

Autopsy And State Violence: Implications In The Death Investigation Of George Floyd

Deondre Smiles

The killing of George Floyd by former officer Derek Chauvin of the Minneapolis Police Department on May 25th, 2020 proved to be the catalyst for yet another set of contestations between people of color and the punitive structures of the U.S. state. One part of this contestation played out in Minneapolis, where protestors took to the streets to express their sadness, shock, and rage at Floyd's murder. These protests took center stage in the consciousness of the world, and once again demanded a reckoning with the pervasiveness of state-sanctioned murder of Black, Indigenous, and other people of color in the United States. These protests were soon followed by another contestation, one that garnered significantly less media attention, but was no less important: the struggle to properly assign a cause of Floyd's death. While a criminal trial against Chauvin eventually proceeded, the process of determining the definitive cause of death required an additional autopsy due to doubts regarding the initial report by the Hennepin County Medical Examiner. This second autopsy was critical in the criminal trial against Chauvin and in his ultimate conviction.

In a system where coroners and medical examiners are empowered to make definitive statements as to the cause of one's death, Floyd's death reveals the gaps and structural weaknesses of these processes. How might we critically examine the assumed 'objectivity' and 'neutrality' of the autopsy process in cases where law enforcement structures play a significant role in the initial death investigation, *especially* in cases that are imbued with questions of police violence and racialized death?

To understand these gaps, assumptions, and the biases revealed in the aftermath of Floyd's death, I define what the act of autopsy is and how law enforcement is served by it. I recount the events surrounding the autopsy of George Floyd and the differing causes of death that were declared. Turning to the ways coroners/medical examiners work in the service of law enforcement, I show how forensic work becomes intertwined with state power, demonstrating how 'objectivity' often protects said power. Finally, I contemplate the implications of these queries in regard to autopsy and the medical examiner/coroner position, given the increased attention in American society to BIPOC deaths at the hands of the state.

My hope is that this writing can spur conversations on how we approach the politics of death investigations, especially in a time where death is all-too widespread in the public consciousness, in both public health and state brutality contexts. This work touches upon questions of systemic racism, the disproportionate killing of Black Americans by the police, and the ways in which autopsy implicates both of these things within structures of state power. This work is not novel to me, as I have written and researched the fraught nature of autopsy in Indigenous communities for most of my academic career, particularly in the context of Minnesota (Smiles 2018, 2020). The aftermath of Floyd's death and the ensuing controversy over the autopsy of his body thus was all too familiar and saddening to me. Additionally, the location of Floyd's death is a neighborhood in South Minneapolis where I spent much of my childhood. For this, I feel

compelled in this moment to address the myriad legal and medical structures that define the act of autopsy, to assess how it comes to bear on the dead, and to account for how it factored into the contestations over the documented cause of Floyd's death.

What is autopsy and who does it serve?

Defining Forensic and Medical Autopsies

Part of unpacking the definition/s of autopsy is understanding the origins/history of the process. The history of human pathology, the broader science that underpins autopsy, dates back to ancient Egypt and Greece. The history of autopsy as we understand it today dates to the 12th century when Holy Roman Emperor Frederick II allowed for the dissection of criminals to generate medical knowledge. Over the next few centuries, anatomical pathology and autopsy became more widely practiced. By the 17th century, European doctors were routinely publishing works about the vast information that they were able to obtain via autopsy (Sanchez, in Collins 2007). The science of pathology has not just been of interest in medicine but also to philosophers and social scientists, most notably Foucault and Freud. Foucault wrote of 'anatomical pathology' as something that opened up analyses of the causes of death, and would further medical knowledge. Freud talked about the psychological effects of the autopsy, and how it was sometimes difficult for medical professionals to detach living adjectives from the corpse (Keller and Albarracin 2012).

In the United States, formal education about autopsy/anatomical pathology became more widespread in the late 19th and early 20th centuries, especially after World War II. The College of American Pathologists defines autopsy as:

The postmortem examination of a decedent for the purpose of determining the presence and/or extent of disease and/or injury, cause and manner of death, and/or quality and efficiency of care. The autopsy is a diagnostic medical procedure that encompasses review of all available pertinent medical records and historical information, appropriate clinical consultation, and examination of the decedent by one or more of several modalities including (but not limited to) surgical techniques, dissection, imaging, microscopy, and/or laboratory analysis. (American College of Pathologists 2015, in Collins 2017: 35).

Most scholarly texts define autopsy in similar dry academic terms: 'Confirmation, clarification and correction of pre-mortem (pre-death) diagnoses', 'discovery and definition of new diseases', 'evaluation of new diagnostic tests', 'investigation of environmental hazards', 'investigation of occupational disease', 'contributions to medical and epidemiologic research', and 'establishing vital mortality statistics' are listed among the benefits of autopsy to medical professionals in a textbook on autopsy (Burton in Collins 2017).

