



TO: Know Your Rights Camp – Autopsy Initiative

CC: Michael Harper Esq
Benjamin Crump Esq

FROM: Roger A. Mitchell, Jr. MD
Board Certified Forensic Pathologist
RAM Consulting LLC

RE: The Death of Lashawn Thompson

DATE: May 20, 2023

The Death of Lashawn Thompson Final Review Opinion:

Cause of Death: Complications due to Severe Neglect

Contributing Cause: Untreated Decompensated Schizophrenia

Significant Conditions: Dehydration, Malnutrition, Severe Body Insect Infestation

Manner of Death: Homicide

Summary Findings Outline:

- I. Evidence of Severe Neglect
 - A. Evidence of Malnutrition/Rapid Weight Loss
 1. Loose skin of the abdomen, back, buttocks, and upper thighs, moderate to severe
 2. 32 lb. weight loss in ≤ 90 days (18% loss of body weight)
 - a. 180 lbs. at Fulton County Jail Intake – June 12, 2022
 - b. 148 lbs. at Autopsy – September 14, 2022
 - B. Evidence of Dehydration/Volume Depletion (Pre-renal Azotemia)
 1. Vitreous Urea Nitrogen – 37 mg/dL
 2. Vitreous Creatinine – 0.6 mg/dL
 - a. Urea Nitrogen/Creatinine ratio $> 20:1$
 - i. No evidence of congestive heart failure
 - ii. No evidence of urinary tract obstruction
 - C. Extensive and Severe Body Insect Infestation
 1. Probable *Pediculus humanus* (Body Louse)
 - a. Innumerable number of insects involving head hair, face,



- facial hair, nose, mouth, chest, pubic area, arms, and legs
 - 2. Multiple excoriations involving the arms and legs.
 - D. Poor Grooming
 - 1. Matted hair with multiple lock formation, severe
 - 2. Dirt and filth involving the hands and bottom of the feet, severe.
 - 3. Dirt and filth involving fingernails and toenails, severe.
 - E. Poor Living Conditions
 - 1. Dirt and filth involving the jail cell, severe.
 - II. Untreated Decompensated Schizophrenia
 - A. Prescribed Haldol 5 mg bid and Benadryl 50 mg BID for psychosis and EPS prevention.
 - 1. Post-mortem Toxicology – Negative for treatment medications at autopsy
-

Relevant Qualifications

I am board certified in Anatomic and Forensic Pathology by the American Board of Pathology and currently serve as Professor and Chair of Pathology at Howard University College of Medicine. I currently teach second year medical students' basic principles of pathology. I also serve as the Pathology Residency Program Director where I oversee the program as well as teach autopsy pathology, forensic pathology, leadership, and quality. I serve as the Chief Medical Officer for the Howard University Faculty Practice Plan (Ambulatory Care Center) where I oversee physician quality and patient safety. I also participate as a member of the Medical Executive Committee for the hospital and serve as the Chair of the Performance Improvement Committee (Quality Committee) for Howard University Hospital.

I am the past Chief Medical Examiner for Washington, DC where I served from 2014 to 2021. Over my tenure as Chief Medical Examiner I oversaw over 21,000 forensic investigations. I successfully worked to achieve full accreditation by the National Association of Medical Examiners (NAME) as well as ISO-17025 Accreditation by the ANSI National Accreditation Board (ANAB) for the DC Office of the Chief Medical Examiner. Just before my tenure ended as Chief Medical Examiner, I also served as Interim Deputy Mayor for Public Safety and Justice. In that role, all public safety departments directly reported to me including the Metropolitan Police Department, DC Fire and EMS, the Department of Forensic Sciences, the Homeland Security Agency, the Department of Corrections (DC Jail), and Department of Human Rights.

Prior to my role as Chief Medical Examiner for Washington DC, I served as the Assistant State Medical Examiner In-charge for New Jersey. This role included my service as the Chief Medical Examiner of the Northern Regional Office (Essex, Hudson, Passaic, and Somerset Counties) and acting as the State Medical Examiner. As the highest-ranking medical examiner in the state, during this time, I participated in the Statewide Shooting Response Team, responsible for investigating officer involved shootings by the New Jersey



State Police.

Before my time at the NJ Office of the State Medical Examiner, I was the Assistant Deputy Chief Medical Examiner for Harris County, TX (Houston) and oversaw all medicolegal death investigations. In that role I managed the 24/7 death investigation operations of nearly 11,000 cases per year for 3 years.

