THE HISTORY OF THE NAME

National Association of Medical Examiners
Past Presidents History eBook

2012 EDITION

Published by the Past Presidents Committee on the Occasion
of the 46th Annual Meeting at Baltimore, Maryland

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Preface to the 2012 NAME History eBook

The Past Presidents Committee has been continuing its effort of compiling the NAME history for the occasion of the 2016 NAME Meeting's 50th Golden Anniversary Meeting. The Committee began collecting historical materials and now solicits the histories of individual NAME Members in the format of a guided autobiography, i.e. memoir. Seventeen past presidents have already contributed their memoirs, which were publish in a eBook in 2011.

We continued the same guided autobiography format for compiling historical material, and now have additional memoirs to add also. This year, the book will be combined with the 2011 material, and some previous chapters have been updated. The project is now extended to all the NAME members, who wish to contribute their memoirs. The standard procedure is also to submit your portrait with your historical/ memoir material. Some of the memoirs are very short, and contains a minimum information, however the editorial team decided to include it in the 2012 edition, since it can be updated at any time.

The 2012 edition
Section I – Memoir Series
Section II - ME History Series – individual medical examiner or state wide system history Presented in an alphabetic order of the name state
Section III – Dedication Series - NAME member written material dedicating another member's contributions and pioneer work, or newspaper articles on or dedicated to a NAME member

Plan for 2013 edition
The Committee is planning to solicit material for the chapters dedicated to specifically designated subjects, such as Women in the NAME, Standard, Inspection and Accreditation Program. The original article on the NAME Standards by Leslie Lukash should also be published, added to the material on current developments on the standard of forensic autopsy, history of the Name Journal, etc. We will continue to solicit materials for historical articles on each ME offices, and review of history from the beginning of statehood. We will also like to continue soliciting authors for articles dedicated to the pioneers.

The production team consists of three past presidents, Randy Hanzlick, Jeffrey Jentzen and myself. We would like to express our sincere appreciation to those who contributed articles for the eBook. The 2012 edition is now also readable on iPad, thanks to graphic designer Raul Vergara. Of course, you can still read it on your computer. The Committee would also like to express our appreciation to Denise McNally for her continuous dedication to the tedious coordinating work.

Past Presidents
Since the preface to the 2011 NAME History eBook was written, we had two more Past Presidents join the Past Presidents Committee, Mary Ann Sens, M.D. (2011) and Andrew M. Baker, M.D. (2012). This past year, we lost our Past President Frank P. Cleveland (1976-1977).

Thomas T. Noguchi
September 2012

Preface 2011 Edition

The Past Presidents Committee is comprised of the Past Presidents of the Association. The Past Presidents Committee may make recommendations to the Board of Directors regarding the activities and future direction of the Association. The Chair shall be elected annually by the membership of the Past Presidents Committee.

Over the past 20 years, the Committee has been accumulating historical materials on the NAME as well as on related history prior to the establishment of the NAME in 1966. The first history poster presentation was exhibited in the ship gallery during the 25th Anniversary Meeting on the American Hawaii Cruise Ship in 1991. The celebration banquet for that meeting was held on the Island of Kauai. This earlier history of the NAME presentation resulted in two posters, one dealing with the formative years of the NAME with photographs of the NAME Presidents. In 2001, on the occasion of the 35TH Anniversary Meeting at Richmond, the Committee presented two large history posters that updated the earlier posters, showing the Founders and early formative years of the NAME, and added another on the NAME Standards, Inspection and Accreditation Program. During the Annual Past Presidents luncheons, discussions were devoted to the documentation and archiving the historical materials of the NAME.

In preparation for this 45th Anniversary Meeting, our efforts were devoted to the gathering and publication of the Memoirs of the NAME members. This is a part of the Committee effort for the preparation of the 50th Anniversary publication of the definitive History of the NAME.

This idea on collecting memoirs stemmed from my enrolment with my wife, Hisako in the USC Emeriti College course, “Guided Autobiography” three years ago. Guided Autobiography was presented as a technique of writing your biography by answering set questions, and putting your answers together to form your biography. From time to time, such biography can be reviewed and updated or you may wish to add more photographs.