However, not all autopsies are the same. They differ based on their specific investigative aims. A forensic autopsy is conducted in death investigation cases where foul play is suspected, such as homicides or accidents (Schiandl and Collins in Collins 2017). It is both political and scientific in its aims. Representatives of a county coroner's office, whom I interviewed as a part of my dissertation research, explained that the focus in a forensic autopsy is on collecting evidence and legal documentation; whereas the procedure itself mostly focuses on the external surfaces of the body, except in cases where a natural disease may have contributed to the death. The representatives added that the state laws that governed their activities were explicit about the cases where the coroner's office might have jurisdiction over a body, such as when there is trauma to the body, or when the manner of death causes suspicion that it was unnatural.

Minnesota's death investigation statute, which was the relevant statute in the case of Floyd's death, gives wide latitude around when to conduct an autopsy, listing over 15 contexts in which autopsies *must* be conducted by a medical examiner/coroner. However, regardless of the cause of death, or whether or not it is explicitly listed in the statute, in Minnesota the medical examiner/coroner has the ultimate authority to determine whether or not an autopsy should be

done (State of Minnesota 2015). Moreover, this is not limited to Minnesota. Virtually all statutes in the United States that empower the coroner/medical examiner to do their jobs gives them an extremely wide latitude as to when an investigation is necessary. If the cause of death is unknown, a death investigation will likely need to be carried out to assign a cause of death. This is important to the state in its collection of vital statistics, epidemiological concerns, and in the case of Floyd, whether or not to pursue criminal charges against Officer Chauvin.

The political nature of the coroner versus the medical examiner

Views on who is allowed to ‘speak for the dead’ have increasingly shifted in the United States over the last few decades. The titles ‘coroner’ and ‘medical examiner’ are often used interchangeably. However, there are key legal differences between them, including the political nature of one role versus another. A coroner is an elected position in many jurisdictions, such as at the state, district or county level, and therefore could theoretically be occupied by someone who is not trained in pathology or does not have a medical degree at all (Timmermans 2006). Many, but not all, states additionally require that coroners have medical degrees (Hanzlick 2007). In Franklin County, Ohio, where I lived for five years, the current coroner is a pediatrician and must run for reelection periodically (Jarman and Manning 2014).

Because of the largely political nature of the coroner position, historically, there have been concerns over the susceptibility of coroners to corruption and bias. Over the last few decades in the United States, there has been a move towards a system of medical examiners, who have prerequisite educational background and professional experience, to lead death investigations (Timmermans 2006). While in some cases state law requires counties or other local governmental units to have a ‘coroner’s office’, this has simply become an anachronistic term, as many of these offices have switched over to a medical examiner system to (purportedly) lessen political influence (Washoe County 2020).

Despite this shift, there is little consistency in death investigation systems in the United States. On a state-by-state basis: 21 states and Washington D.C. only use a medical examiner system for death investigations, 11 states only use a coroner system, and 18 states, including Minnesota, use a combination of the two (National Public Radio 2011; CDC 2020). Further, in Minnesota itself, 59 counties use a medical examiner system (including Hennepin County, where Floyd died), 20 counties use a coroner-based system, and 8 counties, along with the Red Lake Nation, use a mixture of the two (State of Minnesota 2021).

The relationships between the medical examiners’ offices and the state itself varies from state to state. In many states, the medical examiners’ office is run by the state, county, or district, but in other cases, private firms contract with local governments to carry out this service (National Public Radio 2011; Smiles 2018). This complexity of relationships between medical examiners/coroners and the state, as well as the supposed neutrality of the medical examiner versus the coroner, led to the controversy over Floyd’s autopsy.

The politics of autopsy

Autopsy is clearly a medical and scientific procedure, but as we know, science is not apolitical. One of the most important political benefits of autopsy, or death investigations more broadly, is its contribution to law enforcement and public health statistics via the production of death certificates outlining the cause of death. Knowing the cause of death is vitally important to the state because this knowledge allows the state to know how it might secure life from diseases or other public health threats. In the United States in particular, but also internationally, information acquired through autopsies circulates at the local/subnational and national levels and are used in programs meant to safeguard the health and safety of the country and its citizens (Hanzlick 2006).

Scholarship on the state’s use of such statistics often focuses on the *violence* of this action, such as when such information is used in the service of population control, legitimizing the ability to kill in ways that benefit the hegemonic needs of the state, or even the simple profitability of allowing people to die (Mbembe 2003). Although autopsy can be seen as a banal, legally necessary procedure, its implications are not banal. Through this process, the state positions itself as being the ultimate arbiter of death. One is not officially “dead” unless the state declares them so. Therefore,

through the act of autopsy, death is effectively intertwined with state power and could be subject to influence from its political structures. The controversy surrounding the autopsy of Floyd powerfully demonstrates how this fraught relationship plays out.

