122	26.0
34-35	0.002426	4.3	0.0103458	88,504	916	88,046	2,236,141	25.3
35-36	0.002527	3.9	0.0099009	87,588	867	87,155	2,148,095	24.5
36-37	0.002646	4.0	0.0105482	86,721	915	86,264	2,060,941	23.8
37-38	0.002772	4.4	0.0121608	85,806	1,043	85,285	1,974,677	23.0
38-39	0.002896	4.6	0.0134407	84,763	1,139	84,194	1,889,393	22.3
39-40	0.003027	5.0	0.0151857	83,624	1,270	82,989	1,805,199	21.6
40-41	0.003179	4.8	0.0151330	82,354	1,246	81,731	1,722,210	20.9
41-42	0.003369	4.7	0.0159715	81,108	1,295	80,461	1,640,479	20.2
42-43	0.003607	4.2	0.0150020	79,813	1,197	79,215	1,560,019	19.5
43-44	0.003902	3.8	0.0148330	78,616	1,166	78,033	1,480,804	18.8
44-45	0.004251	3.7	0.0158215	77,450	1,225	76,838	1,402,771	18.1
45-46	0.004616	4.3	0.0198424	76,225	1,512	75,469	1,325,934	17.4
46-47	0.005016	4.9	0.0244018	74,713	1,823	73,802	1,250,465	16.7
47-48	0.005513	4.8	0.0264818	72,890	1,930	71,925	1,176,663	16.1
48-49	0.006129	4.3	0.0266542	70,960	1,891	70,015	1,104,738	15.6
49-50	0.006838	4.2	0.0286250	69,069	1,977	68,081	1,034,724	15.0
50-51	0.007586	4.2	0.0321075	67,092	2,154	66,015	966,643	14.4
51-52	0.008344	4.2	0.0353362	64,938	2,295	63,791	900,628	13.9

Appendix B. 2011 U.S. General Population Non-Hispanic Black Male Life Table
Life Expectancies Adjusted for South Carolina DC experience 1996 to 2015, followed to 2016
Black men only

Age (years)	Basic Mortality q_x	Mortality Risk Factor	Adjusted Mortality q_x	Population at Risk l_x	Deaths d_x	Interval Person-years L_x	Cumulative Person-years T_x	Life Expectancy e_x
52-53	0.009145	4.2	0.0380858	62,643	2,386	61,450	836,838	13.4
53-54	0.010011	4.1	0.0412941	60,257	2,488	59,013	775,388	12.9
54-55	0.010959	4.2	0.0464298	57,769	2,682	56,428	716,375	12.4
55-56	0.011995	4.1	0.0494287	55,087	2,723	53,726	659,947	12.0
56-57	0.013107	3.9	0.0506911	52,364	2,654	51,037	606,221	11.6
57-58	0.014274	4.0	0.0567492	49,710	2,821	48,300	555,184	11.2
58-59	0.015455	4.0	0.0617318	46,889	2,895	45,442	506,885	10.8
59-60	0.016630	4.3	0.0722177	43,994	3,177	42,406	461,443	10.5
60-61	0.017888	4.6	0.0822606	40,817	3,358	39,138	419,038	10.3
61-62	0.019207	4.9	0.0932768	37,459	3,494	35,712	379,900	10.1
62-63	0.020451	4.6	0.0933672	33,965	3,171	32,380	344,188	10.1
63-64	0.021595	4.3	0.0933499	30,794	2,875	29,357	311,808	10.1
64-65	0.022717	4.0	0.0897633	27,919	2,506	26,666	282,452	10.1
65-66	0.023933	4.1	0.0972571	25,413	2,472	24,177	255,786	10.1
66-67	0.025369	4.2	0.1076218	22,941	2,469	21,707	231,609	10.1
67-68	0.027104	4.2	0.1140207	20,472	2,334	19,305	209,902	10.3
68-69	0.029089	4.0	0.1170901	18,138	2,124	17,076	190,597	10.5
69-70	0.031191	3.5	0.1077634	16,014	1,726	15,151	173,521	10.8
70-71	0.033429	3.5	0.1153442	14,288	1,648	13,464	158,370	11.1
71-72	0.035780	3.3	0.1169415	12,640	1,478	11,901	144,906	11.5
72-73	0.038397	1.0	0.0383970	11,162	429	10,948	133,005	11.9
73-74	0.041254	1.0	0.0412540	10,733	443	10,512	122,058	11.4
74-75	0.044174	1.0	0.0441740	10,290	455	10,063	111,546	10.8

Appendix B. 2011 U.S. General Population Non-Hispanic Black Male Life Table
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Black men only

Age (years)	Basic Mortality q_x	Mortality Risk Factor	Adjusted Mortality q_x	Population at Risk l_x	Deaths d_x	Interval Person-years L_x	Cumulative Person-years T_x	Life Expectancy e_x
75-76	0.047704	1.0	0.0477040	9,835	469	9,601	101,484	10.3
76-77	0.051047	1.0	0.0510470	9,366	478	9,127	91,883	9.8
77-78	0.054624	1.0	0.0546240	8,888	485	8,646	82,756	9.3
78-79	0.059628	1.0	0.0596280	8,403	501	8,153	74,111	8.8
79-80	0.064976	1.0	0.0649760	7,902	513	7,646	65,958	8.3
80-81	0.070676	1.0	0.0706760	7,389	522	7,128	58,313	7.9
81-82	0.076651	1.0	0.0766510	6,867	526	6,604	51,185	7.5
82-83	0.085516	1.0	0.0855160	6,341	542	6,070	44,581	7.0
83-84	0.092664	1.0	0.0926640	5,799	537	5,531	38,511	6.6
84-85	0.100307	1.0	0.1003070	5,262	528	4,998	32,980	6.3
85-86	0.108460	1.0	0.1084600	4,734	513	4,478	27,982	5.9
86-87	0.117140	1.0	0.1171400	4,221	494	3,974	23,505	5.6
87-88	0.126357	1.0	0.1263570	3,727	471	3,492	19,531	5.2
88-89	0.136120	1.0	0.1361200	3,256	443	3,035	16,039	4.9
89-90	0.146432	1.0	0.1464320	2,813	412	2,607	13,005	4.6
90-91	0.157294	1.0	0.1572940	2,401	378	2,212	10,398	4.3
91-92	0.168701	1.0	0.1687010	2,023	341	1,853	8,186	4.0
92-93	0.180641	1.0	0.1806410	1,682	304	1,530	6,333	3.8
93-94	0.193099	1.0	0.1930990	1,378	266	1,245	4,803	3.5
94-95	0.206052	1.0	0.2060520	1,112	229	998	3,558	3.2
95-96	0.219470	1.0	0.2194700	883	194	786	2,561	2.9
96-97	0.233321	1.0	0.2333210	689	161	609	1,775	2.6
97-98	0.247561	1.0	0.2475610	528	131	463	1,166	2.2
98-99	0.262144	1.0	0.2621440	397	104	345	704	1.8
99-100	0.277019	1.0	0.2770190	293	81	253	359	1.2
100+	1.00000	1.0	1.0000000	212	212	106	106	0.5

EXHIBIT 10

Appendix C. 2011 U.S. General Population Non-Hispanic White Male Life Table
Life Expectancies Adjusted for South Carolina DC experience 1996 to 2015, followed to 2016
White men only

Age (years)	Basic Mortality q_x	Mortality Risk Factor	Adjusted Mortality q_x	Population at Risk l_x	Deaths d_x	Interval Person-years L_x	Cumulative Person-years T_x	Life Expectancy e_x
0-1	0.005524	1.0	0.0055240	100,000	552	99,517	5,349,849	53.5
1-2	0.000413	1.0	0.0004130	99,448	41	99,428	5,250,332	52.8
2-3	0.000273	1.0	0.0002730	99,407	27	99,394	5,150,905	51.8
3-4	0.000229	1.0	0.0002290	99,380	23	99,369	5,051,511	50.8
4-5	0.000156	1.0	0.0001560	99,357	15	99,350	4,952,143	49.8
5-6	0.000160	1.0	0.0001600	99,342	16	99,334	4,852,793	48.8
6-7	0.000146	1.0	0.0001460	99,326	15	99,319	4,753,459	47.9
7-8	0.000132	1.0	0.0001320	99,311	13	99,305	4,654,141	46.9
8-9	0.000114	1.0	0.0001140	99,298	11	99,293	4,554,836	45.9
9-10	0.000095	1.0	0.0000950	99,287	9	99,283	4,455,544	44.9
10-11	0.000082	1.0	0.0000820	99,278	8	99,274	4,356,261	43.9
11-12	0.000088	1.0	0.0000880	99,270	9	99,266	4,256,987	42.9
12-13	0.000125	1.0	0.0001250	99,261	12	99,255	4,157,722	41.9
13-14	0.000201	1.0	0.0002010	99,249	20	99,239	4,058,467	40.9
14-15	0.000305	1.0	0.0003050	99,229	30	99,214	3,959,228	39.9
15-16	0.000414	1.0	0.0004140	99,199	41	99,179	3,860,014	38.9
16-17	0.000522	1.0	0.0005220	99,158	52	99,132	3,760,835	37.9
17-18	0.000641	1.0	0.0006410	99,106	64	99,074	3,661,703	36.9
18-19	0.000773	1.0	0.0007730	99,042	77	99,004	3,562,629	36.0
19-20	0.000909	1.0	0.0009090	98,965	90	98,920	3,463,626	35.0
20-21	0.001053	3.0	0.0031812	98,875	315	98,718	3,364,706	34.0
21-22	0.001185	3.0	0.0035003	98,560	345	98,388	3,265,988	33.1
22-23	0.001283	3.7	0.0048065	98,215	472	97,979	3,167,601	32.3
23-24	0.001333	5.2	0.0069188	97,743	676	97,405	3,069,622	31.4
24-25	0.001349	6.3	0.0084401	97,067	819	96,658	2,972,217	30.6
25-26	0.001354	6.7	0.0090557	96,248	872	95,812	2,875,559	29.9

Appendix C. 2011 U.S. General Population Non-Hispanic White Male Life Table
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White men only

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26-27	0.001365	7.6	0.0103911	95,376	991	94,881	2,779,747	29.1
27-28	0.001379	7.2	0.0099736	94,385	941	93,915	2,684,867	28.4
28-29	0.001401	8.5	0.0118636	93,444	1,109	92,890	2,590,952	27.7
29-30	0.001432	8.2	0.0117347	92,335	1,084	91,793	2,498,063	27.1
30-31	0.001467	9.1	0.0133350	91,251	1,217	90,643	2,406,270	26.4
31-32	0.001502	9.2	0.0138762	90,034	1,249	89,410	2,315,627	25.7
32-33	0.001536	9.0	0.0137534	88,785	1,221	88,175	2,226,218	25.1
33-34	0.001570	8.9	0.0139552	87,564	1,222	86,953	2,138,043	24.4
34-35	0.001609	7.5	0.0121357	86,342	1,048	85,818	2,051,090	23.8
35-36	0.001665	7.2	0.0119280	85,294	1,017	84,786	1,965,272	23.0
36-37	0.001742	7.5	0.0131122	84,277	1,105	83,725	1,880,487	22.3
37-38	0.001829	7.7	0.0141275	83,172	1,175	82,585	1,796,762	21.6
38-39	0.001921	8.5	0.0163393	81,997	1,340	81,327	1,714,178	20.9
39-40	0.002023	8.0	0.0161387	80,657	1,302	80,006	1,632,851	20.2
40-41	0.002135	9.0	0.0191327	79,355	1,518	78,596	1,552,845	19.6
41-42	0.002273	8.5	0.0193702	77,837	1,508	77,083	1,474,249	18.9
42-43	0.002459	9.1	0.0222673	76,329	1,700	75,479	1,397,166	18.3
43-44	0.002703	8.6	0.0233308	74,629	1,741	73,759	1,321,687	17.7
44-45	0.002997	8.3	0.0247547	72,888	1,804	71,986	1,247,928	17.1
45-46	0.003309	7.6	0.0251269	71,084	1,786	70,191	1,175,942	16.5
46-47	0.003631	7.5	0.0272227	69,298	1,886	68,355	1,105,751	16.0
47-48	0.003984	7.6	0.0300949	67,412	2,029	66,398	1,037,396	15.4
48-49	0.004366	8.1	0.0354544	65,383	2,318	64,224	970,999	14.9
49-50	0.004768	8.2	0.0392386	63,065	2,475	61,828	906,775	14.4
50-51	0.005179	9.1	0.0469414	60,590	2,844	59,168	844,947	13.9
51-52	0.005596	9.0	0.0502853	57,746	2,904	56,294	785,779	13.6