We have now close to 150 pages on hand from NAME members, who have submitted their autobiographies. The Committee would like to publish all the Past Presidents’ memoirs this year.

The NAME web site lists the following Past Presidents: Red indicates their memoirs are included in this edition and brown is member whose memoirs are deferred for future edition.

Dr. Milton Helpern 1966-70 Deceased
Dr. Joseph Spelman 1970-71 Deceased
Dr. Leslie Lukash 1971-72 Deceased
Dr. Charles Larson 1972-73 Deceased
Dr. Ali Hameli 1973-75
Dr. Joseph H. Davis (Rose Marie) 1975-76
Dr. Frank Cleveland 1976-77
Dr. Jerry Francisco (Carol) 1977-78
Dr. William Sturner 1978-79
Dr. John Coe (Myrtle-deceased) 1979-80

Dr. William Eckert 1980-81 Deceased
Dr. David Wiecking (Mary Ann) 1981-82 Deceased 2011
Dr. Thomas Noguchi (Hisako) 1982-83
Dr. Robert Stein 1983-84 Deceased
Dr. Elliot Gross 1984-85
Dr. Eleanor McQuillen (James) 1985-86
Dr. James Spencer Bell 1986-87 Deceased
Dr. Donald T. Reay (Judy) 1987-88 (filled unexpired term of Dr. Bell)
Dr. Thomas Hegert 1988-89 Deceased 2010
Dr. Marcella Fierro (Robert) 1989-90
Dr. John Butt 1990-91
Dr. Sandra Conradi (Edward-deceased) 1991-92
Dr. Lawrence Harris (Camille) 1992-93
Dr. Charles Stahl (Ellen) 1993-94
Dr. Boyd Stephens 1994-95 Deceased
Dr. Ross Zumwalt 1995-96 (Actually wrote more about Adelson
Dr. James Frost 1996-97
Dr. John Pless (Lois) 1997-12/31/98 (Change in term of Office, prior to 1997, terms of Presidents expired at the Annual Meetings)
Dr. Edmund Donoghue (Judy) 1999
Dr. Garry Peterson (Mary Ann) 2000
Dr. Randy Hanzlick (Mary) 2001
Dr. Joni McClain 2002
Dr. Michael Bell (Tanis) 2003
Dr. Michael Graham (Irene) 2004
Dr. Fred Jordan 2005
Dr. John Hunsaker (Brenda) 2006
Dr. Joseph Prahlow (Tamara) 2007
Dr. Jeffrey Jentzen (Dorianne) 2008
Dr. John Howard (Marjan) 2009
Dr. Lakshmanan Sathyavagiswaran (Vijay) 2010

Section I
Memoir Series

Howard Adelman, M.D.

I was the Deputy Chief Medical Examiner (I don't know if that counts) under Sidney Weinberg in Suffolk County New York from 1971-1979. Sidney was my mentor although I studied Forensic Pathology at the University of Basel, Switzerland for one year under Professor Jurg ImObersteg (1962-1963). I also worked at the New York City Medical Examiner's Office under Milton Helpern (1968) and I would also count John Devlin as one of my mentors. At the Suffolk County Medical Examiner's Office there were two cases that stand out: The murders of the DeFeo Family (which later became involved in the "Amityville Horror") and the case of Karen Pomroy which was a landmark case in the legal definition of the term "death" (led to the acceptance of the term "brain death").

Not officially working as a Medical Examiner, I was a consultant to the Coroner's Office in Warren Ohio (1979-1989) and one of my cases was so brutal (and was the first case in that jurisdiction that involved bite mark evidence) that I was awarded a plaque from the police department and a mayoral proclamation naming one day after me.

Michael D. Bell, M.D.

NAME President 2003
Chief Medical Examiner, Palm Beach,
Florida 20005-Present

Why did I select forensic pathology as a career?
I think it was an inevitable outcome. I have always sensed that my curiosity about death went beyond most people's interest. I was determined to be a physician since I was a child, if for no other reason than to be one. In college, Dr. Wimsat, whose research involved bats, introduced me to histology and organology. I loved it. Now if only I could get a paying job where I could do this all day. In medical school, I decided to be a pathologist and after listening to a medical examiner (actually he was a coroner) for two hours, I knew that is what I wanted to do every day.

