

**STATE OF MINNESOTA**  
**OFFICE OF THE ATTORNEY GENERAL**

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TO: FILE

DATE: November 5, 2020

SUBJECT: **State of Minnesota v. Derek Michael Chauvin; Ct. File No. 27-CR-20-12646**  
**State of Minnesota v. Tou Thao; Court File No. 27-CR-20-12949**  
**State v. J Alexander Kueng; Court File No. 27-CR-20-12953**  
**State v. Thomas Kierman Lane; Court File No. 27-CR-20-12951**

November 5, 2020 Conference with Dr. Roger Mitchell

Present: Lola Velazquez-Aguilu, Special Assistant Attorney General; Joshua Larson, Assistant Hennepin County Attorney; Matt Frank, Assistant Attorney General; Erin Eldridge, Assistant Attorney General; Corey Gordon, Special Assistant Attorney General; Dionne Dodd, Paralegal Attorney General's Office

Comments:

Review of Dr. Baker's Autopsy

- Autopsy pretty complete but noted Baker did not perform a layered posterior neck dissection
  - Reviewed photos 122 and 123 pointed to a dark spot that could be a hemorrhage but was hard to tell without a layer posterior neck dissection
- The lack of a hemorrhage in the deep tissue doesn't necessarily add value but the presents of a hemorrhage can be helpful to understand the amount of pressure

Tumor in pelvis

- Possible carcinoid tumor. Baker described the tumor as a possible carcinoid tumor, but Mitchell does not know whether the tumor was active.
  - Carcinoid syndrome can cause
    - Sudden cardiac death and agitation and unstable blood pressure could be due to carcinoid tumor
  - The tumor could put Floyd at further risk of carcinoid syndrome but it depends if it was secreting serotonin
  - Don't know if tumor was active
  - Nothing about the tumor that would absolve the compressions on the neck from its lethal effect
- George Floyd had an open airway but goes into cardiac arrest while the knee is on his neck. Mitchell agrees with Baker that the neck compression is a component of the mechanism of death.

- Mitchell evaluated the various potential impacts of the compression of the neck and noted they include possibly causing an arrhythmia, he also said it can impeded blood flow to the brain, vaso vagal response
- Mitchell discussed struggle and impact on heart
- The sooner he gets care the higher likelihood he will live
  - At no point are they issuing life support care
- You can feel yourself dying, you have to move
  - He was in crisis - physical crisis
- The actions of law enforcement were preceded cardiac arrest
- Cardiac event
  - Regarding the cause of the cardiac event, Mitchell believed the effect on circulation was potentially more significant than the impeded ventilation. However, Mitchell was somewhat unsure because he also believed the neck compression played a significant part in Floyd's death
- With respect to the term Asphyxia, there are typical indicators of asphyxia that are not present but also believes the neck compression played a significant part in Floyd's death. Neck compression can comprise blood delivery into the brain and can cause hypoxia. Baker's lack of use of the term asphyxia is a style issue.
- Did not die from overdoes
  - Fentanyl is an opioid, which does compromise respiratory drive. But Floyd, when the officers first encounter him, is not having trouble breathing. Mitchell does not believe that the Fentanyl or any of the drugs in his system are playing a part in Floyd's death
  - In order for these drugs to cause death, the user would be in a stupor, brainstem no longer functioning properly and dying from the fact that brainstem is suggesting you have enough oxygen and you are holding on to carbon dioxide
- Lungs = normal
- Heart = not normal
  - High blood pressure
  - Dilated heart
  - Hypertension
  - Cardiovascular disease puts Floyd at risk for fatal arrhythmia
- Dr. Andrew Baker
  - Knows professionally through NAME and worked together on the Castille case
  - Found Dr. Baker's preliminary findings odd
  - When the preliminary result came out via the criminal complaint, Mitchell found the statement was bizarre. Mitchell was reading and said this is not right. So Mitchell called Baker and said first of all Baker should fire his public information officer. Then Mitchell asked what happened, because Mitchell didn't think it sounded like Baker's words. Baker said that he didn't think the neck compression played a part and that he didn't find petechiae. Mitchell said but you know you can not have petechiae and still have asphyxia and can still have neck compression. Baker then asked are you going to come and do a second exam. Baker said well they are looking for someone to come and I hope it is you. Mitchell said, I am just calling to lend you support and if you need support, let me know.

- Mitchell thought about it more that weekend, and was going to release an op-ed. A friend put out the op-ed on Facebook. Mitchell will send the op-ed to us. Mitchell was expecting to send the op-ed to the Washington Post on Monday afternoon so Mitchell called Baker first to let him know that he was going to be critical of Baker's findings. In this conversation, Mitchell said, you don't want to be the medical examiner who tells everyone they didn't see what they saw. You don't want to be the smartest person in the room and be wrong. Said there was a way to articulate the cause and manner of death that ensures you are telling the truth about what you are observing on the body and via all of the investigation. Mitchell said neck compression has to be in the diagnosis. Baker asked whether he could give Mitchell's name to the AG because he knew Mitchell would be fair in his review of the information.
- Talked to Dr. Baker before his diagnosis were final

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