I have performed approximately 2,000 forensic and hospital autopsy examinations and have testified as an expert witness on numerous cases.

Throughout my career I served on or chaired numerous fatality review boards and committees including Child and Infant, Domestic Violence, Maternal Mortality, Opioid Fatality, and Elder Fatality Review. The Child and Infant Fatality and the Elder Fatality Review Board both required evaluation of care elements provided by the primary care givers. Both children and the elderly are at risk of negligent care. Part of the responsibilities of these committees was to assess the level of care provided to the decedents to establish system-wide recommendations for change.

I am published in 13 peer review journals and have performed nearly 100 lectures on a myriad of forensic topics including Death in Custody, Gun Violence, and Mass Fatality Management. In 2013, participated in early work surrounding elder abuse and neglect, published in Academic Forensic Pathology entitled *Forensic Markers Associated with a History of Elder Mistreatment and Self-Neglect*. In 2017, I led a national group of forensic pathologists in the development of the paper entitled: *National Association of Medical Examiners Position Paper: Recommendations for the Definition, Investigation, Postmortem Examination, and Reporting of Deaths in Custody*. That same year I had the opportunity to contribute on a multidisciplinary panel in a research project sponsored by RAND Corporation entitled *Caring for Those in Custody Identifying High-Priority Needs to Reduce Mortality in Correctional Facilities*. I also co-authored the paper entitled *The Violence Epidemic in the African American Community: A Call by the National Medical Association for Comprehensive Reform*. In 2022, I had the opportunity to participate as a panelist in the research project sponsored by RAND Corporation entitled *Reducing Deaths in Law Enforcement Custody Identifying High-Priority Needs for the Criminal Justice System*.

I am currently Speaker to the House of Delegates for the National Medical Association where we are currently working on initiatives to improve health outcomes for disenfranchised communities across the country including improved data collection for those who die in custody. I have lectured all over the world including Rwanda, Zambia, Egypt, Bangladesh, India, and Belize. I currently serve as the Principal Investigator (PI) for the project named the Medicolegal Death Investigation-International Community of Practice where we provide education and technical support to numerous international medical examiners and coroners.

Method

The review occurred over approximately 20 hours including review of medical records, autopsy report, autopsy photographs, jail incident report, toxicology report, and vitreous chemistry report. An onsite review of the specimen in the tissue stock jar as well as microscopic review of histology slides were also performed. A limited literature review was also performed.

Materials Reviewed

- LT NaphCare Medical Records
- Fulton Jail Death Incident Report
- M.E. Investigative Report
- M.E. Toxicology
- Grady Labs 22-2020
- Lashawn Thompson Autopsy Photographs
- Lashawn Thompson Autopsy Report
- Recuts of Original Histology Slides
- Tissue Stock Jar
- Histology Slides from Stock Jar Review

Original Death Investigation Findings:

The original death investigation reported that the decedent was a 35-year-old male who was found unresponsive in his cell in the psychiatric wing of the county jail in extremely poor conditions with insect infection and other filthiness around him. The original autopsy examination was performed by Michael M. Heninger, MD on September 14, 2022. The cause of death was listed as *Undetermined* with significant conditions as schizoaffective disorder, bipolar and acute exacerbation. The manner of death was listed as *Undetermined*.

Case Review Summary:

According to the Fulton County Jail Incident report, on Monday September 13, 2022, Mr. Lashawn Thompson was found on the floor unresponsive and slumped over the toilet within his jail cell. He was covered with feces and body lice. He was moved outside of the jail cell where officers engaged in cardiopulmonary resuscitation (CPR) for approximately 24 minutes until Fire and Rescue Staff arrived to assist Mr. Thompson. Fire and Rescue Staff performed CPR for another approximate 17 minutes until Mr. Thompson was pronounced dead by Dr. Chad Huot at 0233 on September 13, 2022.



Timeline and Medical History:

According to the LT NaphCare medical records, Mr. Thompson had a known history of decompensated psychosis that dates back to 2016. He was recently incarcerated from December 2018 to October 2020 at Fulton County Jail. During this incarceration he received regular care that included mental health evaluations, ectoparasite/lice treatment, regular laboratory work-up, and physical examination. It is important to note that although Mr. Thompson initially refused medical attention, by mid to late May 2019 he consented to undergo evaluations and ultimately received treatment for both his mental health and body lice. Over the majority of that incarceration Mr. Thompson received Haloperidol and Benztropine twice per day for his mental health diagnosis as well as Ectoparasite Protocol, RID Shampoo, Permethrin 5% for the body lice. At that time his laboratory values revealed normal liver and kidney function, no evidence of anemia, normal cholesterol (HDL and LDL), normal Hemoglobin A1c and he was stable.