Places and times I served as Chief Medical Examiner
I have been the Chief Medical Examiner of Palm Beach County in Florida for six years, since 2005. This is the longest I have ever held a single job in one place. I have never been a Chief anywhere else, although I did apply for the Chief position in Massachusetts in 2004. I am so glad I didn't get that job!

Major accomplishments as Chief Medical Examiner
Remaining employed! Let's face it. When things go wrong, you are the target. But seriously, I am proud of the people who work in my office. They make all the difference and are the reason why I will stay. I am also proud that our office is NAME accredited.

Efforts on behalf of forensic pathology and the forensic sciences
I have written journal articles and book chapters pertaining to forensic pathology. I have been a reviewer for the major forensic pathology journals. I am also active in AAFS, NAME, and FAME.

Recollections of places I have trained and worked
I trained at the Broward Medical Examiner Office in Fort Lauderdale, Florida at the infancy of its Forensic Program. The Office was an exciting place to work and autopsies were varied and plentiful. I gained much valuable experience from that office.

Comments about people who trained me and from whom I have learned
Dr. Larry G. Tate of the Broward Medical Examiner office personally spent a large amount of time with me during my training. Dr. Ron Wright was the Chief who I admired and tried to emulate - including his often cavalier demeanor. Dr. Jim Benz taught me the importance of a thorough report.

Major controversies and frustrations in completing my responsibilities
One of the more frustrating problems in Florida is the "Earnhardt Law," which narrowly restricts the use of autopsy photographs. Teaching and publishing scientific articles in forensic pathology has suffered because of this stupid law.

Perspectives I gained as a medical examiner
Don't show trials on television.

Difficult cases I have managed and how I dealt with job-related stresses, anxiety, and personal performance issues
Child abuse cases are difficult because the examinations are extraordinarily detailed and will be scrutinized beyond that which occurs in most other cases. The scrutiny is not what bothers me. It is often the bizarre and deliberately contrary opinions proffered by those who would have come to the same opinion as me if it had been their case. High profile cases will also turn your hair gray. I find talking to others helps reduce my anxiety and put things in perspective.

Advice for forensic pathologists entering the field
You have to love autopsies. Don't take things personally. Avoid taking sides in a trial.

How has forensic pathology changed during my career, for the better and for the worse?
Definitely for the better.

Knowing what I do now, would I "do it again" under the same circumstances as when I began, or under today's circumstances?
Hell, yes! Imagine working from sunrise into the evening, like a surgeon, or treating colds all day, seeing patients for 10-15 minutes and worrying about reimbursement. How about spending your days looking down a patient's gullet or up their butts? No thank you.

Michael D. Bell, M.D.

Joye M. Carter, M.D.

Forensic Pathology Consultant,

First I would say that forensics chose me and not the other way around. I was a high school student interested in medicine when I saw a dead body and became intrigued by the way the body was dealt with. I was mentored by Dr. Joe Davis through letters of encouragement for several years which kept my interests up.

I first served as deputy Chief medical examiner in the Armed Forced Medical Examiner system. I became the first African American to become board certified in forensic pathology and the first female to become Chief Medical Examiner of Washington.DC. I was also the first female to be appointed Chief Medical Examiner of Houston,TX. I formed my own group in 2002 and returned to where I attended high school to become the first female and minority Chief Forensic Pathologist in Indianapolis,IN.

I have always believed in the neutrality of forensic pathology. I hope that wherever I have worked my honesty and openness demonstrated my desire to be neutral and thorough in my investigations. I have had the utmost respect for the pioneers of forensics. I am proud to consider Joe Davis as my friend and mentor. I have spent 25 years researching violence.I have been involved with the US Senate on date rape drugs and changing misdemeanors to felony charges. I do not let others or situations stress me out. I have always had a love of antiques, historic homes, gardening and my dogs rescue from the worries of the day. I am not sure if the new generation of forensic pathologists love what they do or the money they get paid. I suppose that will take care of itself somehow.

I will always love forensics and would do it again in a heart beat!

Anything else is contained in my first autobiography.