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White men only

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52-53	0.006034	9.0	0.0543075	54,842	2,978	53,353	729,485	13.3
53-54	0.006508	8.1	0.0527141	51,864	2,734	50,497	676,132	13.0
54-55	0.007026	8.1	0.0570244	49,130	2,802	47,729	625,635	12.7
55-56	0.007591	7.9	0.0600728	46,328	2,783	44,937	577,906	12.5
56-57	0.008191	7.6	0.0623023	43,545	2,713	42,189	532,970	12.2
57-58	0.008812	6.8	0.0603584	40,832	2,465	39,600	490,781	12.0
58-59	0.009425	6.6	0.0625852	38,367	2,401	37,167	451,182	11.8
59-60	0.010028	6.8	0.0683332	35,966	2,458	34,737	414,015	11.5
60-61	0.010645	7.2	0.0761226	33,508	2,551	32,233	379,278	11.3
61-62	0.011305	6.4	0.0722265	30,957	2,236	29,839	347,046	11.2
62-63	0.012031	6.6	0.0795687	28,721	2,285	27,579	317,207	11.0
63-64	0.012880	5.8	0.0746940	26,436	1,975	25,449	289,628	11.0
64-65	0.013896	5.9	0.0823396	24,461	2,014	23,454	264,180	10.8
65-66	0.015110	5.7	0.0858800	22,447	1,928	21,483	240,726	10.7
66-67	0.016503	4.8	0.0799398	20,519	1,640	19,699	219,243	10.7
67-68	0.018045	4.1	0.0747021	18,879	1,410	18,174	199,544	10.6
68-69	0.019623	4.1	0.0797052	17,469	1,392	16,773	181,370	10.4
69-70	0.021262	3.9	0.0838395	16,077	1,348	15,403	164,597	10.2
70-71	0.023146	3.7	0.0865662	14,729	1,275	14,092	149,194	10.1
71-72	0.025278	3.4	0.0853467	13,454	1,148	12,880	135,102	10.0
72-73	0.027630	3.5	0.0970708	12,306	1,195	11,709	122,222	9.9
73-74	0.030219	3.2	0.0952045	11,111	1,058	10,582	110,514	9.9
74-75	0.033126	2.8	0.0923638	10,053	929	9,589	99,932	9.9

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75-76	0.036255	2.5	0.0889904	9,124	812	8,718	90,343	9.9
76-77	0.039716	2.4	0.0954766	8,312	794	7,915	81,625	9.8
77-78	0.043757	1.0	0.0437570	7,518	329	7,354	73,710	9.8
78-79	0.048405	1.0	0.0484050	7,189	348	7,015	66,357	9.2
79-80	0.053785	1.0	0.0537850	6,841	368	6,657	59,342	8.7
80-81	0.059839	1.0	0.0598390	6,473	387	6,280	52,685	8.1
81-82	0.066176	1.0	0.0661760	6,086	403	5,885	46,405	7.6
82-83	0.073348	1.0	0.0733480	5,683	417	5,475	40,521	7.1
83-84	0.081302	1.0	0.0813020	5,266	428	5,052	35,046	6.7
84-85	0.090236	1.0	0.0902360	4,838	437	4,620	29,994	6.2
85-86	0.100743	1.0	0.1007430	4,401	443	4,180	25,375	5.8
86-87	0.112235	1.0	0.1122350	3,958	444	3,736	21,195	5.4
87-88	0.124750	1.0	0.1247500	3,514	438	3,295	17,459	5.0
88-89	0.138311	1.0	0.1383110	3,076	425	2,864	14,164	4.6
89-90	0.152931	1.0	0.1529310	2,651	405	2,449	11,301	4.3
90-91	0.168603	1.0	0.1686030	2,246	379	2,057	8,852	3.9
91-92	0.185302	1.0	0.1853020	1,867	346	1,694	6,796	3.6
92-93	0.202980	1.0	0.2029800	1,521	309	1,367	5,102	3.4
93-94	0.221569	1.0	0.2215690	1,212	269	1,078	3,735	3.1
94-95	0.240976	1.0	0.2409760	943	227	830	2,658	2.8
95-96	0.261085	1.0	0.2610850	716	187	623	1,828	2.6
96-97	0.281762	1.0	0.2817620	529	149	455	1,206	2.3
97-98	0.302853	1.0	0.3028530	380	115	323	751	2.0
98-99	0.324194	1.0	0.3241940	265	86	222	429	1.6
99-100	0.345609	1.0	0.3456090	179	62	148	207	1.2
100+	1.00000	1.0	1.0000000	117	117	59	59	0.5



STATE OF SOUTH CAROLINA)
COUNTY OF FLORENCE)
State of South Carolina)
Plaintiff,)
vs.)
Terriel Mack,)
Defendant.)

**IN THE COURT OF GENERAL SESSIONS
TWELFTH JUDICIAL CIRCUIT**

2004-GS-21-1084

SENTENCING MEMORANDUM

2009 FEB 19 PM 2:32
DOUG POULOS O'HARA
C.C.P. & G.S.
FLORENCE COUNTY, SC

FILED

I. Introduction.

In *Aiken v. Byars*, 410 S.C. 534, 765 S.E.2d 572 (2014), the South Carolina Supreme Court vacated all life without parole sentences imposed on juvenile offenders concluding that such sentences violated the Eighth Amendment's ban against cruel and unusual punishment. The Court further held that all such defendants were entitled to new sentencing hearings that must be "individualized" and at which "courts [must] fully explore the impact of the defendant's juvenility on the sentence rendered." *Id.* at 545, 765 S.E.2d at 578. The *Byars* Court set forth five key factors that must be taken into consideration when juvenile life without parole is a possible sentence:

- (1) the chronological age of the offender and the hallmark features of youth, including "immaturity, impetuosity, and failure to appreciate the risks and consequence";
- (2) the "family and home environment" that surrounded the offender;
- (3) the circumstances of the homicide offense, including the extent of the offender's participation in the conduct and how familial and peer pressures may have affected him;
- (4) the "incompetencies associated with youth—for example, [the offender's] inability to deal with police officers or prosecutors (including on a plea agreement) or [the offender's] incapacity to assist his own attorneys"; and

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Douglas Poulos O'Hara
CLERK OF COURT C.P. & G.S.
FLORENCE COUNTY, S.C.
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(5) the "possibility of rehabilitation."

410 S.C. at 544, 765 S.E.2d at 577 (citing *Miller v. Alabama*, 132 S.Ct. at 2468).

Terriel Mack, the lead petitioner in *Aiken v. Byars* and the defendant in this case, had his sentence vacated and is now before this court for re-sentencing. This sentencing memorandum addresses each of the *Aiken v. Byars* factors in turn with regard to how they apply to Terriel Mack. Considered collectively, the sentencing factors demonstrate that Mr. Mack should be sentenced to thirty years imprisonment.

II. Social History of Terriel Mack

The social history of Terriel Mack is the history of an individual that had the intellectual capacity to do or be anything he set his mind to. Unfortunately for him, he was born into circumstances that failed to foster his intellect and even worse, promoted violence and stifled his ability to function in society as an ordinary child. Terriel Lashawn Mack was born on [REDACTED] [REDACTED] Terriel's mother and father never married. His dad denied being his biological father and never signed his birth certificate. This is a foreshadowing event of what is to come as Terriel's family unit subsequently was a constant source of abuse at the hands of his mother and other men that would enter Terriel's life for short periods of time. Terriel is the eldest child of Dawn Marie Mack; he has two younger brothers, Darrell and Donnell Mack. Terriel is a very bright young man who can be rehabilitated and can have a future that contributes to society.

Examples of Terriel's intellect are evident at certain times throughout his early childhood, middle childhood and young adolescence. At the young age of five, Terriel scored a perfect score of 75 on his kindergarten reading test, making it clear that Terriel was a bright student. In the first grade, Terriel's grades were all excellent and satisfactory. In the second grade all of Terriel's grades were excellent and satisfactory. In the third grade, Terriel scored all A's and was a honor roll student. In the fourth grade, Terriel's grades were: Math 90, Reading 98, English

Comprehension 95, Spelling 98, Social Studies 100, Science 96, and Health 97. In the fifth grade, Terriel's grades were: Math 89, Reading 91, English 88, Spelling 98, Social Studies 75, Science 90, and Health 90. In the sixth grade, Terriel's grades were: Math 83, Reading 83, English Comprehension 81, Spelling 90, Social Studies 75, Science 72, and Health 83. At this point, Terriel experienced a traumatic event in his life and the effects of that event are tremendously evident. In the seventh grade, Terriel's grades were: Language Arts 50, Science 58, Health 83, Art 67, Careers 90, Math 60, Social Studies 55, Physical Education 95, Service 35, Computer 90. It is important to note that there was a significant drop off in his grades from 6th to 7th grade. At some point between the 6th and 7th grade, his great grandmother passed away. He was very close to her and went through a significant grieving process. This is significantly important as it demonstrates the fragility of Terriel's circumstances and how effected he was once the person that provided stability in his life was removed. It is at this point in life that Terriel begins to go awry and it is not until he is incarcerated that he finds his true self again. The primary question which must be asked at this juncture is, why does a young man, who clearly had the ability to excel, make such a drastic change after the loss of a stabilizing factor?

The circumstances of Terriel's childhood were fragile and without stability. With his grandmother deceased, his environment was empowered and it was as if Terriel did a complete one-eighty. Terriel Mack did not have a childhood that he can look back on with fondness. Terriel's childhood was filled with abuse from his mother, abuse from men that were allowed to live at his residence, and witnessing violent assaults against his mother on a consistent basis. One incident Terriel recalls is being in second grade and getting into trouble for talking in class. His punishment for this was being beaten by his mother, then being forced to wear duct tape over his mouth to school. Of course, similar incidents happened often and Terriel was subject to beatings

on a regular basis even though he was only 7 years old. However, through this difficult time, Terriel maintained good grades as mentioned above. Terriel also witnessed domestic abuse at a level that no child should ever be subjected to under any circumstances. In 1995, while Terriel was only 8 years old, Terriel was witness to a documented brutal attack against his mother by her live in boyfriend, Nathaniel Smith. Per the incident report (See Exhibit 1), police were called to the residence in reference to a domestic dispute. Nathaniel had taken a lamp and thrown it against the wall, he took the television set and threw it on the glass table breaking it. In the Den he took another television set and threw it on the floor causing it to break into pieces. Nathaniel also struck Terriel's mother in the head numerous times and pushed her in the face. A similar incident occurred in 1997 when Terriel was only 10 years old. On this occasion, Nathaniel stripped off all Terriel's mothers clothes and accused her of having an affair. His mother attempted to stop the assault but to no avail as she was struck in the eye and struck in the mouth so hard that it broke one of her front teeth (See Exhibit 2). Again in 1999, when Terriel was 13 years old, his mother's boyfriend, Kendrick Cannon arrived at the residence and was threatening Terriel's mother. Property damage occurred in this instance and Kendrick was arrested for domestic violence after he was found hiding under the bed (See Exhibit 3). Of course, for every incident that was documented, there were numerous incidents that were not which Terriel was a witness to. For Terriel and for any young child, bearing witness to this level of violence against your own mother will have a detrimental effect on their life.

Terriel tried to escape the abuse and overall level of dysfunction he experienced at his mothers residence. The first time Terriel ran away from home was in 1996 when he was 10 years old (See Exhibit 4). In this report, he ran away because he got suspended at school and was afraid of what his mother would do. I believe this report is a clear indication of an abused child that would

rather run away, even though he had no place to go, than to be abused. At the age of 11, due to the abuse and overall dysfunction that existed in his home, following an investigation by DSS, Terriel's grandmother took him in to live with her in Hannah Pamplico. This is a memory that Terriel has from his childhood that he looks back on fondly. Unfortunately, Terriel's stay was brief, leaving Terriel with no option but to return to his mothers home. In 1999, the same year that his grandmother died and he was forced to return to his mothers residence; again, Terriel ran away (See Exhibit 5). In this incident, he left the residence after an argument with his mom caused him to be afraid of what may happen to him if he remained in the home. It is well documented that Terriel reached out for help and attempted to escape this violent environment.

In 1997, at the age of 10, Terriel called Florence County Sheriffs Office and reported his mother for child abuse for striking him and 2 of his friends in the face and head causing swelling and bruising. In this instance, Terriel was struck so hard he had a lump on the side of his head. Ms. Mack struck one of the young ladies so hard in the face that her nose was bleeding. It was reported to DSS that Ms. Mack "does this type of behavior a lot." It was also reported that Ms. Mack had a history of twisting Terriel's wrist and hands to cause pain (See Exhibit 6). Terriel, as a young child did all he could to escape this environment, unfortunately the circumstances were out of his control and he was unable to escape it. Th above described circumstances are indicative of the abusive environment that Terriel was subjected to every single day of his childhood. Again, on January 22, 2000, Terriel was a witness to domestic violence committed against his mother. On this occasion her boyfriend, Kendrick Cannon, punched Terriel's mother several times in the face before she attempted to flea in a Jeep vehicle. Once she got the children into the vehicle, including Terriel, Mr. Cannon became so enraged that he kicked in the window and shattered it. At that point, Terriel's mother gathered the children and began walking down the street to get away from

the assault. Mr. Cannon eventually left the scene before being apprehended for domestic violence (See Exhibit 7).

Thus far, all of the violence and abuse that I have stated happened before my client was 13 years of age. From the time that he was born, with no father listed on his birth certificate, and for the first 13 years of life, there are well documented instances of violence and abuse that Terriel witnessed and was subjected to. This was not an environment that any child deserves to be a part of and this was not an environment that any child could come out of without it having an extremely detrimental effect.

By the age of 15 Terriel began to develop physically. He was at a developmental stage in life where he felt he needed to defend his mother. On August 16, 2002, Terriel was a witness to yet another violent CDV against his mother with her then boyfriend, Fernando Ford. On this occasion, Fernando tackled Terriel's mother in the front yard before Terriel intervened and pulled him off of her. Unfortunately, injuries were sustained by his mother who suffered scratches on both sides of her face and a cut to the left side of her face (See Exhibit 8). Again, on September 4, 2002 when Terriel was 15 years old, Terriel once again attempted to come to his mother's aid when her boyfriend, Fernando, violently assaulted her and was wielding a knife threatening to kill her (Exhibit 9). In this episode of violence, Terriel sustained injuries that required medical treatment. One hour following the assault, Terriel was treated at McLeod Regional Medical Center for bites to the thumb, right side of head, left side of neck, swelling and lacerations (Exhibit 10).

Terriel's entire childhood history, throughout his formative years, is marked with documented abuse and episodes of serious domestic violence incidents which he was present for and witnessed.