The death and autopsy of George Floyd

On May 25th, 2020, George Floyd was killed by Minneapolis police officer Derek Chauvin during an arrest in front of Cup Foods, at the intersection of East 38th Street and Chicago Ave South, on Minneapolis' South Side. Police officers were initially called to the convenience store due to a report of Floyd using counterfeit money in order to buy cigarettes. According to body cam footage, Floyd was found in his car, made to step out at gunpoint, and was brought to a squad car nearby. Floyd felt claustrophobic, refused to sit in the back of the squad car, and pushed himself out of the other side of the car; the officers proceeded to pin him on the ground, with Chauvin kneeling on his neck for between 8 to 10 minutes (New York Times 2020; Levinson 2021). During this time period, one of the officers took Floyd's pulse at the urging of bystanders and found that there was no pulse, but the officers continued to hold Floyd down until paramedics arrived and took Floyd to the hospital, where he was declared dead.

As per Minnesota state law, Floyd's body underwent an autopsy the next day, due to the nature of Floyd's death and the potential for a criminal investigation of Chauvin's actions. The autopsy was carried out by the Hennepin County Medical Examiner's office, which has jurisdiction over investigating deaths in Minneapolis. Things seemed to be proceeding along in a standard manner, until the preliminary report that came out from the medical examiner's office did not directly mention asphyxiation as a cause of death. Asphyxiation was widely expected due to the way in which Floyd was restrained. After all, millions of people had witnessed Chauvin put his knee on Floyd's neck, in-person and through video recording.

The final autopsy report cited blunt force trauma and 'cardiopulmonary arrest complicated by law enforcement subdual, restraint, and neck compression,' linked with heart disease as 'final diagnoses.' Additionally, it mentioned that Floyd had signs of having contracted the COVID-19 virus prior to his death, and had drugs in his system (Reimann 2020). What this meant was that although the death was ruled a homicide, the causes of death assigned by the medical examiner's office did not directly attribute Floyd's death to Chauvin. Consequently, Chauvin was initially charged with a lesser count of murder. At the request of the Floyd family, an independent autopsy was carried out, which reported that Floyd *did* die from asphyxiation (Donaghue 2020; Stanley 2020). This raised many questions. Who was 'right' and who was 'wrong'? Why was it that the county medical examiner's autopsy and the independent autopsy came to different conclusions about the cause of Floyd's death?

Some physicians, such as Judy Melinek, a pathologist from California, spoke up in support of the Hennepin County Medical Examiner, arguing that not all of the facts from the medical examiner's report were taken into account. Additionally, Melinek cited that the complete materials needed to come to an informed conclusion on the cause of death were not available in the independent autopsy. Melinek and other supporters also cited that death investigations are rarely straightforward, and there are often causes of death that might be revealed during the death investigation (Koerth 2020; Melinek 2020).



Other medical professionals did not take the county medical examiner's words at face value. Another group of physicians called out what they described as "gaslighting" of Floyd's family and the public. Dr. Ann Crawford-Roberts and others wrote an editorial criticizing what they described as the weaponization of medical science against Floyd and his family:

“...the public was left to reconcile manipulated medical language with the evidence they had personally witnessed. Ultimately, the initial report overstated and misrepresented the role of chronic medical conditions, inappropriately alluded to intoxicants, and failed to acknowledge the stark reality that *but for* the defendant’s knee on George Floyd’s neck, he would not be dead today.”

Their critique continued:

“By inaccurately portraying the medical findings from the autopsy of George Floyd, the legal system and media emboldened white supremacy, all under the cloak of authoritative scientific rhetoric...This state of affairs is not an outlier—it is part of a patterned and tactical distortion of facts wherein autopsy reports are manipulated to bury police violence and uphold white supremacy.” (2020)

What do these debates around what or who killed Floyd mean in the context of the death of a Black man at the hands of police? How can we possibly explain oppositional, even contradictory, positions and opinions surrounding the validity of the report from the Hennepin County Medical Examiner’s office? What facilitates the seeming lack of acknowledgement of the direct role of police administered violence in Floyd’s death? The answer lies in the intimate entanglements of the structures of state power, in particular law enforcement, with processes of death investigation by the state.

	HENNEPIN COUNTY MEDICAL EXAMINER'S OFFICE AUTOPSY REPORT		
	ME NO.: 20-3700		
CASE TITLE: CARDIOPULMONARY ARREST COMPLICATING LAW ENFORCEMENT SUBDUAL, RESTRAINT, AND NECK COMPRESSION			
DECEASED: George Floyd aka Floyd Perry SEX: M AGE: 46			
DATE AND HOUR OF DEATH: 5-25-20; 9:25 p.m.			
DATE AND HOUR OF AUTOPSY: 5-26-20; 9:25 a.m.			
PATHOLOGIST: Andrew M. Baker, M.D.			