Joye M. Carter, MD
Forensic Pathology Consultant,
Physician, Author and Lecturer

John I. Coe, M.D. (1919-2011)

NAME President 1979-78
Medical Examiner, Hennepin County,
Minneapolis, Minnesota 1966-1984

Why Did I select forensic pathology as a career?
Coe's father died at a very early age and he was raised by his mother, who was a professional nurse and educator. He attended Carleton College in Northfield, Minnesota and began his graduate studies in biochemistry at the University of Minnesota. With the outbreak of WWII, health planners anticipated a critical shortage of physicians which encouraged Coe to switch his studies to medicine. He received his medical degree with honors form the University of Minnesota in 1944 through the Army Student Training Program (ASTP). After one year of internship and one year of pathology, he served in the Army Medical Corps from 1946 to 1948. Coe practiced as a pathologist at the VA Hospital in Minneapolis for two years. In 1950 he becamce Chief of Pathology at the Minneapolis General Hospital, which evolved into the Hennepin County Medical Center, a position he held until his retirement in 1984.

Places and times I served as Chief Medical Examiner
"During the 1950s, with no other local pathologist willing to perform coroner's duties, the coroner called on the services of the Minnesota Bureau of Criminal Apprehension. It followed that personnel in the Bureau became aware of my interest and availability on a statewide basis." Coe was the principal pathologist for the Minneapolis Coroner's Office during the 1950s and early 1960s. When Hennepin County switched to a medical examiner office in 1964, Coe became the first Chief Medical Examiner, a position he held until his retirement in 1984.

Major accomplishments of forensic pathology and forensic medicine
Coe was board certified in forensic pathology in 1960, the first to receive the certification in the Midwest. He was internationally known for his research in the area of postmortem chemistry and firearm injuries and was a pioneer in the study of Sudden Infant Death Syndrome and one of the first to identify the role of defective cribs in sudden death. In 1977 Coe was asked to serve on the Congressional Select Committee on Assassinations investigating the death of President Kennedy and Martin

Luther King.

Comments about people who trained me and from whom I have learned.
"In my personal pantheon, there are a number of people who have significantly influenced my life. I am at a loss to decide who among the group was the most important in either my personal or professional development, but certainly Dr. E.T. Bell, head of the Pathology department in the University of Minnesota Medical School, has to be given strong consideration. He taught basic pathology to sophomores using his own textbook. His course was demanding, the material to be learned voluminous, the tests difficult, and the grading fair. When I applied for a residency in Pathology toward the end of WWII, he had forgotten my face as a former student and asked where I obtained my medical education. When I replied that it was Minnesota, the questions were brief and direct.
"What I you get in the first quarter of pathology?'
"I got an A.'
"What did you get in the second quarter of pathology/"
"I got an A."
"When can you start?"
"Tomorrow."

"Suffice it to say that he taught me much of what I needed to know professionally and showed my by example how to teach and how to lead by example when opportunities developed."

Recollections about people I have trained.
Coe was a teacher and mentor for several generations of pathologists. He trainees in forensic pathology included: Gary Peterson MD, John Plunkett MD, Michael McGee Janis Ophoven MD, Janis Amatuzio MD, Robert Akerson MD, Ned Austin MD, John Teggatz MD, Jeff Jentzen MD (I may have missed someone).

Major controversies and frustration in completing my responsibilities
"November 23, 1966, is burned in my memory. It was on that date that a practice of the Medical Examiner's Office came under scrutiny resulting in three weeks of pure hell. It nearly cost me my job and reputation but ultimately became a learning experience. Soon after the formation of the medical examiner's office in 1964, a new resident suggested we collect pituitary glands for the National Pituitary Agency. The agency paid a two dollar handling and mailing fee each gland. Many pathologists throughout the entire country participated in their collection. We decided to utilize the collection fee for photographic supplies to be used in the M.E. Office.

While not done surreptitiously, the collection of such organs had not been discussed with the county commissioners and the monies were handled through a private fund. The organs were collected without the consent and knowledge of relatives. In November 1966, a reporter for the local newspaper, Mr. Friendly (what an oxymoron!) became apprised of the practice.