III. Characteristics of the Juvenile

Miller was based on the premise that juveniles are less morally culpable because they “have a lack of maturity and an underdeveloped sense of responsibility, leading to recklessness, impulsivity, and heedless risk-taking.” 132 S. Ct. at 2464 (internal quotation marks omitted). The Jesness Inventory-Revised (JI-R) is a 160-item objective adolescent personality inventory specifically developed to quantitatively assess male and female criminal offenders in confined and community-supervision settings. Since its inception, the instrument has been among the most-widely used tests in juvenile corrections in the past 50 years and has researched delinquent juveniles in age-groups of 8-11, 12-14, and 15-17 as well as convicted adults ages 18-34 and over 35 years old.¹

After evaluation and application of the JI-R test, Dr. McKee states, “These JI-R results indicate that although he (Terriel Mack) may have been chronologically 17 years old at the time of his arrest and subsequent confinement in jail awaiting trial, he was emotionally, perceptually, and cognitively (decision-making, problem-solving) a much younger person.”²

The first factor for consideration in *Aiken v. Byars* requires that the Court consider the “hallmark features of youth,” which include “immaturity, impetuosity, and failure to appreciate

¹ Dr. Geoffrey McKee, a forensic psychologist, has conducted a forensic psychological evaluation of Terriel Mack to assess his current diagnoses, risk of harm to others, sophistication and maturity, and amenability for treatment. Dr. McKee has prepared a report in this case detailing his findings. See Report Prepared by Geoffrey McKee, Attached.

² Studies show that black children are perceived as more responsible for their actions than white children of a similar age. This is linked to perceiving these juveniles as older than they actually are. Law enforcement officers have been shown to overestimate the ages of black juveniles by up to 4.5 years. One result of this misperception is the increased likelihood that black children are sentenced as adults. Black children are 18 times more likely than white children to be sentenced as adults, and represent 58% of children sentenced to adult facilities, where they are exposed to a greater risk of assault, sexual abuse, and suicide. Phillip Atiba Goff et al., *The Essence of Innocence: Consequences of Dehumanizing Black Children*, 106 J. PERSONALITY AND SOC. PSYCHOL. 526, 531 (2014).

the risks and consequence.” 410 S.C. at 544, 765 S.E.2d at 577 (internal quotation marks omitted). Per Dr. McKee’s report, Terriel was emotionally a much younger person. This emotional immaturity is likely to result in immature and impetuous behavior. Dr. McKee also states that Terriel was cognitively a much younger person. I contend that this cognitive immaturity could affect his ability to appreciate the risks and consequences of his actions.

The records from DJJ describe Terriel as immature in numerous ways in the months leading up to his arrest for this offense. On February 26, 2003 he is reported to see no correctional between drug dealing and victimization, which is very common in juveniles. The following day, February 27, 2003, he acknowledges responsibility for his offense but minimizes its severity because he has a tendency to focus on his criminality and negative actions in the presence of his peers and expresses a strong desire and need to be accepted by them. Research has shown that peer pressure has a significantly higher effect on juveniles than adults. Although he was 16 years old, on March 26, 2003, he was still acting childishly in class and was written up for not obeying instruction because he was involved in horse-play. That same day he discussed in a group session how he believed in street justice and viewed his responsibility to take the law into his own hands. This clearly shows a lack of consideration of long-term consequences and ability to rely on more traditional means (i.e.-law enforcement) to reasonably solve problems. On August 8, 2003 Terriel was given a suggestion to work on his impulsive behavior. It is clear that in the weeks leading up to this offense, Terriel was seen by professionals as having difficulty controlling his impulsive behaviors, just as the Supreme Court explained most juveniles do. On October 25, 2003—just days before he is released from DJJ—Terriel is reprimanded for childish behavior and placed in detention for a disagreement with another juvenile. Thus, two months before this offense occurred and days before he is released from DJJ, Terriel is described as struggling with the exact

characteristics the Court used to overturn every life sentence for juveniles in the *Miller* case. Therefore, when taking into consideration the first factor in *Byars*, the Court should conclude that the evidence favors a reduction from a life sentence.

IV. Family and Home Environment

Terriel's family and home environment was turbulent from the very beginning and was not an environment that any child could live through without being detrimentally effected. Terriel was born in Florence, South Carolina at McLeod Hospital on [REDACTED] At the time of his birth, Terriel's mother, Dawn Marie Mack, was 16 years old. Two years later Terriel's mother gave birth to twin boys, Darrell and Donnell Mack, making Terriel the oldest of 3 siblings. Terriel initially lived with and was raised by his mother at [REDACTED] Oakland Ave., Florence, SC. Terriel's biological father was not in his life and initially denied that Terriel was his child. At the age of 9, blood tests were conducted which confirmed that Terry McLaughlin was in fact his paternal father, but even then he denied fatherhood and refused to allow Terriel to visit or live with him. This is corroborated by Terriel's birth certificate upon which no father is listed. Terriel's mother worked at the local Seafood restaurant on Oakland Avenue and earned low wages; therefore, money was constantly an issue for his family. Of course, Terriel's biological father did not provide child support to support him financially as he never accepted his paternity.

Despite the turbulent conditions of Terriel's childhood, he appeared to do well in academics at a young age. He scored well on his reading tests and received satisfactory and exceptional remarks on his report cards. He eventually went on to have good grades as he progressed through primary and middle school and at one point he was even a member of the chess club. Unfortunately, the turbulent environment that he was in along with the violence and abuse that he was subjected to on a regular basis was not conducive with sustaining a high level of academic

achievement. The negative factors of his environment, which he was subjected to during his formative years, would eventually converge and begin to overshadow the potential that he possessed.

It is well documented and there can be no argument that Terriel grew up in a household in which violence and abuse were constant. By the time Terriel was 10 years old, he had been a witness to numerous documented violent domestic abuse incidents, and had been beaten to such an extreme that he called the Sheriff's Office, which ended with him being removed from the home and a DSS investigation. These are only the incidents that were reported and documented. Terriel admits that his mother was very violent towards all of her children and beatings were a constant norm in his household. He states that his mother would beat him "with anything that she could get her hands on" and he was constantly struck on various areas of his body including his head and face.

Until the age of 12, Terriel had his great grandmother in his life, whom he describes as the rock of his family. Terriel was the oldest great grandchild and he had a special relationship with his great grandmother. When she deceased, there is a noticeable difference which can be easily observed from his records. Terriel's great grandmother died on February 12, 1997. Before that date, Terriel did not have any contact with SCDJJ and had not so much as even failed a class in school. Almost immediately following her death, Terriel began failing classes in school, scoring a 50 in Language Arts, a 58 in Science, a 67 in Art, a 60 in Math and a 35 in Service. It was following her death that he was expelled from school four times³ and it was at this time that he entered the

³ It is important for this Court to bear in mind that increased rates of suspension for minor offenses—such as insubordination, skipping class, profanity, etc.—are a characteristic of what has come to be known as the "school-to-prison pipeline." Libby Nelson & Dara Lind, *The School to Prison Pipeline, Explained*, THE JUSTICE POLICY INSTITUTE (Feb. 24, 2015), <http://www.justicepolicy.org/news/8775>. In South Carolina, black males in secondary school are

SCDJJ system for the first time as a runaway. It is also around this time that Terriel began using drugs and alcohol.

Between the ages of 13 and 17, Terriel was the witness of 5 additional violent domestic abuse assaults committed against his mother in their home and he began to go in and out of SCDJJ for various offenses. These domestic violence incidents are documented and detailed previously in this memorandum. Terriel states that these five reports are merely the ones that were documented, but violence and abuse were a constant during this time frame as well. Also, by the time Terriel was 17 years old, he had lived at 7 different locations, which is not indicative of the stability that a child would need to be successful and establish meaningful relationships.

In *Miller*, The United States Supreme Court recognized the profound impact that a juvenile's environment may have on him. The Court noted that one of the reasons that juveniles are less morally culpable is because they are "more vulnerable . . . to negative influences and outside pressures, including from their family and peers; they have limited control over their own environment and lack the ability to extricate themselves from horrific, crime-producing settings." *Miller*, 132 S. Ct. at 2464 (internal quotation marks omitted). The Court noted that evidence of abuse and neglect in cases involving a juvenile is "particularly relevant—more so than it would have been in the case of an adult offender." *Id.* at 2467 (internal quotation marks omitted).

Terriel's home environment was characterized by exactly the type of parental failure, abuse, and neglect that *Miller* and *Aiken* considered to be "particularly relevant." Terriel's mothers' beatings and physical abuse coupled with her inability or indifference to understand the

nearly twice as likely to be suspended as other children. THE CENTER FOR CIVIL RIGHTS REMEDIES AT THE CIVIL RIGHTS PROJECT, www.schooldisciplinedata.org. Terriel's history of suspensions is likely skewed by the school-to-prison pipeline and the disproportionate suspension rates of black males in South Carolina.

negative effect that witnessing all of these domestic violence assaults were having on Terriel, foreclosed any possibility that Terriel would get the support he needed to be successful in school and find an appropriate career path suited to his limitations and needs. Furthermore, Terriel's father's denial of paternity and failure to provide financial support left him without a proper male role model and contributed to his inability to have a permanent and stable residence. Terriel's family and home environment and his inability to remove himself from it, offered few of the positive influences that a child needs to find the right path in life. Therefore, when taking into consideration the second factor in *Byars*, the Court should conclude that the evidence favors a reduction from a life sentence.

V. Circumstances of the Offense and how familial and peer pressure may have affected him

On the day of this murder, Terriel Mack was with two other individuals whom would eventually be his co-defendants, Islam Horn and Gregory Johnson. The co-defendant, Islam Horn testifies that on December 17, 2003, he, Terriel and Gregory Johnson were driving down Oakland Avenue in Florence when they saw the victim, Joseph Todd Wilson, in the parking lot of an apartment complex on the [REDACTED] block. Terriel asked Islam to stop the vehicle so he could talk to Joseph. Terriel stated he wanted to talk to him because he knows he sells "drow" (a certain type of marijuana). Islam Horn drove the vehicle to a parking lot close enough for Terriel and Gregory to walk over to Joseph. Islam Horn remained inside the vehicle while Terriel and Gregory exited the vehicle and about 40 seconds later he heard gunshots. Islam states in his testimony, at that time he drove the vehicle to the stop sign and observed Terriel stand over Joseph and shoot him three times. After Islam observed the shooting, he drove away from that area of Florence.

The co-defendant, Gregory Johnson, corroborated the testimony of Islam Horn by testifying that he observed Terriel shoot, Joseph in the head, then stand over him and shoot him

three more times. The statements given by both of the aforementioned co-defendants were heavily disputed by Terriel and Attorney Scott Floyd and the jury did not easily reach the verdict of guilty as is evidenced in the note that was provided to Judge Cottingham from the deliberation room (See Exhibit 11).

When Terriel was arrested on December 31, 2003, Terriel made a statement admitting involvement in the offense, and also took police officers to two locations where he said the guns were. By the time they got to these locations, the guns were not there, but it is important to note that Terriel did attempt to assist law enforcement with the recovery of evidence. Terriel was subsequently tried for the Murder of Joseph Wilson on October 25, 2005 and was convicted on October 26, 2005 after which a very brief mitigation statement was made by Attorney Floyd, followed by Terriel being sentenced to life without the possibility of parole by Judge Cottingham.

This crime was a result of juvenile impulsivity and immaturity, combined with judgment impairment from alcohol and drugs. Familial pressure, as well as peer pressure and drug and alcohol dependency all played a vital role in Terriel being involved in the murder of Joseph Wilson on December 17, 2003. Terriel's history of abuse and exposure to constant violence are well documented and are outlined in this memorandum. As a result of those experiences, Terriel was unknowingly desensitized and predisposed to violent and erratic behavior. This exposure led Terriel to use drugs and alcohol as coping mechanisms. On June 27, 2002, at the age of 15, Terriel was administered a psychological evaluation. The evaluation found that there was no evidence of a psychotic disorder but noted his chronic alcohol and marijuana abuse. The examiners concluded that Terriel suffered from Alcohol Abuse, Cannabis Abuse, Family-Child Relational Problems, and Conduct Disorder (Moderate). It is important to note that the alcohol abuse and cannabis abuse are listed alongside family-child relational problems which is a direct indication that the abuse and

violent environment he previously experienced within his family unit was a major factor in his drug and alcohol usage.

It is clear that peer pressure and the desire to be accepted certainly had an effect on Terriel's decision making. In the trial transcript on P.80, L23-25, Islam Horn testifies that Terriel thanked him for showing him the ropes, which Islam states refers to as "the game, dope game selling weed." The testimony continues on P.81, L6-8, to state that the statement about the ropes refers to "guns and shit." The transcript continues on P.85, L5-7 stating that, "respect got earned" to which Islam Horn interprets that to mean, Terriel felt that "by killing someone he got respected." It is clear from Horns testimony that Terriel desired the respect of his peers and that peer pressure had a major influence over his decisions. By thanking Islam Horn for "showing him the ropes," it is also clear that Terriel looked up to him for showing him the "dope game" and teaching him about "guns and shit." Due to his young age, lack of parental guidance and desire to be accepted by his peers, these were the type of individuals that Terriel selected as role models. This is evidence that peer pressure played a vital role in Terriel's decision making. Therefore, when taking into consideration the third factor in *Byars*, the Court should conclude that the evidence favors a reduction from a life sentence.