Lashawn Thompson was arrested 90 days prior to his death on June 12, 2022. LT NaphCare also provided medical care during this stay at the Fulton County Jail. The intake form reports Lashawn Thompson as a 5'11" Black male who weighed 180 lbs. The medical records dated June 13, 2022, reads, "35-year-old male alert and oriented x 4, with appropriate mood and affect. Patient speaks clearly, coherently and without cognitive impairment evident by ability to follow commands without multiple prompts. Movements are purposeful and without abnormality." He is seen by a mental health provider and prescribed Haldol 5 mg bid and Benadryl 50 mg BID for psychosis and EPS prevention.

On June 18, 2022, Lashawn Thompson is seen by the mental health provider after discharge from mental health observation on June 16, 2022. He was found to be alert and oriented to person and place. The provider reports that Mr. Thompson's cell was clean, and he was groomed appropriately. Mr. Thompson denied any acute psychiatric distress at that time.

On July 14, 2022, the mental health provider met with Mr. Thompson and observed him pacing around the cell talking to himself. He was selectively mute but without distress and psychosis. The activities of daily living were reported as normal, and his cell was clean without trash or debris. The chart indicated that Mr. Thompson remained compliant with prescribed medications.

On July 27, 2022, Lashawn Thompson was easily redirected by the mental health provider. His activities of daily living were normal. His cell was clean and with no trash or other debris present. The review of the chart indicated that Mr. Thompson remained compliant with prescribed medications.

The LT NaphCare medical records have a significant gap in the documented health care provision between July 27, 2022 and September 8, 2022. This represents 43 days where there was minimal documentation found within the records that show care being delivered. The medication administration log showed that no medication was administered from August 11, 2022 – September 13, 2022.

On September 8, 2022, the mental health provider documented that Lashawn Thompson was observed lying in the fetal position on the floor and did not come to the door for the assessment but just lifted his head in acknowledgement. His room was unkept and malodorous. The medical record notes that the sheriff deputy reported that Mr. Thompson appeared to be losing a significant amount of weight. The medical chart also revealed that he was not receiving his prescribed medications. As a result, he would be placed on “psych observation.”

On September 10, 2022, the mental health provided documented that the patient was continuing to decompensate. According to the medical records the sheriff deputy was informed of the housing transfer to the mental health clinic for Mr. Thompson for stabilization. At this point transfer had not taken place.

On September 12, 2022, Mr. Thompson was seen by the mental health provider due to severe deterioration and inability to care for himself. At this time Mr. Thompson was still awaiting transfer to the psych observation unit.

Autopsy Review Findings:

III. Evidence of Severe Neglect

A. Evidence of Malnutrition/Rapid Weight Loss

1. Loose skin of the abdomen, back, buttocks, and upper thighs, moderate to severe
2. 32 lb. weight loss in ≤ 90 days (18% loss of body weight)
 - a. 180 lbs. at Fulton County Jail Intake – June 12, 2022
 - b. 148 lbs. at Autopsy – September 14, 2022

B. Evidence of Dehydration/Volume Depletion (Pre-renal Azotemia)

1. Vitreous Urea Nitrogen – 37 mg/dL
2. Vitreous Creatinine – 0.6 mg/dL
 - a. Urea Nitrogen/Creatinine ratio $> 20:1$
 - i. No evidence of congestive heart failure
 - ii. No evidence of urinary tract obstruction

C. Extensive and Severe Body Insect Infestation

1. Probable *Pediculus humanus* (Body Louse)
 - a. Innumerable number of insects involving head hair, face, facial hair, nose, mouth, chest, pubic area, arms, and legs
2. Multiple excoriations involving the arms and legs.

D. Poor Grooming

1. Matted hair with multiple lock formation, severe
2. Dirt and filth involving the hands and bottom of the feet, severe.
3. Dirt and filth involving fingernails and toenails, severe.