The news story was picked up by the local commentators on all radio and television stations where it received very critical comment over a period of several weeks. The County Commissioners demanded a complete review of the Medical Examiner's Office by the Public Examiner and a Grand Jury investigation. . . . The Public Examiner had completed a very comprehensive review of the office, establishing that all money

derived from collection of pituitary glands could be account for, that none had been paid to pathologists or other personnel, and that these funds had been used exclusively for professional expenses.

This experience taught me how to operate in a public office, to let government control any monies spent for or by the office and to develop public relations constantly.

Academic involvement through research, education and training
Coe was a professor of pathology at the University of Minnesota and affiliated with that University for over fifty years.

How I dealt with job-related stresses, anxiety, personal performance issues.
"Finally, the support of personal friends both in an out of church was critical to keeping me going through the ordeal."

My contributions to the field of forensic pathology
"One of the most interesting developments in my forensic career was the opportunity to review in detail the deaths of John F. Kennedy and Martin Luther King. Among the experts were nine forensic pathologists, all of whom participated in the reviel of Kennedy's death. Three of these pathologists were then selected to review King's assassination. To my delight I was asked to serve in both investigations.

There were understandable reasons for questioning the conclusions of the Warren Commission: the body should have been autopsied in Dallas; the pathologist selected was not trained in forensic medicine; the original rough notes of the examination were destroyed because they were stained with Kennedy's blood; the brain disappeared before microscopic examination; the regular autopsy photographer was replaced; the pathologists in Washington D.C. did not contact the emergency room physicians in Dallas who had initially examined Kennedy; etc.

Suffice it to say that eight of the nine members in our panel concluded that only three shots were fired. All this supported the findings and conclusions of the Warren Commission. It is both interesting and enlightening to realize that the only pathologist quoted, the only one appearing in television documentaries, the only pathologist consultant utilized in the docudrama J.F.K directed by Oliver Stone, is the single pathologist of the nine who disagrees with all the rest of us. This would be acceptable if we had not carefully considered every objection that he raised in our conclusions. We shot down every single one without exception.

From the nine pathologists investigating Kennedy's death, Mike Baden, Joe Davis, and I were chose to investigate King's murder. It was a less complex endarvor compared to the Kennedy assassination. We had an enjoyable time together when we met in Nashville to view the scene, interview the pathologist who performed the postmortem examination, and confer with some witnesses. In actuality, a good investigation had been performed, establishing beyond reasonable doubt (doubters are not always reasonable) that Ray had purchased the gun and fired the fatal shot.

"The time spent with such knowledgeable colleagues in both the Kennedy and King panels was one of the highlights of my professional career."

Difficult cases I have managed

"Doc, can you identify food eaten two hours before death? Thus began the most fascinating case of my early forensic career—the Hinter case. The material submitted consisted of charred , distorted bed springs covered with burned debris all of which had been put into a disaster bag and shipped to the corner's office. X-rays were followed by a meticulous examination of the charred remains with complete autopsy and basic toxicology. At the end of eight hours, I was able to tell authorities that we were dealing with the torso of an elderly white male of average height who had white hair. He died from a shotgun blast to the head while intoxicated and the body burned after death. However, at the time of autopsy a large amount of debris was taken off of the bed springs and turned over to the Minnesota Bureau of Criminal Apprehension for further study. With the help of a handwriting expert it was possible to identify this [charred fragments of paper] as the signature of a man from St. Paul who had been missing an appropriate length of time, known to be white haired, the right age, and willing to go with anyone who would buy him a drink. This made the final link in the evidence convicting the owner [of the building] with murder. This case is particularly illustrative of the many specialists who commonly become involved in forensic problems."

