

Police-custody death ruled a homicide

Minneapolis police say man became violent during his arrest



Christopher Burns of Minneapolis died Nov. 1.

By Chris Graves and David Chanen
Star Tribune Staff Writers

A 44-year-old man's death during a struggle with Minneapolis police officers was caused by neck compression and ruled a homicide, the Hennepin County medical examiner's office said

Tuesday.

At least one officer used a neck hold, believed to be a lateral vascular neck restraint, last month on Christopher Burns of Minneapolis, sources said.

It remained unclear if the hold alone killed Burns.

The Hennepin County Sheriff's Office is investigating Burns' death, but probably

won't be done until next month, a spokeswoman said. As in many police-involved deaths, the investigation will go to a grand jury, which will determine whether the officers' actions were justified or if they may have violated the law.

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— Burns had medical problems, the examiner said.

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Family and police versions of what happened differ

Burns had a history of high blood pressure with advanced coronary artery disease, the medical examiner said.

Doctors wouldn't say anything more Tuesday about the nature of Burns' injuries, and autopsy reports aren't public information.

At least two forensic pathologists said death from neck compression during a struggle sometimes occurs after an officer applies a neck hold in an attempt to restrain an unruly suspect.

"That's the risk of restraining someone [who is] going ballistic," said Lindsey Thomas, the Dakota County coroner. She didn't do the autopsy on Burns and didn't have all of the information the Hennepin County medical examiner did.

Minneapolis police said Burns was violently resisting officers who responded on Nov. 1 to a report of a domestic dispute at an apartment in the 2300 block of Chicago Av. S. Burns went limp while officers Mark Johnson and Lucas Peterson were struggling to subdue him, police said.

Police spokeswoman Cyndi Barrington has said neither officer used weapons during the four-minute struggle.

Officers are trained to use holds under some circumstances.

Burns was "going for the of-

ficer's gun" during the struggle, she said.

Both officers were placed on a routine three-day leave after Burns' death, but are on duty, she said Tuesday.

Mark Peterson, the attorney representing Burns' fiancée and the couple's daughter, has said the fiancée's account of what happened differs from the police version. Burns' fiancée, Bernadine McWhorter, has said she saw police throw Burns to the floor while he was wearing handcuffs and put an object, which she thought was a flashlight or baton, to his neck and pull back, the attorney said. Soon, he said, Burns went limp.

"I think he was murdered," Peterson said Tuesday, after learning of the medical examiner's ruling. "The medical examiner findings are totally consistent with the version my client has given in the past . . . that these two cops, or at least one of them, killed [Burns]."

Tuesday's ruling comes as Minneapolis police are on the verge of sitting down in federal mediation with community members to discuss how to improve police-community relations. Some community leaders have criticized police over several high-profile police-involved killings.

Details disputed

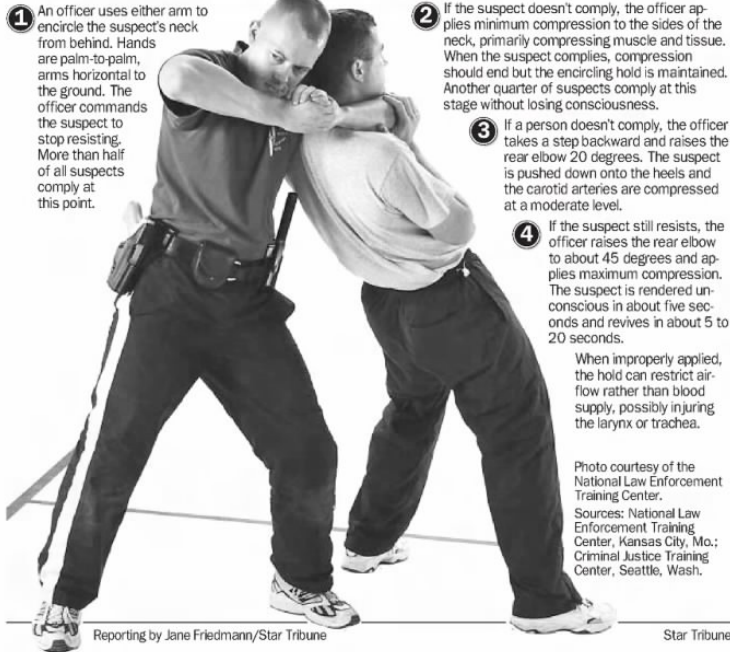
Sgt. John Delmonico, presi-

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A method to subdue suspects

Minneapolis police officers are trained in a technique called lateral vascular neck restraint, in which a violent suspect is subdued by temporarily restricting the blood flow to the suspect's brain.