E. Poor Living Conditions

1. Dirt and filth involving the jail cell, severe.

IV. Untreated Decompensated Schizophrenia

- ##### **A. Prescribed Haldol 5 mg bid and Benadryl 50 mg BID for psychosis and EPS prevention.**

1. Post-mortem Toxicology – Negative for treatment medications at autopsy
- V. Stock Jar Examination
- A. Multiple small pieces of tissue are identified in formalin solution.
 1. Lung, adrenal gland, heart, kidney, liver, spleen, brain, gall stone, appendix, testicle

Histological Evaluation:

Original Sections:

1. Insects – histology sections of insects
2. Kidney/Adrenals – No significant histological abnormality
3. Brain – No significant histological abnormality
4. Lung – Patchy interstitial thickening with increased cellularity
5. Liver/Heart – No significant histological abnormality
6. Brain – No significant histological abnormality
7. Brain – No significant histological abnormality
8. Heart/Thyroid/Testes – No significant histological abnormality
9. Heart/Pancreas – Pancreas with focal autolysis
10. Prostate/Spleen – No significant histological abnormality

Additional Sections:

- 11-13. Lung – Focal accumulation of debris laden macrophages and patchy interstitial fibrosis
14. Heart/Left Ventricle – No significant histological abnormalities
15. Heart/Right Ventricle – No significant histological abnormalities
16. Liver/Adrenal – No significant histological abnormalities
17. Adrenal Gland – Focal patchy cortical vacuolization, slight
18. Liver – No significant histological abnormalities
19. Spleen – Decreased cellularity, non-specific

Opinion:

The death of Mr. Lashawn Thompson resulted from severe neglect evidenced by untreated schizophrenia, poor living conditions, poor grooming, extensive and severe body insect infestation, dehydration, and rapid weight loss. Mr. Thompson was completely reliant on his caregivers to provide both day-to-day care as well as the acute life-saving care that was needed to save him from the untreated decompensated schizophrenia.

According to the Centers for Disease Control and Prevention (CDC) neglect is defined as the failure to meet a *person's* basic physical and emotional needs. These needs include housing, food, clothing, education, and access to medical care (CDC, 2008). The National Institute of Justice (NIJ) defines neglect as occurring when the caregiver does not try to respond to the adult's needs. This may include physical, emotional, and social needs, or withholding food, medications, or access to health care (NIJ, 2020). There are some jurisdictions in the United States that define caregiver neglect separate from



physical, medical, and mental health neglect (Burnett, 2013). The severe neglect experienced by Mr. Lashawn Thompson included all forms of neglect including caregiver, physical, medical, and mental health neglect.

Rapid weight loss and malnutrition are known markers of neglect. The autopsy findings from Mr. Thompson show a weight loss of 32 lbs. which calculates to a loss of approximately 18% of his body weight over a short period of time. According to research done by University of Zurich, a substantial portion of patients with severe mental illness are at risk of malnutrition (Risch, 2022). In fact, malnutrition can have critical effects on the heart leading to heart failure and arrhythmia (Webb, 1986). Dehydration often occurs along with malnutrition. In the case of Mr. Thompson, post-mortem analysis of the vitreous fluid reveals a urea nitrogen and creatine ratio > 20:1 indicating pre-renal azotemia most commonly caused by dehydration.

Another marker of neglect is the severe infestation of lice or pediculosis. Lice are obligate blood sucking ecto-parasites. When numbers are severe, circumstances often indicate neglect. The full life cycle of lice is 24-28 days and because they cannot live without blood, the treatment is bathing with medicated shampoo thus interrupting the life cycle of these insects (Lambiase, 2019). Based upon the timeline provided, Lashawn Thompson suffered from severe body insect infestation that clearly spanned greater 28 days. During the time it took to accumulate the severe and substantial infestation, Mr. Thompson would not have received a bath from his caregivers. Severe body lice infestation is known to cause iron deficiency anemia (Rudd, 2022). It is possible that Lashawn Thompson suffered anemia from the enormous presence of body lice. Definitive post-mortem diagnosis requires bone marrow evaluation. Samples of bone marrow were not performed during the original autopsy. Other evidence of neglect included the filth, dirt and grime of the fingernails and toenails of his hands and feet. His total living conditions were also filthy. Mr. Thompson was neglected to death.

According to the timeline and medical records available, Mr. Thompson received his last dose of medications 32 days before his death. At autopsy, post-mortem toxicology revealed negative results for the requisite treatment medications in his blood stream. The lack of medication in his blood stream at autopsy is objective evidence that the severe mental illness suffered by Mr. Thompson was not being medically treated at the time of his death. Untreated schizophrenia can lead to psychotic decompensation. In a recent 2023 article published in *Psychological Medicine*, authors describe the risk of poor outcomes when proper care after initial treatment is not provided (Pelosi, 2023).