FINAL DIAGNOSES:

46-year-old man who became unresponsive while being restrained by law enforcement officers; he received emergency medical care in the field and subsequently in the Hennepin HealthCare (HHC) Emergency Department, but could not be resuscitated.

- I. Blunt force injuries
 - A. Cutaneous blunt force injuries of the forehead, face, and upper lip
 - B. Mucosal injuries of the lips
 - C. Cutaneous blunt force injuries of the shoulders, hands, elbows, and legs
 - D. Patterned contusions (in some areas abraded) of the wrists, consistent with restraints (handcuffs)

- II. Natural diseases
 - A. Arteriosclerotic heart disease, multifocal, severe
 - B. Hypertensive heart disease
 1. Cardiomegaly (540 g) with mild biventricular dilatation
 2. Clinical history of hypertension
 - C. Left pelvic tumor (incidental, see microscopic description)

First page from Floyd's autopsy report (Baker, 2020).

Uncomfortable intimacies: coroner/medical examiner and the state

Let me begin by saying that the intimate and troubling connections between structures of state power and the coroner/medical examiner are not new, especially in Minnesota. I wrote about a controversy in Northern Minnesota several years ago, where a local county medical examiner attempted to proceed with the autopsies of two Indigenous individuals despite the strident religious objections of their families (Smiles 2018). In one of these cases, the medical examiner's staff held the body inside a rented space at a university medical school and asked the police to watch the family of the deceased who were attempting to hold funeral rites. The medical examiner called upon law enforcement to prevent the family from attempting to recover the body of their loved one. Thus, the medical examiner was able to rely on its close relationship with state structures to go against the family's wishes.

The ability of law enforcement to put undue pressure upon coroners in their investigations have also come to light. In some states, the coroner or medical examiner's offices are located within sheriff's offices and other structures of law enforcement, creating the risk of potential conflicts of interest (Feldman 2020; Singh 2020). In 2017, two coroners in California resigned due to the revelation that they changed the causes of death of individuals who had died in custody due to pressure from the local police department (Balko 2017). One can retort, "Well, Deondre, those were *coroners*, elected officials with political agendas rather than medical examiners, who as you mentioned earlier could be susceptible to corruption." And this is a legitimate critique, given the elected/political nature of the coroner position. We don't want to jump to the conclusion that in the case of Floyd, the medical examiner was under pressure from the Minneapolis police to come to a cause of death that would create the least amount of legal jeopardy to Derek Chauvin. There is no evidence to suggest that is the case, and to say otherwise would be libelous. However, it should be noted, as per one source, 1 in 5 coroners/medical examiners have reported being forced to report in cases of police related killings causes of death that do not directly implicate police. 'Excited delirium' has gained particular traction as a commonly cited cause of death while in police custody (Michaels 2020).

In these cases, autopsy obscures state violence via statistical means. The act of autopsy extracts a significant amount of demographic and vital data about an individual. For example, a 'typical' Minnesota death certificate has well over 100 different columns containing demographic and vital data. (Minnesota Department of Health 2019). There is an extremely detailed system of codes and indicators that populate this spreadsheet of death. Often, the inclusion of co-morbidities that were not directly related to the cause of death being investigated has also been critiqued as a technique for allowing police violence to slip through unnoticed by legal structures, as well as creating problematic narratives around the perceived health and durability of victims, especially victims of color—victims like George Floyd (Singh 2020). The convoluted language of death investigations combined with the assumption of poor health in people of color is problematic (Crawford-Roberts et. al. 2020; Singh 2020). This becomes even more problematic when paired with the history of law enforcement using undue influence on coroners/medical examiners to obscure police-related deaths (Goodman et. al. 2020).

In ICD-10, which is the prevailing system of classifications used to diagnose causes of death in investigation, there are a multitude of codes, diagnosing hundreds of natural and 'unnatural' causes of death. Death via the actions of law enforcement is covered under a set of categories in ICD-10, labeled 'lawful interventions', which are designed to be used in conjunction with other ICD codes when assigning a cause of death. This provides a complex system that can allow for deaths at the hands of police to be classified in a way that shields against charges of police brutality.