How the hold works:



1 An officer uses either arm to encircle the suspect's neck from behind. Hands are palm-to-palm, arms horizontal to the ground. The officer commands the suspect to stop resisting. More than half of all suspects comply at this point.

2 If the suspect doesn't comply, the officer applies minimum compression to the sides of the neck, primarily compressing muscle and tissue. When the suspect complies, compression should end but the encircling hold is maintained. Another quarter of suspects comply at this stage without losing consciousness.

3 If a person doesn't comply, the officer takes a step backward and raises the rear elbow 20 degrees. The suspect is pushed down onto the heels and the carotid arteries are compressed at a moderate level.

4 If the suspect still resists, the officer raises the rear elbow to about 45 degrees and applies maximum compression. The suspect is rendered unconscious in about five seconds and revives in about 5 to 20 seconds.

When improperly applied, the hold can restrict air flow rather than blood supply, possibly injuring the larynx or trachea.

Photo courtesy of the National Law Enforcement Training Center.

Sources: National Law Enforcement Training Center, Kansas City, Mo.; Criminal Justice Training Center, Seattle, Wash.

Reporting by Jane Friedmann/Star Tribune

Star Tribune

dent of the Minneapolis police union, said officers were justified in the amount of force they used while restraining Burns.

McWhorter's 11-year-old

burb

made when deputies first arrived did not "jibe with what we found in the house," said Maricopa County Sheriff Joe Arpaio.

"It's tragic that somebody has wiped out a whole family," he said. Arpaio said two other children who lived in the home, a 9-year-old and a 12-year-old, were at school when the shootings occurred.

son called 911 that day and told authorities that his mom and dad were fighting. Burns was angry when officers found him standing in the bedroom of the apartment, Delmonico said.

The officers arrested and handcuffed him, Delmonico said. He said he wasn't sure if the officers arrested Burns because of information they were told before entering the apartment or because of what they saw.

"Like other deaths involving officers, the case will go to a grand jury," Delmonico said. "I feel the facts will support the officer's actions."

Peterson disputed that Burns reached for an officer's gun:

"His arms were behind his back and he was thrown to the

ground . . . He could not have reached for the officer's gun."

About neck restraint

Death investigations such as the Burns case are often difficult for medical examiners, said Joseph Davis, the retired director of the Miami-Dade County Medical Examiner Department in Miami, Fla.

In such cases, medical examiners want to review every piece of information available to determine cause and manner of death—including police and witness statements, how the struggle happened and complete medical reports.

The point of the lateral vascular neck restraint is to apply pressure to the neck to limit blood flowing to the brain, sometimes resulting in uncon-

sciousness.

It only takes about five pounds of pressure to restrict that flow, and only about five to 10 seconds for someone to lose consciousness, Davis said.

"In a demonstration on a videotape, it's great," he said. "But when a person is scuffling, fighting and moving around, it's very difficult to follow prescribed procedures.

"And that's why in some police circles . . . it is not being advocated."

In Minneapolis, officers are trained in the lateral vascular neck restraint. But if they use any type of neck restraint or chokehold, they are required to keep the person under "close observation until they are released to medical or other law enforcement personnel," according to the department's policy manual.

Although not commenting about the Burns case, Sgt. Ron Bellendier, who trains Minneapolis officers, said the lateral vascular neck restraint works well when done correctly. But he acknowledged that if a suspect is struggling, correct application can be difficult.

"This isn't a technique officers use just because a person is slow in reacting when you ask them to do something," Bellendier said. "There aren't specific circumstances listed in the policy manual when the restraint should be used. But if the restraint is used, officers understand it can be used as deadly force."

Thomas, the Dakota County coroner, said that most healthy people with strong hearts would pass out and then come to once the pressure was removed.

But in cases where someone has high blood pressure or underlying heart disease, a period of decreased oxygen could be deadly.

"People with heart disease, they are closer to the edge," she said. "It could be too much for the heart."

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