For these reasons, it is the opinion of this forensic pathologist that Mr. Lashawn Thompson died due to severe neglect. The combination of dehydration, rapid weight loss, and malnutrition complicated by untreated decompensated schizophrenia led to a fatal cardiac arrhythmia of Lashawn Thompson. Had Mr. Thompson received adequate care during his incarceration at the Fulton County Jail than he would not have died at the time that he did.



The inactions of Mr. Thompson’s caregivers are directly related to his death; therefore the cause of death should be listed as ***Complications due to Severe Neglect*** with the contributing cause stated as ***Untreated Decompensated Schizophrenia***.

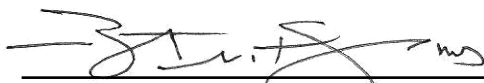
Lastly, the manner of death designation of ***Homicide*** most accurately describes the circumstances around the death of Lashawn Thompson. Mr. Thompson suffered from schizophrenia that required medical treatment and overall care to support activities of daily living. He did not receive the necessary medical care, nor did he receive the adequate food, water, or shelter necessary to sustain his life.

Because care was withheld from Mr. Lashawn Thompson his condition deteriorated (decompensated). When he was found to be suffering from his illness, acute and urgent care was not provided to him. It is because of this severe neglect that Mr. Lashawn Thompson died (Duncanson, 2009). Therefore, the death of Lashawn Thompson is best classified as a ***Homicide***.

For these reasons stated, the death is best classified as:

Cause of Death:	Complications due to Severe Neglect
Contributing Cause:	Untreated Decompensated Schizophrenia
Manner of Death:	Homicide

The above opinions are expressed to a reasonable degree of medical certainty.



Roger A. Mitchell, Jr. MD

May 20, 2023
DATE

References:

Benson K. L. (2006). Sleep in schizophrenia: impairments, correlates, and treatment. *The Psychiatric clinics of North America*, 29(4), 1033–x.

<https://doi.org/10.1016/j.psc.2006.08.002>

Burnett, Mitchell, R. A., Cloyd, E. A., Halphen, J. M., Diamond, P. M., Hochschild, A. E., Booker, J., & Dyer, C. B. (2013). Forensic Markers Associated with a History of Elder Mistreatment and Self-Neglect: A Case-Control Study. *Academic Forensic Pathology*, 3(4), 458–467. <https://doi.org/10.23907/2013.056>

Centers for Disease Control and Prevention, 2008. *Child Maltreatment Surveillance Uniform Definitions For Public Health And Recommended Data Elements*.

https://www.cdc.gov/violenceprevention/pdf/CM_Surveillance-a.pdf

Duncanson, E., Richards, V., Luce, K. M., & Gill, J. R. (2009). Medical homicide and extreme negligence. *The American journal of forensic medicine and pathology*, 30(1), 18–22. <https://doi.org/10.1097/PAF.0b013e3181873824>

Lambiase, S., & Perotti, M. A. (2019). Using human head lice to unravel neglect and cause of death. *Parasitology*, 146(5), 678–684.

<https://doi.org/10.1017/S0031182018002007>

National Institute of Justice, 2020. *Elder Abuse*. <https://www.nia.nih.gov/health/elder-abuse#types>

Pelosi, A. J., & Arulnathan, V. (2023). Neglecting the care of people with schizophrenia: here we go again. *Psychological medicine*, 53(4), 1–6. Advance online publication.

<https://doi.org/10.1017/S0033291723000247>

Risch, L., Hotzy, F., Vetter, S., Hiller, S., Wallimann, K., Seifritz, E., & Mötteli, S. (2022). Assessment of Nutritional Status and Risk of Malnutrition Using Adapted Standard Tools in Patients with Mental Illness and in Need of Intensive Psychiatric Treatment. *International journal of environmental research and public health*, 20(1), 109.

<https://doi.org/10.3390/ijerph20010109>

Rudd, N., Zakaria, A., Kohn, M. A., Amerson, E. H., Fox, L. P., Linos, E., & Chang, A. Y. (2022). Association of Body Lice Infestation With Hemoglobin Values in Hospitalized Dermatology Patients. *JAMA dermatology*, 158(6), 691–693.

<https://doi.org/10.1001/jamadermatol.2022.0818>



Webb, J. G., Kiess, M. C., & Chan-Yan, C. C. (1986). Malnutrition and the heart. *CMAJ : Canadian Medical Association journal = journal de l'Association medicale canadienne*, 135(7), 753–758.