

**KIM A. COLLINS, MD, FCAP
FORENSIC PATHOLOGIST
1333 MARTINS POINT ROAD
WADMALAW ISLAND, SC 29487**

JULY 14, 2021

Ms. Scarlett A. Wilson
Solicitor
101 Meeting Street, Suite 400
Charleston, South Carolina 29401

Re: Jamal Sutherland

Dear Ms. Wilson:

I am a Forensic Pathologist, board certified in Anatomic Pathology, Clinical Pathology, and Forensic Pathology. I practiced Forensic Pathology from 1995-2008 at the Medical University of South Carolina as a Professor of Pathology and Laboratory Medicine and have served as Director of both the Autopsy Pathology and Forensic Pathology Sections during this time. I also served as Chief Medical Examiner of Charleston County, South Carolina. From 2008 to 2013, I served as a Forensic Pathologist at the Fulton County Medical Examiner's Office in Atlanta, Georgia.

I currently practice with Newberry Pathology Group in Newberry, SC. I perform postmortem investigations and examinations including utilizing the autopsy to determine the cause and manner of death as well as any underlying pathological conditions or trauma. I have performed over 4500 autopsies with microscopic examinations and interpretation of ancillary studies as well as conducted death scene investigations. I have been qualified as an expert in forensic pathology approximately 300 times in state, federal, and military court. I have never been disqualified as an expert in pathology or forensic pathology. Currently, I also serve as the Medical Director for LifeHope Labs in Atlanta, Georgia and SharingHope Organ and Tissue Donations Services for South Carolina. On a state and national level, I am past Chair of the College of American Pathologists Autopsy Committee, past President of the South Carolina Society of Pathologists, and an active member of the National Association of Medical Examiners and the American Academy of Forensic Sciences. I am past Chair of the Pathology Biology section of the American Academy of Forensic Sciences. I am past President of the National Association of Medical Examiners (NAME) and past Chair of the NAME Board of Directors. I have presented research at numerous national meetings and published in excess of 150 peer-reviewed manuscripts, book chapters, and texts. I have performed in excess of 4000 autopsies. I serve on the editorial boards of Archives of Pathology and Laboratory Medicine; The American Journal of Forensic Medicine and Pathology; The Journal of Forensic Sciences; Journal of Forensic

Science, Medicine, and Pathology; Academic Forensic Pathology Journal; and as Section Editor for the Pathology Text of eMedicine. Please see attached curriculum vitae.

I have reviewed the case of Jamal Sutherland which includes the following materials:

- Charleston County Coroner records
- Autopsy report 2021-0051
- Amended autopsy report
- Extraction videos, three
- NMS reports
- Medical records, Palmetto Lowcountry Behavioral Health
- Charleston County Detention Center Patient Profile Summary; Wellpath
- Timeline
- Report by Dr. Laura Labay

Mr. Jamal Sutherland was a 31-year-old man who had an underlying diagnosis of schizophrenia, anxiety, psychosis, and paranoia. He was arrested 1-4-2021 after an altercation at Palmetto Behavioral Health. 911 was called, and he was transported by law enforcement to the Charleston County Detention Center. He arrived at the Detention Center 1-4-2021. The following morning at 9:41am, it was determined or ordered that he must appear in bond court. Therefore, extraction from his cell was attempted. During the extraction, he was combative with erratic behavior and refused to exit his cell. Officers pepper sprayed him, tased him several times, handcuffed him, and placed a spit cap on his head. He was then dragged from his cell. He was placed in a restraint chair and observed by medical personnel. The spit cap was removed. At 10:00am, he was noted to be unresponsive, apneic, and pulseless. Resuscitative measures were instituted, and EMS was notified. He died at 10:29am.

An autopsy was performed the following day. Findings included superficial and subcutaneous abrasions and contusions; and a grouping of two 1/32 inch superficial penetrating defects on the back. The neck was atraumatic. No bony fractures were identified.

Toxicology (specimens taken at the time of autopsy) was positive for diphenhydramine = 420 ng/mL, valproic acid = 12 µg/mL, olanzapine = 17 ng/mL, chlorpromazine = 110 ng/mL.

Of interest, Mr. Sutherland was supposed to be on other antipsychotic, anti-anxiety, and anti-depressant drugs which were not identified by toxicology taken at the time of autopsy. These include haloperidol, lorazepam, trazodone, and ziprasidone. Acetaminophen was also prescribed, a non-narcotic analgesics agent, and it was not present on toxicology.

While schizophrenics are known to be at a higher risk of cardiac death than the general population, other factors were at play in the death of Mr. Sutherland.

While Mr. Sutherland was at the Charleston County Detention Center, he was very agitated, delusional, and paranoid, and showing signs of his underlying diagnosis of schizophrenia. As witnessed and seen on video, these signs and symptoms were magnified during the extraction process. While Mr. Sutherland's position during extraction and the deputies' use of a spit cap may have contributed to his excitement or agitation, he did not die from suffocation or asphyxiation. Likewise, while the deputies' use of conducted electrical weapons (tasers) may have contributed to Mr. Sutherland's excitement or agitation, he did not die from the taser applications themselves. The deputies' actions (taser, spit cap, positioning) alone were unlikely to have killed him. The combination of the schizophrenia, medications administered, absence of medications, and the deputies' actions killed Sutherland.

It is my opinion that the absence of the aforementioned prescribed and needed antipsychotic, antianxiety, and antidepressant medications increased his psychotic behavior at this time. This resulted in an extremely agitated psychotic schizophrenic individual who was attempted to be extracted.


The medications that were present in his system also played a role in his death. Specifically, chlorpromazine and olanzapine. Both of these drugs are antipsychotic agents. When taken they can prolong the QT interval of the heart, cause dysrhythmia (or bad heart rhythm), and can lead to sudden death. Olanzapine can affect the blood pressure and heart rate, and in some patients compounding the effects of chlorpromazine. On top of this, diphenhydramine can cause dose related cardiac adverse attacks including dysrhythmia.

Mr. Sutherland did not have the proper prescribed medications in his system to control his psychotic, schizophrenic, and anxious behavior. Therefore, he was in a highly agitated state at the Charleston Detention Center especially upon extraction. Such an agitated state can result in increased heart rate, increased blood pressure, and dysrhythmia. In addition, the drugs that were present in his blood are known to have the potential to lead to adverse cardiac effects including dysrhythmia. The medications administered, and not administered, coupled with his schizophrenia could have killed him even without the deputies' involvement.

It is my opinion that the mechanism of death is dysrhythmia due to adverse drug reactions, lack of proper antipsychotic medication, underlying schizophrenia, and deputies' actions. The manner of death is homicide.

This is an opinion letter to a reasonable degree of medical and scientific certainty of my findings based on the information provided. If any additional records or documentation are received, I reserve the right to amend or supplement my report.

Respectfully,

A handwritten signature in blue ink that reads "Kim A. Collins, MD". The signature is written in a cursive style with a large initial 'K' and 'C'.

Kim A. Collins, MD, FCAP, FNAME
Forensic Pathologist