In the case of the resistance shown by the Indigenous families in Northern Minnesota, they were ultimately able to win the release of their loved ones' bodies. The case also created an impetus for changes in the Minnesota state statutes relating to autopsy and sparked debate about the role of religious objections/freedom in death investigations and implications for future contestations around autopsy (Kulick et. al. 2016; Smiles 2018). George Floyd's case is different in some important ways. The political positioning of the deceased in relation to the state is different in that Indigenous tribal members in the United States have a unique political status/sovereignty that Floyd did not. It is also different in the area of consent. Unlike the Indigenous families in Northern Minnesota, Floyd's family did not object to an autopsy being done. Rather, what they objected to was the conclusion reached by the first autopsy, as it minimized the severity of Chauvin's actions and undermined what people had witnessed with their own eyes. Yet, there is a key similarity between the two cases. In the Northern Minnesota case in 2015, the medical examiner relied on the argument that he was just doing his job, even though his actions openly disregarded the families' religious beliefs and cultural sovereignty. Minnesota state law supported his actions due to the assumed 'impartiality' and legal backing associated with the medical examiner position (Kulick et. al. 2016; Smiles 2018). In the case of Floyd, the judgment of the medical examiner regarding the cause of his death was similarly not challenged by dominant state, legal, and political structures such as prosecutors or the courts.

The fact that the initial report ran counter to what was witnessed by so many people raises some pressing questions. Some experts on the practice maintained that the Hennepin County Medical Examiner had acted within his expertise even after the findings of the independent autopsy came out. We take autopsy and death investigations as a given in instances of unnatural death because we've positioned this process as the 'official' way of understanding how an individual dies. But what happens when the answer runs counter to what we witness and know to be true in a way that is so intimately tied up with processes of state violence, such as police-related killings?

Despite all, it does bear pointing out that citizens are becoming more and more aware of this disjuncture, and are increasingly beginning to voice their displeasure with it. This can lead to backlash against medical examiners/coroners. For example, one petition for the removal of (Hennepin County Medical Examiner) Baker has over 180,000 signatures (*"Charge the Hennepin County Medical Examiner for minimizing George Floyd's C.O.D."* 2021). Ultimately, what this means is that it may become more important for medical examiners/coroners to be open and forthright about the connections between their work and structures of state power such as law enforcement, to meet increased public demands for accountability and transparency.

Future considerations

Physicians such as Ann Crawford-Roberts argue that science, especially medical science, is not neutral nor objective, and that state power, structural inequality and systemic racism can make themselves apparent in this work. This points to the possibility that the physician/coroner/medical examining community is beginning to take stock of the ways in which their work occupies a fraught space adjacent to, and in some cases intimately tied to, these structures, and that some members of this community are beginning to agitate for a more pronounced separation between them. As Dr. Justin Feldman, an epidemiology professor, stated in a Washington Post editorial, "Without independent death investigations, it will be hard to ensure police accountability... If we want the truth about the deaths of Floyd and other people like him, we have to make sure that death investigators are free to seek it out and to speak it publicly."

Medical doctors are also speaking out on the role of medical examiners and coroners in investigating in-custody deaths. Following the contestations around Floyd's autopsy results, physicians around the country called for the review of in-custody deaths investigated by a Maryland medical examiner who testified that Chauvin did not murder Floyd. Even before Floyd's death, there was widespread call for more robust training and professional standards for coroners, especially in the area of medical training and more independent oversight on their work (Thompson 2017; Low and Lamba 2020; Scientific American 2021). This rising public consciousness can lead to increased scrutiny surrounding autopsies that are done in cases involving law enforcement and it can also make it possible for autopsies to be a crucial tool in ensuring accountability for law enforcement in investigations such as Floyd's.

Autopsy can represent a banal, quotidian, yet particularly effective form of 'violence' against the body that brings together structures of the settler-colonial state upon a deceased body. This holds true in the case of George Floyd, and more broadly in the investigation of cases of police-related killings. The political processes and power structures that surround our bodies in life do not cease at the moment of death, but rather, death can bring about whole new ways in which state power can act on a body. Obscuring the role of the police, and therefore, the state in cases like Floyd's can result in devastating consequences for one's dignity and the pursuit of justice. This is yet another call for us to extend our analysis across the entire lifecycle, all the way into death itself. Death itself is political and the processes surrounding how we investigate and declare death are not 'neutral.'

Personally, while I have often spoken about my desire to move away from doing work on the role of autopsy in processes of state power, the case of George Floyd reminds me that this work may never be finished as long as people are killed at the hands of structures of state power. Although it may be draining and heavy, it does point towards the possibility of liberatory futures in the ways that we approach death. Therefore, I stand prepared to continue this work with renewed determination. Although justice eventually came for George Floyd himself, when cases like this arise yet again, we must continue to push for accountability, transparency, and the dignity of the dead. Through this, we can push for true justice and liberation for Black, Indigenous and other lives of color, both in life and death.