VI. Inability and incapacity to assist his own attorney

Terriel was arrested on December 31, 2003 for the murder of Joseph Wilson which occurred on December 17, 2003. Following his arrest, Attorney Michael Nettles was appointed as his counsel on January 30, 2004. Attorney Nettles served as counsel for Terriel until February 9, 2005 when he was substituted as Counsel by Attorney Elizabeth York. Attorney York served as counsel for Terriel until August 3, 2005 when she was substituted as counsel by Attorney Scott Floyd due to complications with her pregnancy. On October 25, 2005, approximately 81 days

after being appointed as counsel, the trial for Terril Mack began in Florence County General Sessions Court. Perhaps due to the inconsistency of continuous Counsel, Mr. Mack was never evaluated for his ability to stand trial as an adult. This is extremely important for several reasons: first, due to lack of testing, there is no conclusive evidence that he was able to effectively communicate with counsel because he was never tested for that ability. Second, with Attorney Scott Floyd only having 81 days to prepare this case for trial, the time constraint made Terriel's ability to communicate effectively and efficiently with his counsel more important than usual.

Terriel simply did not have the ability to communicate the extreme level of abuse and violence he was subjected to his entire life. Evidence of Terriel's inability to communicate with his attorney is evidenced by Attorney Floyd's statement for mitigation before sentencing. Attorney Floyd states on P. 289 L. 6-9 of the transcript, "Your honor, I think Shawn's had a hard family life, your honor. I think he found his family with the wrong people unfortunately. Your honor, I just ask that you provide him as much mercy." Attorney Floyd's statement is accurate, but it lacks the necessary elaboration to really paint a clear picture for mitigation to the Court. Terriel was not capable of communicating to him all of the abuse he himself experienced at the hands of his mother. Terriel was not capable of communicating to him that he never had a constant father figure in his life so neighborhood drug dealers filled the void which was left behind. Terriel was not capable of communicating to him all of the violence he saw his mother endure and all of the times that police officers were called to his residence for incidents of domestic violence. Due to Terriel's age and lack of exposure to what a "normal" environment should be for a child growing up, Terriel could not properly assist his attorney with mitigation, because at the time his violent environment was all that he knew. Terriel didn't realize that there was anything wrong with his environment or that it would affect him in the manner that it did.

As a result of inconsistency of counsel, Attorney Floyd only having 81 days to prepare this case for trial, thereby intensifying the necessity for proper communication and Terril's age resulting in lack of understanding, Terril possessed an inability and an incapacity to assist his attorney. Therefore, when taking into consideration the fourth factor in *Byars*, the Court should conclude that the evidence favors a reduction from a life sentence.

VII. Possibility of Rehabilitation

Terril is living proof that rehabilitation can and does occur. Evidence of rehabilitation of a juvenile offender shows that they are not "irreparably corrupt" and therefore should have the opportunity of release. Since being in prison, Terriel has demonstrated the types of behaviors which demonstrate the potential for complete rehabilitation. Some of the factors that this Court should consider when making the determination as to whether or not Terriel has the possibility of rehabilitation are: a) Terriel had no adult record when he was sentenced to Life without parole, b) the reports and testimony of the Forensic Psychologist and the Forensic Psychiatrist, c) the letter, written by Terriel which was published in the book "letters to our sons" and d) Terriel is a mentor and tutor for other inmates that seek to obtain their GED.

a. Terriel had no adult record when he was sentenced to life without parole

If Terriel's sentence is not reduced, it will truly represent the epitome of "no second chances." As discussed in this memorandum at length, Terriel had a very troubled, abusive and violent childhood, all of which were out of his control. From the day of his birth, this young man has been abandoned, abused and exposed to violence against his mother that would be detrimental to any child's future. Terriel attempted to run away from home on numerous occasions, he tried to get away from this toxic environment, but he was always forced to return home. He was never given the opportunity to spend considerable time away from the environment that was exposing

him to violence. This is why the fact that Terriel had no previous adult record is so important. Terril had previous exposure to DJJ, but at DJJ he was around boys his own age that were there for less serious offenses than Terril would encounter at a state penitentiary. Also, Terriel was never detained at DJJ for any considerable period of time. It is highly possible that Terriel would have found himself and changed his self-destructive habits and environment, if he had been previously incarcerated for a moderate period of time in a state penitentiary. Unfortunately for him, the first time that he was able to break free of the very environment that fostered violence, was after he was sentenced to life in prison. He never had a chance.

**b. The reports and testimony of the Forensic Psychologist
and the Forensic Psychiatrist**

During Terriel's time in prison, he has matured. The Jesness Inventory-Revised (JI-R), which is was previously explained, has been used as tests in juvenile corrections for the past 50 years and has researched delinquent juveniles. These JI-R results indicate that although he (Terriel) may have been chronologically 17 years old at the time of his arrest and subsequent confinement in jail awaiting trial, he was emotionally, perceptually, and cognitively (decision-making, problem-solving) a much younger person.

The fact that he has been incarcerated for 15 years has given him time to mature and find himself as an adult, as opposed to being a child that was heavily influenced by his violent environment and neighborhood drug dealers. The maturity that he has developed since the time of his incarceration allows him to be successfully rehabilitated. Dr. McKee states in his conclusion, [i]t is my opinion that Terriel was at age 17/18, and still is now, capable of rehabilitation based on the results of this evaluation and his current mental status, diagnoses of PTSD and possible psychosis and psychological functioning." Therefore, the clinical psychologist has concluded that Terril Mack is fully capable of rehabilitation.

c. The letter written by Terril Mack, which was published in the book "letters to our sons."

Terril wrote the following letter which was published in the book, "letters to our sons" and I believe it truly encapsulates the strides that Terriel has made towards rehabilitation thus far and is indicative of his ability to be completely rehabilitated in the future:

"TO THE BLACK YOUTH WHO IS ALSO THE FUTURE OF OUR GREAT AFRICAN LEGACY At this very moment 10:13 pm Dec. 31, 2013, I sit inside this prison cell with thoughts rapidly running through my head. One of my thoughts is its going to be the first day of a New Year. The next thought that comes after that is Im only 27 and I've spent the last 10 years of my life incarcerated for mistakes I made as a child. Some may consider 17 as being a grown man. But in all reality, 'Age aint nothing but a number.' What defines your manhood/womanhood is your conscious state of mind, not your age. At times I sit back and reflect on my childhood and I ask myself this question: 'How could I call myself a grown man when I had no idea of what being a man was all about because there was none there to show me how to be a man?'" When I say show me how to be a man I'm not speaking about being able to use your sexual organs to make babies. I'm speaking on the morals and values a real man holds close to his heart or what are the responsibilities of a real man/woman.

I look at the reality of the situation and realize that although there were different individuals that played roles in my life, they never showed me how to be a real man because they didn't know what a real man was themselves. As you can see I have 'know' underlined. That's because know is the root word of Knowledge. Knowledge is the key to get us where we need to go. If you're reading this letter you may be asking 'knowledge' of what? The answer is to have knowledge of who you really are and knowledge of the lineage of great leaders, real men and women, kings and queens, princes and princesses, warriors, architects, scientists, musicians, doctors that you come from. You come from a lineage of Africans that built great countries such as Egypt and Ethiopia. These black men and women built monuments such as the Pyramid and the Sphinx. These black Africans performed the first brain and open heart surgery. Our ancestors created math, astrology, and science. Those things are what real men and women do.

The Honorable Marcus Garvey said, 'Man is the individual who is able to shape his own character, master his own will, directs his own life and shape his own ends.' So if you want to be who you really are, be a man/woman and the world will be changed by you. Nelson Mandella said, 'it always seems impossible until its done.' I say to you, 'It's not going to be done until you do it.' The only way you gonna know what to do to be a real man/woman and change the world to make it better for those people coming after you is to first know who you are. You find that out by seeking knowledge. Knowledge is a powerful key that unlocks the door that keeps boys/girls from crossing that threshold and becoming man/women needed to carry on our African legacy. Peace, Zam Zam—Terril Mack SCDC #312070 – January 1, 2014 12:03 a.m."

There are several details contained in this letter that are relevant and important regarding Terriel's ability to be rehabilitated. The most important detail is the date which this letter was written. Terriel began writing this letter on December 31, 2013 at 10:13 p.m. and finished writing on January 1, 2014 at 12:03 a.m. These dates and times are incorporated in the letter so the reader can comprehend that he is writing this letter as the new year (2014) comes in. *Aiken v. Byars*, which held that *Miller* was to be applied retroactively to all juvenile offenders who may be subject to a life sentence without parole, was not decided until November 12, 2014. Therefore the above letter was written by Terriel 11 months prior to it having any relevance for litigation.

I will not interpret the language of this letter for the Court other than to say, the language used in this letter is *prima facie* evidence that a great deal of rehabilitation has already occurred, and that Terriel clearly has the capacity and desire to be rehabilitated.

d. Terriel is a mentor and tutor for other inmates that seek to obtain their GED

This memorandum began by reviewing Terriel's educational history and stating that when Terriel was young, he had the mental capacity to excel academically. I went on to list numerous grades which show Terriel was an honor role student in his early childhood and maintained good grades until the 7th grade when his environment began to take it's toll on his life. Since the time of his incarceration, Terriel has obtained his GED (See Exhibit 12) and he didn't stop there; not only did he obtain his GED, but he has also mentored and tutored other inmates to obtain their GED as well. This is yet another obvious sign of growth, maturity and rehabilitation which has already occurred. It is also an indication of Terriel's ability and desire for future rehabilitation. Therefore, when taking into consideration the fifth factor in *Byars*, the Court should conclude that the evidence favors a reduction from a life sentence.

VIII. Proportionality of the Sentence

A sentence of 30 years would be proportionate to other sentences given for murder in the State of South Carolina:

- Dana Andrew Butler Jr. a black male, received a 30 year sentence for a 2011 murder and armed robbery. Butler shot a 19-year-old man in a drug deal robbery set-up. Butler was 19 years old at the time of the crime.
- In 2011, Ronald Smith, a black, 24-year-old male, received a 31-year sentence for a 2010 murder. After a fight between two rival gangs broke out at a gas station, he shot an innocent bystander.
- Carlos Jordan Kemp, a black male, received a 30-year sentence for a 2012 murder. Kemp beat his girlfriend to death in a domestic dispute, and then dumped her body in a pile of trash, where she was not found for several months. Kemp was 26 years old at the time of the crime.
- In 2013, Deshawn Fordham, a black, 20-year-old male, received a 30-year sentence for a 2012 murder and attempted murder. Fordham and others opened fire on a van after seeing its driver cash a check. The passenger was killed.
- In 2014, Sonny Ray Jones Jr., a white, 38-year-old male, received a 30-year sentence for a 2013 murder and armed robbery. Jones snuck up behind his step-grandfather, with whom he lived, shot him in the back of the head, and then took \$44 and a checkbook from his car.
- In 2014, Brian Richburg, a black, 24-year-old male, received a 30 year sentence for a 2013 murder. Richburg was arguing with an acquaintance when he shot the man 4 times.
- In 2015, Kenneth Franklin Cutter, a white, 40-year-old male, received a 31 year sentence for a 2012 murder. Cutter killed Kimberly Parrish, a 40-year-old mother of two. He then burned her body. Cutter plead guilty to the murder. The victim's body was never recovered.

Given the sentences outlined above, 30 years would be an appropriate sentence for the crime at issue. When taking into consideration the violent and abusive childhood that Terriel was exposed to, and all other factors which indicate that rehabilitation has occurred and will continue to occur throughout the course of his confinement, a sentence in line with those above is warranted.

IX. Conclusion

Considering the five *Aiken* factors, it is clear that Terriel is one of the "vast majority of juvenile offenders" who have the "capacity for change" rather than the very few "incorrigible juvenile offenders" for whom life without parole is a constitutional sentence. *Graham v. Florida*, 560 U.S. 48, 74 (2010), *Montgomery*, 136 S.Ct. at 734. Terriel's crime was not the product of an irredeemable individual, but rather was the product of his immaturity as a juvenile compounded by his abusive and violent environment. Terriel has clearly demonstrated his capacity for rehabilitation and the ability to change into a productive member of society.

Therefore, this Court should sentence Terriel Mack to a term of thirty years imprisonment allowing for a meaningful opportunity for release, rather than life imprisonment without the possibility of parole.

RESPECTFULLY SUBMITTED,



MARSHALL S. WEAVER, ESQUIRE
ATTORNEY FOR DEFENDANT

February 19, 2019
Florence, South Carolina

FILED
2019 FEB 19 PM 2:32
DORIS POULOS O'HARA
CCCP & GS
FLORENCE COUNTY, SC

CERTIFIED: A TRUE COPY

CLERK OF COURT C.P. & G.S.
FLORENCE COUNTY, S.C.

EXHIBIT

1

NARRATIVE

ON 7-27-95 MYSELF ALONG WITH DEPUTY MARION YARBOROUGH RESPONDED TO [REDACTED] ARD STREET, FLORENCE WHICH IS LOCATED OFF OF PAMPLICO HIGHWAY IN REFERENCE TO A DOMESTIC. UPON ARRIVAL I SPOKE WITH THE VICTIM DAWN MACK WHO STATED THAT THE SUBJ NATHANIEL SMITH WHO IS HER BOYFRIEND WAS AT HER RESIDENCE AND ASSAULTED HER AND DESTROYED SOME PROPERTY INSIDE OF THE RESIDENCE. YOU COULD SEE IN THE BEDROOM WHERE HE TOOK THE LAMP AND THREW IT AGAINST THE WALL AND IT BOUNCED BACK ONTO THE TABLE BREAKING THE GLASS THAT WAS IN THE LAMP. ALSO THE TABLE IN THE LIVING ROOM WAS DAMAGED BY THE SUBJ PICKING UP THE TV AND THROWING IT ON THE GLASS TABLE. ALSO IN THE DEN THE SUBJ TOOK ANOTHER TV AND THREW IT ON THE FLOOR BUSTING THE BACK OF THE TV. ESTIMATED VALUE OF THE DAMAGE IS \$200. THE VICTIM STATED THAT THIS IS NOT THE FIRST TIME THAT THE SUBJ HAS ASSAULTED HER. SHE HAD HIM ARRESTED BEFORE. THE VICTIM STATED THAT THE SUBJ STRUCK HER IN THE BACK OF THE HEAD A COUPLE OF TIMES AND THE SUBJ PUT HIS HAND IN HER FACE AND WAS PUSHING HER HEAD BACK. THE VICTIM STATED THAT THE SUBJ WAS DRUNK AND HE DID SMELL STRONGLY OF ALCOHOL ON HIS PERSON AS I WAS INTERVIEWING HIM. I ADVISED THE VICTIM THAT THIS WOULD JUST SOLVE HER PROBLEM FOR TONIGHT AND SHE WOULD NEED TO GO AND TALK WITH A MAGISTRATE IN REFERENCE TO HAVING HIM EVICTED OR WHATEVER LEGAL ACTION SHE NEEDED TO TAKE. THE SUBJ WAS ARRESTED AND TRANSPORTED TO FLORENCE COUNTY DETENTION CENTER FOR CRIMINAL DOMESTIC VIOLENCE. HE WAS ISSUED TICKET NO. 04752XL.