Works Cited

- Baker, Andrew M. 2020. *Hennepin County Medical Examiner's Office Autopsy Report: Cardiopulmonary Arrest Complicating Law Enforcement Subdual, Restraint, and Neck Compression*. Hennepin County Medical Examiner's Office.
- Balko, Radley. 2017. "Opinion: It's time to abolish the coroner." Washington Post. <https://www.washingtonpost.com/news/the-watch/wp/2017/12/12/its-time-to-abolish-the-coroner/>. (<https://www.washingtonpost.com/news/the-watch/wp/2017/12/12/its-time-to-abolish-the-coroner/>)
- Burton, Elizabeth C. 2017. "Chapter 1: Autopsy Overview." In *Autopsy Performance and Reporting*, edited by Kim A. Collins. Northfield: CAP Press.
- Centers for Disease Control and Prevention. 2020. "Death Investigation Systems." <https://www.cdc.gov/phlp/publications/coroner/death.html>. (<https://www.cdc.gov/phlp/publications/coroner/death.html>)
- College of American Pathologists. 2017. "Chapter 5: CAP Policies and Documents Pertaining to the Autopsy." In *Autopsy Performance and Reporting*, edited by Kim A. Collins. Northfield: CAP Press.
- Crawford-Roberts, Ann, Sonya Shadravan, Jennifer Tsai, Nicolás E. Barceló, Allie Gips, Michael Mensah, Nichole Roxas, Alina Kung, Anna Darby, Naya Misa, Isabella Morton, and Alice Shen. 2020. "George Floyd's Autopsy and the Structural Gaslighting of America." *Scientific American*. <https://blogs.scientificamerican.com/voices/george-floyds-autopsy-and-the-structural-gaslighting-of-america/>. (<https://blogs.scientificamerican.com/voices/george-floyds-autopsy-and-the-structural-gaslighting-of-america/>)
- Donaghue, Erin. 2020. "Two autopsies both find George Floyd died by homicide, but differ on some key details." CBS News. <https://www.cbsnews.com/news/george-floyd-death-autopsies-homicide-axphyxiation-details/>. (<https://www.cbsnews.com/news/george-floyd-death-autopsies-homicide-axphyxiation-details/>)
- Feldman, Justin. 2020. "Want police reform? We need independent medical examiners and coroners." Washington Post. <https://www.washingtonpost.com/opinions/2020/06/02/want-police-reform-we-need-independent-medical-examiners-coroners/>. (<https://www.washingtonpost.com/opinions/2020/06/02/want-police-reform-we-need-independent-medical-examiners-coroners/>)
- Forliti, Amy, and Steve Karnowski. 2020. "Medical examiner: Floyd's heart stopped while restrained." *Associated Press*. <https://apnews.com/article/george-floyd-minneapolis-heart-disease-mn-state-wire-homicide-d41cdf6cefbb3e5603a28e6dc07f9589>. (<https://apnews.com/article/george-floyd-minneapolis-heart-disease-mn-state-wire-homicide-d41cdf6cefbb3e5603a28e6dc07f9589>)
- Foucault, Michel. 1973. *The Birth of the Clinic: An Archeology of Medical Perception*. New York: Vintage Books.
- Goodman, Amy, Juan González, and Nekima Levy Armstrong. 2020. *Autopsy Reports Showing George Floyd's Death Was a Homicide Underscore Corruption and Police Impunity*. Democracy Now! https://www.democracynow.org/2020/6/2/nekima_levy_armstrong_george_floyd_autopsies. (https://www.democracynow.org/2020/6/2/nekima_levy_armstrong_george_floyd_autopsies)
- Hanzlick, Randy L. 2007. "The Conversion of Coroner Systems to Medical Examiner Systems in the United States: A Lull In The Action." *The American Journal of Forensic Medicine and Pathology* 28(4): 279-283.
- "How George Floyd Died, and What Happened Next." 2021. *New York Times*. <https://www.nytimes.com/article/george-floyd.html>. (<https://www.nytimes.com/article/george-floyd.html>)
- ICD-10 Data. Accessed 12/9. <https://www.icd10data.com/>. (<https://www.icd10data.com/>)

Jackson, Phillip, and Justin Fenton. 2021. "In-custody death reports under former Maryland medical examiner to be reviewed after he testified Chauvin did not kill George Floyd." *Baltimore Sun*.
<https://www.baltimoresun.com/news/crime/bs-md-ag-office-review-20210423-l2oamj3ixnhwznd4545f7pjcau-story.html> (<https://www.baltimoresun.com/news/crime/bs-md-ag-office-review-20210423-l2oamj3ixnhwznd4545f7pjcau-story.html>)

Jarman, Josh, and Ally Manning. 2014. "Franklin County coroner will resign in October." *Columbus Dispatch*.
<https://www.dispatch.com/story/news/crime/2014/08/08/franklin-county-coroner-will-resign/23816501007/> (<https://www.dispatch.com/story/news/crime/2014/08/08/franklin-county-coroner-will-resign/23816501007/>)

Kellar, Pascal-Henri, and Dolores Albarracin. 2012. "An event in medical life, or the advent of a belief?" *The International Journal of Psychoanalysis* 93: 341-53. <https://doi.org/10.1111/j.1745-8315.2011.00549.x> (<https://doi.org/10.1111/j.1745-8315.2011.00549.x>).