EXHIBIT

2

NARRATIVE

ON 021697 AT 5:58 HOURS I RESPONDED TO THE ABOVE ADDRESS AND SPOKE WITH THE COMPLAINANT, DAWN MACK, IN REFERENCE TO AN ASSAULT. THE COMPLAINANT STATED HER BOYFRIEND, NATHANIEL SMITH, HAD GOTTEN ANGRY AT HER BECAUSE SHE HAD GONE OUT TO A RESTAURANT FOR SUPPER WITH SOME OF HER FRIENDS. THE COMPLAINANT STATED WHEN SHE GOT HOME, THE SUBJECT STRIPPED ALL OF HER CLOTHES OFF OF HER AND STARTED ACCUSING HER OF HAVING A BOYFRIEND. WHEN THE SUBJECT STARTED TAKING THE COMPLAINANT'S CLOTHES OFF, SHE TRIED TO MAKE HIM STOP. THE SUBJECT WOULD NOT STOP. THE SUBJECT CONTINUED TO ASSAULT THE COMPLAINANT BY RIPPING HER SHIRT, AND HE ALSO HIT HER IN THE LEFT EYE AREA. THE SUBJECT HIT THE COMPLAINANT IN THE MOUTH WITH HIS FIST AND BROKE ONE OF HER FRONT TEETH. THE COMPLAINANT STATED THIS IS NOT THE FIRST TIME THIS TYPE OF INCIDENT HAD HAPPENED. THE COMPLAINANT STATED THE SUBJECT WAS ARRESTED APPROXIMATELY THREE YEARS AGO FOR CDV. I ADVISED THE COMPLAINANT IF SHE THOUGHT SHE NEEDED TO GO SOMEWHERE SAFE, I WOULD GET IN TOUCH WITH PEE DEE COALITION FOR HER. THE COMPLAINANT STATED SHE DID NOT. SHE STATED SHE DID NOT NEED MEDICAL ATTENTION. I ADVISED THE COMPLAINANT TO CONTACT THE SHERIFF'S OFFICE IF SHE NEEDED US TO HELP HER ANY FURTHER. THE SUBJECT WAS ARRESTED ON TICKET #01329XO.

EXHIBIT

3

NARRATIVE

ON 120799 I, DEPUTY JOLLY HICKS, WAS DISPATCHED TO RESPOND TO THE CITY-COUNTY COMPLEX TO MEET WITH THE COMPLAINANT, IN REFERENCE TO CDV. UPON ARRIVAL, I MET AND SPOKE WITH THE COMPLAINANT, DOROTHY MACK. THE COMPLAINANT STATED HER BOYFRIEND CAME BACK TO THE RESIDENCE ON THIS DATE. SHE STATED THE SUBJECT THREATENED HER. SHE STATED SHE TRIED TO LEAVE THE RESIDENCE. SHE STATED THE SUBJECT BROKE THE MIRROR OFF THE TRUCK. SHE STATED SHE HAD TO LEAVE THE RESIDENCE FOR HER SAFETY. THIS UNIT ESCORTED THE COMPLAINANT BACK TO THE RESIDENCE. THE COMPLAINANT WANTED TO PICK UP SOME OF HER BELONGINGS. SHE WAS GOING TO STAY WITH ANOTHER FAMILY MEMBER UNTIL SHE COULD GO TO COURT. WHEN WE ARRIVED TO THE LOCATION, THIS UNIT WENT INTO THE RESIDENCE WITH THE COMPLAINANT. THE SUBJECT WAS HIDING UNDER THE BED AREA. THE SUBJECT WAS ARRESTED FOR CDV. HE WAS TRANSPORTED TO THE LEC. THE TICKET NUMBER IS 97580BH. THE COMPLAINANT WAS GIVEN VICTIM FORMS.

EXHIBIT

4

NARRATIVE

ON 12/21/96 AT 1521 HRS I RESPONDED TO [REDACTED] ARD STREET & SPOKE WITH COMPL, DAWN MACK, IN REFERENCE TO A MISSING JUVENILE. MS. MACK STATES THAT APPROX 12:00 ON 12/21/96 HER SON, [REDACTED] LEFT THEIR RESIDENCE. [REDACTED] WAS DRESSED IN A DALLAS COWBOYS JUMPSUIT AND AN ORLANDO MAGIC STARTER JACKET. MS. MACK STATES THAT SHE THINKS THE REASON [REDACTED] LEFT IS BECAUSE SHE TOLD HIM IF HE GOT SUSPENDED FROM SCHOOL AGAIN THAT HIM & HER WERE GOING TO HAVE IT OUT. MS. MACK STATED THAT [REDACTED] DID GET SUSPENDED FROM SCHOOL ON 12/19/96. HE HID THE SUSPENSION SLIP FROM MS. MACK IN HIS ROOM. MS. MACK STATED THAT WHENEVER SHE WAS CLEANING UP THE ROOM, SHE FOUND THE SLIP. SHE ADVISED THAT [REDACTED] KNEW THAT SHE WAS STARTING TO CLEAN UP AND SHE FEELS LIKE HE KNEW SHE WAS GOING TO FIND THE SLIP, SO HE LEFT THE RESIDENCE. MS. MACK ADVISED THAT SHE DID NOT THINK HE WAS IN ANY DANGER, SHE JUST THOUGHT HE WAS BEING HARD HEADED AND HE WAS HIDING SOMEWHERE IN THE NEIGHBORHOOD. I TALKED WITH APPROX 15 TO 20 PEOPLE IN THE NEIGHBORHOOD AND ADVISED THEM TO BE ON THE LOOKOUT FOR [REDACTED] AND IF THEY SPOTTED HIM, TO CALL THE SHERIFF'S OFFICE. I ALSO WENT OUT TO THE FAST POINT STORE, THE QUIK FILL, ALSO THE BARBEQUE RESTAURANTS ON PAMPLICO HIGHWAY AND ADVISED ALL THAT IF THEY SAW THE SUBJECT COME IN, TO CONTACT THE SHERIFF'S OFFICE. I ALSO ADVISED MS. MACK TO CONTACT THE SHERIFF'S OFFICE IF [REDACTED] RETURNED HOME.

*

*

*SEE CASE FILE.

EXHIBIT

5

NARRATIVE

ON 102199 I, DEPUTY CHAD COLLINS, WAS DISPATCHED TO A CALL TO RESPOND TO [REDACTED] ARD STREET IN FLORENCE, SC IN REFERENCE TO A MISSING JUVENILE AND TO MEET WITH COMPLAINANT/VICTIM, DAWN MACK. UPON ARRIVAL, MS. MACK RELATED THAT HER SON, [REDACTED] HAS BEEN MISSING SINCE APPROXIMATELY 20:30 HRS ON 101899. [REDACTED] LEFT THE RESIDENCE AFTER HAVING AN ARGUMENT WITH HIS MOTHER, DAWN MACK. [REDACTED] IS DESCRIBED AS A BLACK MALE 12 YRS OF AGE, 5'9", 145 LBS, HAIR BLACK, EYES BROWN. LAST SEEN WEARING A WHITE TEE SHIRT BLUE JEAN OVERALLS AND WHITE SOCKS WITH NO SHOES. NO KNOWN LOCATION ON [REDACTED]. DAWN MACK ALSO STATED THAT IF UNABLE TO REACH HER, TO CALL HER MOTHER AS A SECOND CONTACT INDIVIDUAL, MAGGIE PHONE [REDACTED] NCIC FORM COMPLETED AND SUBJECT WAS ENTERED INTO NCIC.

EXHIBIT

6

NARRATIVE

ON 012397 AT 1732 THE REPORTING OFFICER WAS DISPATCHED TO THE ABOVE ADDRESS IN REFERENCE TO CHILD ABUSE. UPON MY ARRIVL, I SPOKE WITH THE COMPLAINANT, THE COMPLAINANT STATED THAT HIS MOTHER, DAWN MACK, CAME HOME. HE STATED HE AND HIS TWO GIRLS, AND , WERE PLAYING IN THE ROOM, LAUGHING AND HAVING FUN. THE SUBJECT, DAWN MACK, WENT TO THE ROOM AND ASKED WHAT WAS GOING ON. THE COMPLAINANT STATED HE TOLD HER. HE STATED THE SUBJECT GOT UPSET AND STARTED HITTING ALL THREE OF THEM. THE SUBJECT HIT BESIDE THE HEAD AND RIPPED HIS SHIRT AND KNOCKED HIM TO THE GROUND. HE HAD A LUMP ON THE SIDE OF HIS HEAD. WAS SLAPPED ON THE LEFT SIDE OF THE FACE AND PUNCHED ON THE RIGHT SIDE AND HER NOSE WAS BLEEDING. THE SUBJECT HIT IN THE BACK WITH HER HAND. AFTER THE SUBJECT STRUCK THE VICTIMS, SHE TOLD THE COMPLAINANT TO BRING HER CHAIR INTO THE LIVINGROOM. THE COMPLAINANT THEN WENT TO HIS ROOM TO DO HIS HOMEWORK. THE SUBJECT TOLD THE COMPLAINANT NOT TO GO OUT OF THE DOOR. THE SUBJECT THEN LEFT THE RESIDENCE, AND THE COMPLAINANT CALLED FLO. CO. SHERIFF'S OFFICE. AFTER TALKING WITH THE COMPLAINANT, I CONTACTED DSS AND ALSO INV. PROSSER. BOTH OF THEM RESPONDED TO THE RESIDENCE. ALL THREE VICTIMS STATED THE SUBJECT DOES THIS TYPE OF BEHAVIOR ALOT. THEY ALSO STATED THE SUBJECT TWISTED THE COMPLAINANT'S WRIST AND HANDS. DSS CASEWORKER, ANDREA GREGG, GOT IN CONTACT WITH THE GRANDPARENTS OF THE VICTIMS. THE GRANDMOTHER, PEGGY MACK, WAS GOING TO PICK UP THE THREE JUVENILES.

VICTIM

NAME:.

TYPE: INDIVIDUAL

BUSINESS:

ADDRESS:.

PHONE:

OCCUPA:

BUS.PH:

RACE: B SEX: M AGE:0108

ETHN: N

DATE OF BIRTH: ' /87

** VICTIM RELATION TO SUBJECTS **

SUBJECT# 001

VICTIM

NAME:

TYPE: INDIVIDUAL

BUSINESS:

ADDRESS:.

PHONE:

OCCUPA:

BUS.PH:

RACE: B SEX: F AGE:0108

ETHN: N

DATE OF BIRTH: / /87

** VICTIM RELATION TO SUBJECTS **

SUBJECT# 001

EXHIBIT

7

ADMINISTRATION ACTIVE: ARREST: X UNDER 18:
JURISDICTION - THEFT: UNF: EX.CLD: 18&OVER: X
RECOVERY: TYPIST: BARBARA ROSE
REPORTING OFFICER: JAMES RHODES NUMBER: 1005 REPORT DATE: 1/24/00
INVESTIGATOR: NUMBER: ASSIGN.DATE: 0/00/00
VICTIM ADVOCATE: NUMBER: 000