Koerth, Maggie. 2020. "The Two Autopsies Of George Floyd Aren't As Different As They Seem." *FiveThirtyEight*.
<https://fivethirtyeight.com/features/the-two-autopsies-of-george-floyd-arent-as-different-as-they-seem/> (<https://fivethirtyeight.com/features/the-two-autopsies-of-george-floyd-arent-as-different-as-they-seem/>)

Kulick, Gail T., Tadd M. Johnson, Rebecca St George, and Emily Segar-Johnson. 2016. "From Dysfunction and Polarization to Legislation: Native American Religious Freedom Rights and Minnesota Autopsy Law." *Mitchell Hamline L. Rev.* 42: 1699-1721.

Levinson, Eric. 2021. "Former officer knelt on George Floyd for 9 minutes and 29 seconds—not the infamous 8:46." *CNN*. <https://www.cnn.com/2021/03/29/us/george-floyd-timing-929-846/index.html> (<https://www.cnn.com/2021/03/29/us/george-floyd-timing-929-846/index.html>)

Low, Daniel, and Rajneet Lamba. 2020. "Police killings in WA should require impartial coroners." *Crosscut*.
<https://crosscut.com/opinion/2020/08/police-killings-wa-should-require-impartial-coroners> (<https://crosscut.com/opinion/2020/08/police-killings-wa-should-require-impartial-coroners>)

Melinek, Judy. 2020. "Forensic Pathologist Breaks Down George Floyd's Death." *Medpage Today*.
<https://www.medpagetoday.com/opinion/working-stiff/86913> (<https://www.medpagetoday.com/opinion/working-stiff/86913>)

Michaels, Samantha. 2020. "Why Coroners Often Blame Police Killings on a Made-Up Medical Condition." *Mother Jones*. <https://www.motherjones.com/crime-justice/2020/10/why-coroners-often-blame-police-killings-on-a-made-up-medical-condition/>. (<https://www.motherjones.com/crime-justice/2020/10/why-coroners-often-blame-police-killings-on-a-made-up-medical-condition/>)

Minnesota Department of Health. 2021. "Minnesota Coroners and Medical Examiners by County." https://www.health.state.mn.us/people/vitalrecords/deathreg/coroners_and_mes.cfm (https://www.health.state.mn.us/people/vitalrecords/deathreg/coroners_and_mes.cfm)

Minnesota Department of Health (ed). *Provisional Death Data, 2018-2019*.

Mitchell Jr., Roger A., Francisco Diaz, Gary A. Goldfogel, Mark Fajardo, Stephany E. Fiore, Tanisha V. Henson, Michelle A. Jorden, Sean Kelly, Scott Luzi, Megan Quinn, and Dwayne A. Wolf. 2017. *National Association of Medical Examiners Position Paper: Recommendations for the Definition, Investigation, Postmortem Examination, and Reporting of Deaths in Custody*. National Association of Medical Examiners.

National Public Radio. 2011. "Graphics: How Is Death Investigated In Your State?" *NPR*.
<https://www.npr.org/2011/02/03/131242432/graphics-how-is-death-investigated-in-your-state>. (<https://www.npr.org/2011/02/03/131242432/graphics-how-is-death-investigated-in-your-state>.)

Office of the Revisor of Statutes, State of Minnesota. 2015. Investigations. <https://www.revisor.mn.gov/statutes/?id=390.11&year=2015> (<https://www.revisor.mn.gov/statutes/?id=390.11&year=2015>)

Reimann, Nicholas. 2020. "George Floyd's Death Ruled A Homicide By Medical Examiner." *Forbes*. <https://www.forbes.com/sites/nicholasreimann/2020/06/01/george-floyds-death-officially-ruled-a-homicide-medical-examiner-says/?sh=45190d063f91>. (<https://www.forbes.com/sites/nicholasreimann/2020/06/01/george-floyds-death-officially-ruled-a-homicide-medical-examiner-says/?sh=45190d063f91>.)

Sanchez, Harold. 2017. "Historical Perspective on the Autopsy." In *Autopsy Performance and Reporting*, edited by Kim A. Collins. Northfield: CAP Press.

Schiandl, Cynthia A., and Kim A. Collins. 2017. "Forensic Pathology." In *Autopsy Performance and Reporting*, edited by Kim A. Collins. Northfield: CAP Press.