NARRATIVE

ON 012200 WHILE ON PATROL IN FLORENCE COUNTY I MET AND SPOKE TO COMPLAINANT MS. DAWN MACK IN REFERENCE TO A DOMESTIC DISPUTE THAT OCCURRED AT [REDACTED] TRIPLE CROWN ROAD IN CHURCHHILL DOWNS SUBDIVISION OFF OF POSSUM ROAD IN FLORENCE. MS. MACK STATED SHE WAS AT A FRIEND'S RESIDENCE WHO WAS DOING SOME NEW CONSTRUCTION IN THE SUBDIVISION AND WAS HELPING HIM CLEAN UP WHEN THE SUBJECT, MS. MACK'S EX-BOYFRIEND, MR. KENDRICK CANNON WAS ALSO AT THE LOCATION KEPT ANNOYING HER TRYING TO TALK TO HER. MS. MACK STATED THAT THE MALE PARTY WAS TRYING TO TALK TO HER BECAUSE HE WANTED TO GET BACK WITH HER AND REFORM THEIR RELATIONSHIP. MS. MACK STATED SHE DID NOT WISH TO RESTORE THE RELATIONSHIP WITH THE SUBJECT BECAUSE THERE WAS VIOLENCE AND AT THAT TIME THE SUBJECT BECAME VERY DISORDERLY TOWARDS HER. MS. MACK STATED THEY GOT INTO A VERBAL ARGUMENT WITH THE MALE PARTY ATTEMPTING TO TALK TO THE FEMALE AND ONCE THIS FAILED, HE GOT MORE DISORDERLY WITH HER AND PUNCHED HER IN THE FACE WITH HIS FIST SEVERAL TIMES. THIS WAS BROKEN UP BY FAMILY MEMBERS OF THE MALE PARTY AND FRIENDS OF THE FEMALE PARTY WHO WERE ALSO THERE DOING SOME WORK AROUND THE HOUSE AND TRYING TO CLEAN UP. MS. MACK STATED THEY LOCKED THE SUBJECT OUTSIDE OF THE HOUSE DUE TO THE FACT THAT THEY DIDN'T WANT TO HEAR HIS TIRADES ANYMORE. THE SUBJECT STAYED AROUND OUTSIDE AND WAITED. MS. MACK STATED THAT AS IT GREW DARKER DURING THE COURSE OF THIS INCIDENT DECIDED TO PACK IT IN AND LOCK THE DOORS AND AT THE TIME SHE ATTEMPTED TO LEAVE WITH HER MINOR CHILDREN WHEN THE MALE PARTY CONFRONTED HER ONCE AGAIN AND WORDS WERE EXCHANGED ONCE AGAIN. MS. MACK STATED THAT SHE THEN GOT INTO HER JEEP CHEROKEE WHICH WAS DESCRIBED AS A 1989 MODEL GRAY 4DR WITH SC TAG [REDACTED] THE MALE PARTY TRIED TO TALK TO HER AND TRIED TO GET INTO THE VEHICLE AND MS. MACK STATED SHE LOCKED HIM OUTSIDE THE CAR. AT THAT TIME THE MALE GOT MAD THEN KICKED THE WINDOW ON THE DRIVER'S SIDE FRONT AND WAS UNABLE TO GET ENTRANCE. HE THEN KICKED A SECOND TIME AND SHATTERED THE WINDOW OUT. MS. MACK STATED SHE THEN JUMPED OUT THE CAR WITH HER MINOR CHILDREN AND BEGAN WALKING ON FOOT AND THE MALE PARTY LEFT THE AREA IN THE VEHICLE. MS. MACK STATED THE SUBJECT DID NOT HAVE HER CONSENT TO DRIVE THE VEHICLE. I OBSERVED THAT MS. MACK DID HAVE SOME SWELLING TO HER FACE WHERE THE SUBJECT HAD PUNCHED HER. MS. MACK DECLINED ANY MEDICAL ATTENTION. I THEN ISSUED THE COMPLAINANT A VICTIM WITNESS NOTIFICATION FORM AND BROCHURE AND ADVISED HER TO SEEK ASSISTANCE FROM THE MAGISTRATE'S OFFICE FOR FURTHER ACTION.

*

*

SUPPLEMENT

NAME: KENDRICK CANNON
LOCATION: LEC
INCIDENT DATE: 012600 1520 / 012600 1520 ZONE:
DISPATCH DATE: 012600 1520 ARRIVED: 1520 DEPARTED: 1520
ON 012600 I, DEPUTY JAMES KIZER, SERVED ARREST WARRANT G-408005 ON THE SUBJECT, FOR THE CHARGE OF SIMPLE ASSAULT. THE SUBJECT WAS ALSO SERVED WARRANT NUMBER G-408006 FOR THE CHARGE OF VANDALISM. THE SUBJECT WAS ALSO SERVED WARRANT NUMBER G-408007 FOR THE CHARGE OF GRAND LARCENY. THE WARRANT WAS SERVED ON THE SUBJECT AT THE LEC. THE SUBJECT WAS CURRENTLY IN MAGISTRATE'S COURT ON A CDV HEARING. THE SUBJECT WAS SERVED THE THREE WARRANTS AT THAT TIME. HE WAS ESCORTED TO THE BOOKING AREA.

SC0210000

FLORENCE COUNTY SHERIFF'S OFFICE

INCIDENT REPORT

CASE# 00 01 656

PAGE 3

REPORTING OFFICER: JAMES KIZER

REPORT DATE: 031800

KEYED BY: ELEANOR BROWN

COMPLAINANT

NAME: JAMES C.

KIZER

ADDRESS: [REDACTED] FRIENDFIELD ROAD
EFFINGHAM, SC 29541

PHONE:

OCCUPA:

BUS. PH:

6652121 RACE: W SEX: M AGE: 35

ETHN: N

DATE OF BIRTH: 0/00/00

** COMPLAINANT RELATION TO SUBJECTS **

EXHIBIT

8

NARRATIVE

ON 081602 I, SGT. MIKE BUXTON, RECEIVED A CALL IN REFERENCE TO A 911 HANG UP CALL. WHEN I ARRIVED AT [REDACTED] ARD STREET, I SAW A BLACK MALE CHASING A BLACK FEMALE ACROSS THE YARD. HE TACKLED HER IN THE FRONT YARD. I GOT OUT OF MY CAR, WENT OVER GOT THE INDIVIDUAL AND PUT HIM ON THE HOOD OF MY CAR. SEARCHED HIM AND ALSO PLACED HIM UNDER ARREST FOR CDV. LATER ON, I FOUND THAT HE HAD ALREADY PLED GUILTY TO CDV, 1ST OFFENSE. AS A MATTER OF FACT, I HAD ARRESTED HIM FOR CDV, 1ST OFFENSE. HE WAS CHARGED WITH CDV, 2ND OFFENSE; TICKET #23579BT. THE COMPLAINANT HAD SCRATCHES ON BOTH SIDES OF HER NECK, AND THE LEFT SIDE OF HER FACE WAS CUT. THIS UNIT ADVISED THE COMPLAINANT THAT THE INDIVIDUAL WOULD BE PLACED IN THE DETENTION CENTER. I FILLED OUT A VICTIM'S RIGHTS FORM AND ISSUED IT TO HER.

EXHIBIT

9

NARRATIVE

ON 090402 SGT. CLINT CALDWELL AND I, DEPUTY PAT O'HARA, WERE DISPATCHED TO THE ABOVE ADDRESS, IN REFERENCE TO A DISORDERLY PERSON OUTSIDE THE RESIDENCE. PRIOR TO MY ARRIVAL, SGT. CALDWELL ARRIVED ON THE SCENE. HE THEN GOT ON THE RADIO STATING HE NEEDED MORE HELP. ONCE THIS UNIT ARRIVED ON THE SCENE, SGT. CALDWELL HAD THE SUBJECT BY ONE ARM. HE WAS LAYING ON THE GROUND, BUT WAS BLEEDING FROM THE RIGHT SIDE OF HIS FACE, NEAR HIS EYE AREA. HE DID HAVE A LOT OF BLOOD ALREADY ON HIM, BUT IT WAS ALREADY DRIED UP. AT THAT TIME, SGT. CALDWELL ADVISED ME TO CALL FOR EMS TO HAVE THEM COME DOWN AND TRANSPORT THE SUBJECT TO GET MEDICAL ATTENTION ON A QUICK STATEMENT. I THEN ASKED WHAT HAPPENED. THEY STATED THAT THEY GOT INTO A VERBAL FIGHT, AND THEN IT TURNED INTO HER HAVING TO DEFEND HERSELF. AFTER EMS ARRIVED, I THEN ASKED THE COMPLAINANT/VICTIM TO GIVE ME A STATEMENT OF WHAT HAPPENED. SHE DID SO. SHE STATED THE SUBJECT CAME HOME, SO SHE FIXED HIM SOME DINNER. SHE STATED SHE WAS GETTING UNDRESSED TO TAKE A BATH WHEN THE KIDS CAME IN, AND ACCORDING TO THE COMPLAINANT, THE SUBJECT'S ATTITUDE HAD CHANGED. ACCORDING TO THE COMPLAINANT, SHE DID NOT GET UNDRESSED, BECAUSE SHE FELT HIS ATTITUDE WAS CHANGING FOR THE WORSE AND HE WAS BECOMING AGITATED AND SOMEWHAT THREATENING. THE COMPLAINANT STATED THE SUBJECT STARTED TO BECOME VERY BELLIGERENT AND OUT OF CONTROL. SHE TRIED TO CALM HIM DOWN. SHE STATED SHE SAT ON THE BED AND TALKED TO HIM. SHE STATED SHE REACHED UNDER HIS PILLOW, SHE FOUND A KNIFE AND A LITTLE SCREWDRIVER. SHE STATED SHE PULLED OUT THE KNIFE, AND HE GRABBED IT FROM HER. THE SUBJECT STARTED SWINGING THE KNIFE IN A VIGOROUS WAY, SAYING ALL HE HAD GOTTEN DOWN. WHILE THIS WAS GOING ON, VICTIM NUMBER THREE WAS CUT ON THE SIDE OF HIS CHEST AREA BY THE KNIFE. AT SOME POINT DURING ALL THIS ALTERCATION, VICTIM NUMBER ONE STATED THEY DID GET THE SUBJECT TO GO OUTSIDE. ONCE OUTSIDE, THE SUBJECT WAS STILL SWINGING THE KNIFE AT THAT TIME. ACCORDING TO VICTIM NUMBER ONE, THEY DEFENDED THEMSELVES. THEY HIT THE SUBJECT WITH A POOL STICK AND STARTED HITTING THE SUBJECT SEVERAL TIMES. AT SOME POINT DURING THE FIGHT OUTSIDE OR INSIDE, VICTIM NUMBER ONE WAS BIT ON HER RIGHT, INSIDE KNEE AREA. VICTIM NUMBER TWO WAS BIT ON BOTH SIDES OF HEAD, AND VICTIM NUMBER THREE WAS CUT ON THE RIGHT SIDE OF HIS CHEST AREA. THERE WAS NO MARKS OR INJURIES ON VICTIM NUMBER FOUR. VICTIM NUMBER FOUR IS THE ONE WHO CALLED 911. VICTIM NUMBER ONE THEN SHOWED THIS OFFICER A VICTIM'S RIGHT FORM FROM LAST MONTH, WHERE THE SUBJECT WAS ARRESTED FOR CDV, A SECOND TIME. AT THAT TIME, THIS UNIT DID GET IN CONTACT WITH INV. KATHLEEN STREETT. THIS UNIT ADVISED HER OF WHAT HAD TRANSPIRED. I STATED I WAS GOING TO GET PICTURES OF THE INCIDENT LOCATION AND STATED THE SUBJECT WAS GOING TO THE HOSPITAL TO BE EVALUATED AND CHECKED OUT. INV. STREETT ADVISED THAT IF THE SUBJECT WAS GOING TO BE ADMITTED TO GET A PROBABLE CAUSE SHEET. SHE STATED IF HE WAS NOT GOING TO BE ADMITTED, TO ARREST HIM AND TRANSPORT HIM TO THE LEC. AFTER EMS LEFT WITH THE SUBJECT, THIS UNIT THEN STAYED ON THE SCENE A LITTLE BIT LONGER. THIS UNIT DID TAKE SEVERAL PICTURES OF THE SCENE, TOOK TEN PICTURES. THE PICTURES CONSISTED OF THE BEDROOM AREA, THE PILLOW WHERE THE KNIFE AND SCREWDRIVER WAS SUPPOSED TO BE, THE KITCHEN AREA, WHERE THE SUBJECT DID MINOR DAMAGE, CAUSING SOME ITEMS TO GO OUTSIDE THE DOOR, BEING EGGS AND HAIR CURLERS, OUT IN THE FRONT OF THE YARD, WHERE THE SUBJECT WAS BLEEDING. ALSO, ONE OF THE PICTURES CONSISTED OF THE FRONT OF THE HOUSE AND ALL DOORS. THIS UNIT ALSO HAD A PICTURE OF THE SUBJECT AND ALL OF THE VICTIMS AT THE INCIDENT LOCATION. ALSO COLLECTED AT THE SCENE, WAS THE KNIFE THAT THE SUBJECT USED, ALONG WITH THE SCREWDRIVER THE SUBJECT USED, AND THE POOL STICK VICTIM NUMBER ONE USED TO DEFEND HERSELF AGAINST THE SUBJECT. ALL THAT WAS COLLECTED BY THIS UNIT AND TURNED OVER TO EVIDENCE. THE PICTURES WERE TURNED OVER TO INV. STREETT. AFTER LEAVING THE INCIDENT LOCATION, THIS OFFICER THEN WENT TO CAROLINAS HOSPITAL SYSTEM TO SPEAK WITH THE SUBJECT. WHILE AT CAROLINAS HOSPITAL,

I THEN WENT IN AND TALKED WITH THE SUBJECT. THIS UNIT STATED TO THE SUBJECT IF THERE WAS ANYTHING HE WANTED TO SAY AND TELL ME WHAT WAS GOING ON. ACCORDING TO THE SUBJECT, THEY WERE ARGUING AND HE WAS TRYING TO LEAVE. HE STATED WHILE HE WAS IN THE YARD, THAT THEY JUMPED HIM. WHILE IN THE YARD ACCORDING TO THE SUBJECT, THEY SAT ON HIM FOR ABOUT TWENTY MINUTES, HITTING HIM WITH THE POOL STICK, FISTS AND SPITTING ON HIM. HE STATED HE DID NOT DO ANYTHING TO THEM AND DID NOT TOUCH THEM. HE STATED HE DID NOT KNOW WHY THEY DID THIS TO HIM. THE SUBJECT ALSO MADE A STATEMENT SAYING THAT IF LAW ENFORCEMENT WOULD SHOW, THEY WERE GOING TO KILL HIM AND PUT HIM IN A DITCH. THE SUBJECT DID HAVE SEVERAL MARKS ON HIS HEAD AND SWELLING OVER HIS RIGHT EYE AND CHEEK AREA, AND SEVERAL SCRATCHES TO HIS CHEST. PICTURES OF THE SUBJECT AND HIS INJURIES WERE TAKEN BY THIS UNIT.

VICTIM

NAME:

TYPE: INDIVIDUAL

BUSINESS:

ADDRESS:1

PHONE:

OCCUPA:ALT. SCHOOL

BUS.PH:

RACE: B SEX: M AGE:15

ETHN: N

DATE OF BIRTH: / /86

** VICTIM RELATION TO SUBJECTS **

SUBJECT# 001 SC STEPCHILD

VICTIM

NAME:

TYPE: INDIVIDUAL

BUSINESS:

ADDRESS:

PHONE:

OCCUPA:ALT. SCHOOL

BUS.PH:

RACE: B SEX: M AGE:14

ETHN: N

DATE OF BIRTH: / /88

** VICTIM RELATION TO SUBJECTS **

SUBJECT# 001 SC STEPCHILD

VICTIM

NAME:

TYPE: INDIVIDUAL

BUSINESS:

ADDRESS:

PHONE:

OCCUPA:ALT. SCHOOL

BUS.PH:

RACE: B SEX: M AGE:14

ETHN: N

DATE OF BIRTH: / /88

** VICTIM RELATION TO SUBJECTS **

SUBJECT# 001 SC STEPCHILD

EXHIBIT

10

102856572 00-13-76-82 09/05/02
 MACK, TERRIEL LESHAWN
 15 M INT: TIME:

TIME	BP>2 YRS	PULSE	RESP	O2 SAT	TEMP	PAIN	SCORE	INITIAL
						O R		
						O R		
						O R		
						O R		

POST TRIAGE CATEGORY: I II III IV V
 UPGRADED [] Y [] N DOWNGRADED [] Y [] N (IF YES) REASON:

PAIN ASSESSMENT (REQUIRED ON ALL PATIENTS)

NONE CHEST EXTREMITY ABDOMEN HEADACHE BACKPAIN OTHER: LOCATION
 INTENSITY 0-10 10 ONSET: AM PM Gradual Sudden
 QUALITY:
 DULL SHARP ACHING THROBBING BURNING STABBING OTHER:
~~INCREASES OR WORSE WITH:~~
 MOVEMENT DEEP BREATH HEAT COLD SITTING LYING W/ BEARING EATING
 PHYSICAL ACTIVITY OTHER:
 IMPROVES WITH:
 HEAT COLD LYING DOWN RELAXATION MEDS OTHER:

PSYCHOSOCIAL ASSESSMENT:

Religious/Cultural Practices Relating to Care: Yes ☒ No
 Motor/Speech Deficit: ☒
 Hearing Deficit: ☒ None
 Visual Deficit: ☒ Blind ☐ Partial Blind ☐ Color Blindness ☐ Corrective Lens
 Primary Language: English
 : Unable to read/write
 Significant other can read/write
 Interpreter Notified: [] Y [] N/A
 Support System
☒ Family/Significant Other
☐ Lives alone

DEVELOPMENTAL STATUS

Appropriate for age: ☒ Yes ☐ No
 Head Circm (<18 month) 35 cms Full Term
 Birth Wt. (<1 Yr) 10 lbs. 10 ozs Premature
 Current Diet:

AGE	HEAD CIRCUMFERENCE
YEAR/MONTH	CENTIMETERS
BIRTH	35
3 MONTHS	40.4
6 MONTHS	43.4
9 MONTHS	45.3
1 YEAR	46.6
18 MONTHS	47.9

Any suspected or admitted abuse or neglect: ☐ Y ☒ N

TRIAGE DATA COLLECTED BY: James Hagan

REVIEWED BY: Signature RN Printed Name RN @ AM PM

102856572 00-13-76-82 09/05/02
MACK, TERRIEL LESHAWN
15 M INT: TIME:

Pediatric Developmental Age Assessment

☐ <u>0 - 3 months</u> Smiles Coos Holds head steady	☐ <u>4 - 8 months</u> Turns to voice Rolls over Sits without support	☐ <u>9 - 12 months</u> Feeds self finger foods Pulls self up Says "da da", "ma ma"
☐ <u>12 - 18 months</u> Three words besides "ma ma", "da da" Walks well Drinks from cup	☐ <u>18 - 24 months</u> Walks up and down steps Knows "8" body parts Combines words meaningfully	☐ <u>2 - 4 years</u> Jumps, hops, and skips Uses pronouns and plurals Sings song from memory
☐ <u>4 - 8 years</u> Prints first name Throws and catches ball Does jigsaw puzzles/builds models Likes rewards	☐ <u>8 - 12 years</u> Independent play Concerns about health, school career Enjoys team sports Relates well with peers	☐ <u>12 - 14 years</u> Loud, boisterous, rowdy behavior Talking becomes major past time Makes independent decisions Identifies feelings of self and others

Development appropriate for age: [] Yes [] No Comments:

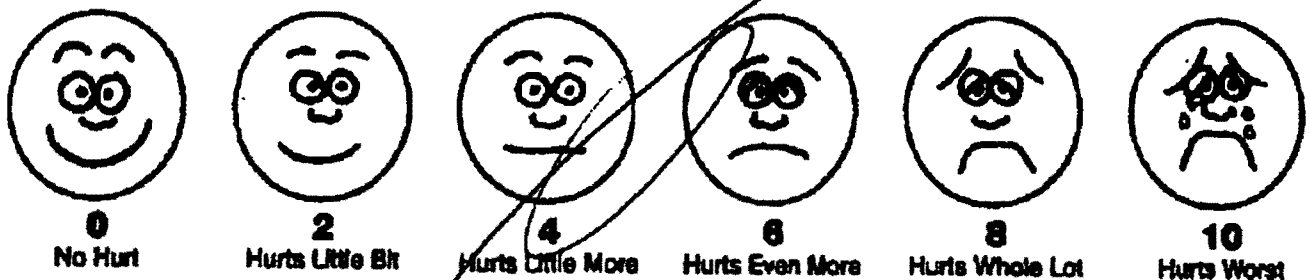
NON-COGNITIVE PAIN SCALE

	0	1	2
Quality of cry	No Cry	Moderate Frequency can be distracted by sound	Screaming, painful, high pitched
Consolability	Calm before 1 minute	Quiet after 1 minute of effort	None after 2 minutes
Sleep Cycle	Sleep > 10 minutes	Short naps between 5 - 10 minutes	Short naps < 5 minutes
Motor activity (tone)	Normal; relaxed	Moderate agitation and tonic	Constant thrashing, agitated, hypertonic
Facial expression	Calm, relaxed expression	Intermittent grimace; tension	Marked constant grimace; tension

If score: > 5 = needs prn meds 4-5 = Pain medications as ordered 0-3 = Comfort measures

Adapted from Attia, J., Amiet-Tison C., Mayer MN et al: Measurement of postoperative pain and narcotic administration in infants using a new clinical scoring system. *Anesthesiology* 67:A 532, 1987

WONG-BAKER FACES PAIN RATING SCALE



Medical professional please note:

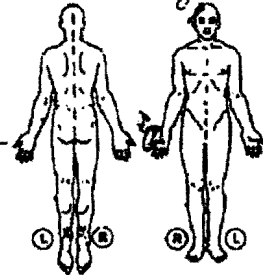
Explain to the person that each face is for a person who feels happy because he has no pain (hurt) or sad because he has some or a lot of pain. Face 0 is very happy because he doesn't hurt at all. Face 2 hurts just a little bit. Face 4 hurts a little more. Face 6 hurts even more. Face 8 hurts a whole lot. Face 10 hurts as much as you can imagine, although you don't have to be crying to feel this bad. Ask the person to choose the face that best describes how he is feeling.

Rating scale is recommended for persons aged 3 years and older.

From Wong DL, Hockenberry-Eaton M, Wilson D, Winkelstein M, Abram E, DeVito-Thomas PA, *Whaley and Wong's Nursing Care of Infants and Children*, 6th ed., St. Louis, MO Mosby Year Book Inc. 1999 1153. Copyrighted by Mosby-Year Book, Inc. Reported by permission.

Respiratory Airway ☒ Patent ☐ Intubated ☐ Oral/Nasal Airway ☐ Other _____ Breathing ☐ Normal ☐ Abnormal _____ Breath Sounds ☒ L Clear ☐ R Wheezing ☐ R Crackles ☐ R Diminished Cough ☐ Productive ☐ Nonproductive * indicates entry in nursing notes Additional Notes: _____	Emergency Services Nursing Assessment Mode of arrival: <u>WALK</u> Time in room: <u>0145</u> Room number: <u>9</u> Home Aids ☐ Pic Line ☐ Peg Tube ☐ Ventilator ☐ Colostomy ☐ Tent-Off ☐ Ash/Split Cath ☐ Port-a-Cath ☐ Other: _____ GI ☐ Nausea ☐ Vomiting ☐ Diarrhea ☐ Loss of appetite ☐ Home diet: _____ ☒ Bowel Sounds ☐ Present ☐ Absent Abdominal ☒ Normal ☐ Distended ☐ Guarded ☐ Rigid
Circulatory Pulse ☒ Radial ☐ Present ☐ Absent ☐ R Pedal ☐ Present ☐ Absent Rhythm ☒ Regular ☐ Irregular Neck Veins ☐ Distended ☒ Flat Heart Sounds ☒ Regular ☐ Irregular Capillary Refill ☒ Normal ☐ Delayed AV Shunt ☐ Patent ☐ Obstructed Edema ☒ Absent ☐ Present ☐ Pitting ☐ Nonpitting ☐ Location: _____ Additional Notes: _____	GU ☐ Flank Pain ☐ Left ☐ Right ☐ Dysuria ☐ Frequency ☐ Urgency ☐ Hematuria Penile Discharge ☐ None ☐ Present Color: _____ GYN Bleeding Number of Pads: _____ Vaginal Discharge Color: _____ Odor: <u>Y</u> <u>N</u> LMP: _____ Preg/Delivery Date: _____ FET: _____ G: _____ P: _____ A: _____
Neuro LOC ☒ Alert/Oriented x <u>3</u> ☐ Responds to verbal ☐ Unresponsive Pupils Right pupil reaction <u>3</u> ☒ Brisk ☐ Sluggish ☐ Nonreactive Left pupil reaction <u>3</u> ☒ Brisk ☐ Sluggish ☐ Nonreactive Extremities ☒ Moves all extremities ☐ Deficit *see nurses notes Speech ☒ Clear ☐ Slurred ☐ Aphasia For any abnormal start neuro flow sheet:	Pediatric (18 mos & <) LOC ☐ Alert/Oriented x _____ ☐ Responds to verbal ☐ Lethargic ☐ Irritable ☐ Scream Cry Anterior Fontanel ☐ Soft ☐ Tense ☐ Bulging ☐ Flat ☐ Full ☐ Sunken ☐ Closed Pupil Size (mm) Pupil Size (mm) Pupil Size (mm)
Integumentary Temp ☒ Normal ☐ Cold ☐ Hot Color ☒ Normal ☐ Cyanotic ☐ Pale ☐ Other: _____ Breakdown ☐ Present ☒ Absent ☐ Location (Note on figure) Trauma ☒ Present ☐ Absent ☐ Location (Note on figure)	Psychosocial / Psychiatric Affect ☐ Flat ☒ Normal Behavior ☒ Cooperative ☐ Uncooperative ☐ Agitated ☐ Other: _____ Intentions ☒ None ☐ Harm to self ☐ Harm to others Hallucinations ☐ Auditory ☒ Visual Restraints/Seclusions ☐ Yes ☒ No Forensic Restraints ☐ Yes ☒ No Security Notified ☐ Yes ☒ No Patient searched ☐ Yes ☒ No Notes: _____ Initial Nurse Signature: <u>[Signature]</u>

102856572 08-13-76-82 09/05/02
 MACK, TERRIEL LESHAWN
 15 M INT: _____ TIME: _____



- Figure Legend**
 Include Size in Description(s)
- A = Abrasion
 - C = Contusion
 - L = Laceration
 - P = Decreased Pulse
 - X = Tenderness
 - SW = Stab Wound
 - LS = Laceration
 - OF = Open Fracture
 - Am = Amputation
 - GSW = Gunshot Wound
 - CF = Closed Fracture
 - BS = Burn
 - BSA %
 - PAR = Paralysis
 - S = Decreased Sensation

PAIN ASSESSMENT							INPUT				
Date	Time	Pain Level	Location	Intervention	Follow up	Initials	Time	PO	NG	IV	Other
9/5/02	04:15	3/10	Stomach			BD					

IV							OUTPUT						
Time	Gauge	Site	By	Number Attempts	Time	Dr'd W/O Complications	BY	Time	Urine	NG	Emesis	Chest Tube	Other

Time	Medication / IV Fluids	Dose	Route / Site	Signature
0220	Morini	200mg	pc	BD
0220	Leptamoy	0.5u	pc	BD
20	Def Marth	375mg	pc	BD

Discharge Disposition ☒ Home ☐ Other ☐ Via W/C ☐ Ambulatory ☐ Stretcher ☐ Carried ☐ In Custody ☐ PLS O verbalized understanding of discharge instructions: ☐ Medication Education completed with patient ☐ Discharge vital signs: BP 114/68 R 57 T		Accompanied with ☐ Self ☐ Family ☐ EMS Human 3 ite Leptamoy Def Marth		Safety Side rails up x2 ☐ Yes ☐ No Cell light within reach ☐ Yes ☐ No Admit Time report called Room # Report to: Time to floor:		Transferred with: ☐ Monitor ☐ O2 ☐ Pulse Ox ☐ RN	
Resource Needs: ☐ None ☐ Spiritual Care ☐ Other: ☐ Financial Counselor ☐ Pee Dee Coalition		☐ Case Manager Notified @ AM PM ☐ Assistance with ADL's ☐ Assistance with medical equipment ☐ Assistance getting medications ☐ Assistance with referral type:		114 68 R 57 T		114 68 R 57 T	

INITIALS	PRINTED NAME	SIGNATURE
BD	Deborah Bragley Lee	Deborah Bragley Lee

102856572 00-13-76-82 09/05/02
 MACK, TERRIEL LESHAWN
 15 M INT: TIME:

McLeod Regional Medical Center
The Choice For Medical Excellence
555 East Cheves Street - PO Box 100551 - Florence, SC 29501-0551

MR: 00-13-76-82 **PW:** 102856572 **PT:** Mack, Terriel Leshawn
DATE SEEN: 09/05/2002 **ED PHYSICIAN:** JIMMY R. KLUGH, MD
DOB: [REDACTED]

CC: HUMAN BITE TO THE RIGHT HAND

HPI: This is a 15-year-old African-American gentleman who comes in complaining of a bite to the right thumb which occurred approximately 1 hour prior to arrival. The patient also has a bite to the right side of his head and to the left side of his neck. The patient denies any other injuries. The patient also complains of some right wrist pain which started yesterday after wrecking his bicycle. The patient does have good range of motion, flexion and extension but with forced extension. The patient does have some pain over the volar surface of his wrist.