Scientific American. 2021. "Editorial: Those Who Investigate Premature Deaths Should Have Medical Training." <https://www.scientificamerican.com/article/those-who-investigate-premature-deaths-should-have-medical-training/>. (<https://www.scientificamerican.com/article/those-who-investigate-premature-deaths-should-have-medical-training/>)

Singh, Maanvi. 2020. "How America's broken autopsy system can mask police violence." *The Guardian*. <https://www.theguardian.com/us-news/2020/jul/02/autopsies-police-killings-medical-misleading> (<https://www.theguardian.com/us-news/2020/jul/02/autopsies-police-killings-medical-misleading>)

Smiles, Deondre, 2018. "...to the grave...' Autopsy, settler structures and indigenous counter-conduct." *Geoforum* 91: 141-150. <https://doi.org/10.1016/j.geoforum.2018.02.034> (<https://doi.org/10.1016/j.geoforum.2018.02.034>)

Smiles, Deondre, 2020. "Ethical and Respectful Engagement between Medical Examiners/Coroners and Indigenous Families and Communities." In *MMIWG2 and MMIP Organizing Toolkit*. Sovereign Bodies Institute.

Smiles, Deondre, 2021. "Guest editorial: George Floyd, Minneapolis and Spaces of Hope and Liberation." *Dialogues in Human Geography* 11(2). <http://doi.org/10.1177/20438206211027466> (<http://doi.org/10.1177/20438206211027466>)

Stanley, Greg. 2020. "George Floyd's autopsy puts Hennepin County Medical Examiner Andrew Baker in the hot seat." *Star Tribune*. <https://www.startribune.com/floyd-s-autopsy-makes-medical-examiner-a-rare-target-of-anger/571343522/>. (<https://www.startribune.com/floyd-s-autopsy-makes-medical-examiner-a-rare-target-of-anger/571343522/>)

State of Ohio. 1990. "313.131 Autopsy contrary to deceased person's religious beliefs."

Thompson, A.C. "Medical Examiners In America: A Dysfunctional System." *Huffington Post*. https://www.huffpost.com/entry/the-real-csi-how-americas_n_816842 (https://www.huffpost.com/entry/the-real-csi-how-americas_n_816842)

Timmermans, Stefan. 2006. *Postmortem: How Medical Examiners Explain Suspicious Deaths*. Chicago: University of Chicago Press.

Tyner, James A. 2009. *War, Violence, and Population: Making the Body Count*. New York: Guilford Press.

Tyner, James. 2019. *Dead Labor: Toward a Political Economy of Premature Death*. Minneapolis: University of Minnesota Press.

Vera, Amir. 2020. "Independent autopsy and Minnesota officials say George Floyd's death was homicide." *CNN*. <https://www.cnn.com/2020/06/01/us/george-floyd-independent-autopsy/index.html>. (<https://www.cnn.com/2020/06/01/us/george-floyd-independent-autopsy/index.html>.)

Washoe County, NV. Regional Medical Examiner's Office, 2021. "What is the Difference Between a Medical Examiner and a Coroner?" https://www.washoecounty.gov/coroner/faq/difference_between_medical_examiner_and_coroner.php (https://www.washoecounty.gov/coroner/faq/difference_between_medical_examiner_and_coroner.php)

Whilby, Patricia. 2021. "Charge the Hennepin County Medical Examiner for minimizing George Floyd's C.O.D." *Change.org*. https://www.change.org/p/tim-walz-governor-of-minnesota-charge-the-hennepin-county-medical-examiner-for-minimizing-george-floyd-s-c-o-d-b4412bec-cc42-47cc-b67c-3e2b93231b74?use_react=false. (https://www.change.org/p/tim-walz-governor-of-minnesota-charge-the-hennepin-county-medical-examiner-for-minimizing-george-floyd-s-c-o-d-b4412bec-cc42-47cc-b67c-3e2b93231b74?use_react=false)

Article by:

Deondre Smiles

(<https://Agitatejournal.Org/Deondre-Smiles/>)

ISSN 2771-9774

[Home \(//www.lib.umn.edu/publishing\)](https://www.lib.umn.edu/publishing) | [Contact Publishing Services \(//www.lib.umn.edu/publishing/\)](https://www.lib.umn.edu/publishing/) | [My Account \(//agitatejournal.org/wp-admin/\)](https://agitatejournal.org/wp-admin/)

[Privacy \(//www.lib.umn.edu/about/privacy\)](https://www.lib.umn.edu/about/privacy) | [Acceptable Use of IT Resources \(//policy.umn.edu/it/itresources\)](https://policy.umn.edu/it/itresources)

The copyright of these individual works published by the University of Minnesota Libraries Publishing remains with the original creator or editorial team. For uses beyond those covered by law or the Creative Commons license, permission to reuse should be sought directly from the copyright owner listed in the About pages.