PMH: The patient has no past medical history. The patient has an unknown tetanus status.

MEDS: He is on no medicines.

AL: Not allergic to any medicines.

SH: The patient denies tobacco and alcohol use.

ROS: As stated in HPI. Otherwise, all systems reviewed and negative.

PE: GENERAL: The patient is awake and alert. In no acute distress. **HEENT:** Head is normocephalic. The patient does have some swelling over the right frontal temporal area with a small laceration there. Eyes are PERRL. Extraocular movements are intact. Ears, nose, and throat exams are unremarkable. **NECK:** Supple. Nontender. **LUNGS:** Clear to auscultation bilaterally. **HEART:** Regular rate and rhythm. **ABDOMEN:** Soft and nontender. **SKIN:** Shows a small puncture wound to the right dorsal surface of the thumb across the interphalangeal joint. **LYMPH:** Showed no pedal edema. **NEUROLOGIC:** Showed no focal motor or sensory deficits. **MUSCULOSKELETAL:** The patient does have tenderness to the proximal phalanx of the right thumb. The patient also has lots of tenderness over the volar surface of the wrist but no bony tenderness over the distal radius or ulna and no snuff box tenderness. No tenderness to palpation with axillary loading.

EDC/MDM: The patient will have his tetanus up dated. He will be given prescriptions for Augmentin and Motrin.

McLeod Regional Medical Center
The Choice For Medical Excellence
555 East Cheves Street - PO Box 100551 - Florence, SC 29501-0551

(Page 2)

MR: 00-13-76-82 **PN:** 102856572 **PT:** Mack, Terriel Leshawn
DATE SEEN: 09/05/2002 **ED PHYSICIAN:** JIMMY R. KLUGH, MD

(continued)

IMP: 1) Human bite to the right thumb and right hand. 2)
Right wrist sprain.

PLAN: Follow up with his regular doctor.


Jimmy R. Klugh, MD

DD: 09/05/2002 02:05
DT: 09/06/2002 04:42/ET/1242
JOB#: 2267

EXHIBIT

11

1) Will we also be charged with
of determining guilt or innocence
Court has charge of Conspiracy?

2) May we have a copy of the witness
Islam Horne and Gregory Johnson

3) We have a very divided

EXHIBIT

12



Certified
+ Secured

TRUSTED

TERRIEL MACK

TRANSCRIPT

District: SOUTH CAROLINA DEPARTMENT OF EDUCATION

Sealed On: FRI FEB 08 12:54:21 EST 2019

Sealed By: AADAMS

Pages: 1

Digitally signed by Department of Education Services
Date: 2019.02.08 12:54:21 EST





Official Transcript of GED Tests

Issued by:
SCDE Office of Adult Education
1401 Senate Street
Columbia, SC 29201

cd.sc.gov/instruction/adult-education/

Candidate Information

Last Name: **MACK**

First Name: **TERRIEL**

MI:

Address: **WILBORN AVE DOC- LCI
RIDGEVILLE, SC 29472**

DOB:

SSN: **XXX-X**

Test Name	Standard Score	Percentile Rank	Test Date	Test Form
Language Arts, Writing	500	50	11/13/2008	II
Social Studies	480	42	11/13/2008	II
Science	480	42	11/13/2008	II
Language Arts, Reading	580	79	11/13/2008	II
Mathematics	460	34	11/13/2008	II
Pass/Non Pass: Pass	2500	Avg Score:	500	

GED
Administrator:

Date Printed: Friday, February 8, 2019

Center Name: *Not available.*

Center ID: 3000430036

Test Format: EP

Date Passed: November 13, 2008

Language: English

* The scores on this report are the highest scores achieved by the candidate and not necessarily the most recent. If the latest scores are lower than the scores previously achieved, the latest scores are not reported.

Russell Release for Terriel Mack 312070 February 12, 2019 GC005

MACK, TERRIEL L. (00312070)**BROAD RIVER (0211)**

Enrollment	Assessments	HS	WorkKeys	ESC	DOL	VOC	OJT	PD	Archived
------------	-------------	----	----------	-----	-----	-----	-----	----	----------

Archived Certifications

Certificate Date	Location	Code	Certificate	Created
01/05/2009	LIEBER	02	HIGH SCHOOL (GED)	01/09/2009 (MOSLEY)

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[Version: 2.2.5 Built: 01/31/2019 10:18:53 AM Time: 11:15:01 AM]

STATE OF SOUTH CAROLINA	)	
	)	IN THE COURT OF GENERAL SESSIONS
COUNTY OF FLORENCE	)	TWELFTH JUDICIAL CIRCUIT
	)	
STATE OF SOUTH CAROLINA	)	CASE NO.: 2004-GS-21-1084
	)	
v.	)	MOTION FOR RESENTENCING
	)	
TERRIEL L. MACK,	)	
	)	
Defendant.	)	

NOW COMES the Defendant in the above-captioned matter, hereby moving for resentencing pursuant to Aiken v. Byars, 410 S.C. 534, 765 S.E.2d (2014). In support of this motion, the Defendant would show unto this Honorable Court the following:

In Aiken, the Supreme Court of South Carolina determined that Miller v. Alabama, 2012 U.S. LEXIS 4873, 132 S.Ct. 2455 (2012) (holding that imposing a life without parole sentence on a juvenile offender without considering the hallmark characteristics of juveniles in general and the particular mitigating circumstances in the defendant's individual case violated the Eighth Amendment), applied retroactively in South Carolina. 410 S.C. at 540, 765 S.E. 2d at 575. The Court next opined that applying the constitutional principles articulated in Miller to South Carolina's pre-Miller sentencing practices, all life without parole sentences imposed on juveniles in this State prior to Miller and Aiken constituted cruel and unusual punishment. See Aiken, 410 S.C. at 545, 765 S.E. 2d at 577. For that reason, the Court ordered that all juveniles sentenced to life without parole in South Carolina prior to Aiken were "entitled to resentencing to allow the inmates to present evidence specific to their attributes of youth and allow the judge to consider such evidence in the light of its constitutional weight." Id. at 544; 765 S.E.2d at 577. Finally, on July 23, 2015, following the United States Supreme Court's denial of the Attorney General's petition for writ of certiorari, the South Carolina Supreme Court entered an order permitting any

FILED
2015 APR 28 11:08
CLERK OF COURT
FLORENCE COUNTY, S.C.

individual "affected by our holding in Aiken [to] file a motion for resentencing within one year of the date of this order in the court of general sessions where he or she was originally sentenced." Aiken v. Byars, Appellate Case No. 2012-213286 (July 23, 2015).

Via an Administrative Order issued on March 16, 2016, the South Carolina Supreme Court has set out the procedures to be followed in the assignment of judges to these resentencing cases and the appointment of counsel. S. Ct. Admin. Order 2016-03-16-01. That states the following procedure for the appointment of counsel:

Appointment of an attorney for an indigent petitioner shall first be attempted through the public defender's office. If no public defender is available, the assigned judge shall then determine whether a qualified attorney is available from the contract attorney list, maintained by the South Carolina Commission on Indigent Defense, pursuant to S.C. Code Section 17-3-310(G)(6). If no such attorney is available, the judge shall then determine whether there is a qualified attorney available pursuant to Rule 608 of the South Carolina Appellate Court Rules. If no qualified attorney is available from any of these three sources, then the judge may appoint another qualified attorney.

The defendant in this case is eligible for the benefit of Aiken, because he was sentenced to life without parole for an offense committed when he was 17 years old, and this motion is timely filed because it is filed within a year of July 23, 2015. Therefore, he is entitled to a new sentencing proceeding conducted in conformity with the constitutional principles set forth in Miller and Aiken v. Byars. As the defendant is currently incarcerated, he is indigent and requests that the Court appoint counsel to represent him in this matter.

Sworn to and subscribed before
me this 25th day of April 2016
x Terri L. Mack
notary public
my Commission Exp: Feb 28, 2018
~~_____~~

Respectfully submitted,

Terri L. Mack
Terri L. Mack
Defendant
Terri L. Mack

STATE OF SOUTH CAROLINA	)	IN THE COURT OF GENERAL SESSIONS
	)	TWELFTH JUDICIAL CIRCUIT
COUNTY OF FLORENCE	)	2004-GS-21-1084
	)	
State of South Carolina,	)	
	)	
-vs-	)	
	)	SENTENCING ORDER
Terriel Leshawn Mack,	)	
	)	
Defendant.	)	
_____	)	

Defendant appeared before this Court on or about February 19-20, 2019, for a sentencing hearing pursuant to *Aiken v. Byars*. Florence County venue was waived for this case by the Defendant and the hearing occurred in Marion, South Carolina. Appearing on behalf of the State of South Carolina was retired Solicitor of the Twelfth Judicial Circuit Dudley Saleeby, Jr. and current Deputy Solicitor for the Twelfth Judicial Circuit, John Charles Jepertinger. Defendant was present with his attorneys Marshall Solomon Weaver, Sr. and Brie Rust Russell. Pursuant to *Aiken v. Byars*, the Court considered the following factors: (1) the chronological age of the offender and the hallmark features of youth, (2) the circumstances of the homicide offense, (3) the incompetencies associated with youth, (4) the possibility of rehabilitation, (5) and the family and home environment that surrounded the offender.

In regards to the age of the offender, Defendant was 17 years old at the time of the murder, and was 18 years old when he was convicted. The court considered that at the time of the murder, the Defendant was within one year of being able to serve in the military to possibly fight and die for this country and had a driver's license. The Defendant was within one year of an age whereby he would have immense responsibilities and be considered an adult by law.

In regards to the circumstances of the homicide offense, the Court considered the fact that Defendant was the actual shooter. Also the Court considered that the Defendant intentionally shot the victim in the head at “point blank range”, and then stood over the victim shooting him three more times in the back while the victim was on the ground. Several years later, the Defendant wrote a letter whereby he essentially brags about the offense and shows no remorse for this crime. Furthermore, the murder was for the purpose of killing a witness to another crime so as to benefit an associate of the Defendant. The murder was premeditated, and was essentially a cold-blooded assassination. The Court considered the ruthlessness and violent nature of the crime, along with Defendant’s lack of remorse for the murder. The record tends to reflect that the Defendant was actually proud of the killing.

Additionally, the Court examined the Defendant’s alleged mental deficiencies and the incompetencies associated with youth. In this regard, the investigating officer testified that the Defendant displayed no problems communicating with law enforcement. Also, the investigating officer testified that the Defendant clearly understood all questions, easily communicated with law enforcement, and was alert. Furthermore, the Defendant was represented by a competent attorney at trial, Scott Poston Floyd, who is now the Chief Public Defender for the Twelfth Judicial Circuit. Mr. Floyd never once suggested that the Defendant had any mental deficiencies or any incompetencies. Furthermore, the Defendant’s statements during this sentencing hearing reflect that he is very intelligent, communicates well, and shows no signs of any mental deficiencies.

In regards to the possibility of rehabilitation, The Court considered that the Defendant has committed numerous offenses since the murder, while in the custody of the Department of Corrections, which are listed as follows:

- Out of Place
- Out of Place
- Use or Possession of a Narcotic
- Sexual Misconduct
- Damage or Destruction of Property
- Out of Place
- Sexual Misconduct
- Sexual Assault
- Threatening to Inflict Harm
- Striking an Employee
- Threatening to Inflict Harm
- Refusing or Failing to Obey Orders
- Evading a Security Device
- Striking an Employee
- Throwing a Substance or Object on a Government Employee
- Possession of Contraband
- Exhibitionism and Public Masturbation
- Exhibitionism and Public Masturbation
- Soliciting an Employee
- Refusing or Failing to Obey Orders
- Use or Possession of Marijuana
- Threatening to Inflict Harm
- Possession of a Weapon
- Possession of a Weapon
- Exhibitionism and Public Masturbation
- Exhibitionism and Public Masturbation
- Striking an Employee
- Striking an Employee
- Disorderly Conduct
- Unauthorized Inmate Organization/Participation in a Security Threat Group/or Security Threat Group Activity
- Exhibitionism and Public Masturbation

To this Court, many of these offenses are serious and violent in nature. Additionally, the Defendant was investigated for the homicides that occurred during the riots at Lee Correctional Institution in 2018. The multitude of infractions committed while in the custody of the Department of Corrections indicates to this Court that the Defendant's ability Defendant's ability to be rehabilitated is unlikely. In fact, this Court is concerned for the safety of the public should the Defendant ever be released from the Department of at any age.