"With over 1000 homicide autopsies performed personally or under my supervision, there were relatively few that were more than locally newsworthy. I was relatively inexperienced in the field of forensic pathology when the Axilrod case came to trial in 1955. Dr. Axilrod was a dentist whose office was in downtown Minneapolis and he frequently practiced his dentistry at night alone with a patient. There had been one formal complaint about some sexual advances made while the patient was under anesthesia. In April a pregnant young woman was found dead in an alley and autopsy revealed she died of manual strangulation. It developed that the women had been a patient of Dr. Axilrod and had seen him the previous night. She had told her sister that the dentist was responsible for her pregnancy. Dr. Axilrod hired the very best local defense attorney, Sydney Goff, and he was a formidable opponent. There seemed little cause for concern until things started falling apart. First, the neck organs, saved from the autopsy to verify the manual strangulation disappeared. Next, the victim's sister died of some mysterious condition that was ultimately classified as a natural death. Finally, just as the trial was to begin, I came down with infectious hepatitis. My personal physician finally agreed, under pressure, to permit me to go to court in a wheelchair. My entry into the courtroom was dramatic. I was concerned about cross-examination from such an expert [Goff] and remember being extremely apprehensive with a rapid, pounding pulse when I began—probably a panic reaction. The testimony completed, the jury deliberated and brought a verdict of manslaughter. That pleased neither side."

How has forensic pathology changed through my career?

"He is old, dirty with ill-cropped white hair and scraggily beard. Spread-eagle on his back each extremity is bound by twine to a bedpost. Wrists and ankles are rubbed raw from attempting to get free, but there is no evidence of injury. His hermit hovel of a home has been ransacked, evidence that someone was looking for hidden treasure. What killed him? Was it simple starvation and dehydration? How to prove it?"

"A decade later when I became interested I, a constellation of factors favored my involvement. At that time, practical clinical chemistry was exploding. Machines us-

ing ever-smaller samples were being developed to rapidly determine a constantly expanding number of clinically significant substances i.e. practical clinical micro chemistry on a mass scale was being born. This was all occurring at a time when forensic scientists recognized a new fluid medium to test—the viscid fluid (vitreous humor) in the eyeball. Another factor was my totally unique position in the United States: a chief medical examiner who was also head of a large teaching hospital laboratory. When it became desirable, within two years, I was able to obtain post-mortem blood samples on 1000 sequential cases. Within a decade, over 6000 vitreous specimens had been analyzed for a variety of elements and compounds. These series provide a large database for statistic analysis that existed anywhere else in the world and made it possible to determine diabetes, electrolyte imbalance, prerenal uremia, regular uremia as well as many other conditions not previously diagnosable from postmortem material. Further, vitreous humor analyses helped in determining the postmortem interval, i.e., the time between death and obtaining the specimens. Finally vitreous analysis proved useful in may toxicological evaluations."

"The answers to the questions posed in the beginning [case] of this memoir are now available and the use of postmortem chemistry has become a staple of the forensic pathologist. My research in this field established my reputation in forensic medicine more than anything else."

Other recollections

"My love of guns began as a freshman in high school. Mother was opposed but recognized my true interest and wisely arranged fro me to received instruction from an ex-Army many who was a hunter. . . .Stub Hobart, a neighbor, also loved shooting. Soon the two of us began walking to farms near town to kill gophers. When we tired of gophers, Stub and I began more serious target practice and became, at least in our own minds, accomplished marksman. About this time I was given a muzzle-loading, percussion cap, smooth bore Civil War rifle. But Stub saw more than just a valuable antique. He had obtained a cache of black powder and had the equipment to make a bullet for the musket. . . . We decided d to shoot into a large wooden post in my backyard so we could retrieve the bullet. The kickback form the shot bruised my shoulder and, combined with the detonation, caused me to fall backward into a sitting position. The gun was never fired again in the 60 years I continued to own it."

"Upon becoming chief of Pathology at the Old Minneapolis General Hospital several developments revitalized my interest [in guns]. First, Charles Petty, at the that time the most knowledgeable forensic pathologist on gunshot wounds, began holding some workshops on firearms to which I was invited. The submachine guns fascinated me and I was always shooting one of those when possible. Poor Charles watched hundred of dollar's worth of ammunition go off in a prolonged clatter every time I could get my hands on the Thompson submachine gun or the Uzzi assault weapon. I began to collect and collate the material form our office when I became medical examiner in 1964, integrating it with the pictures, graphs and charts from Petty's gunshot workshops and unusual and instructive cases obtained from speakers at nation meetings. Utilizing two projectors it was possible to show two slides side by side. This enabled the speaker to cover much more visual material and demonstrate similarities or differences between the wounds. My exposure because of these lectures brought me many consultations and certainly was a factor in my being selected by the Congressional Committee on Assassinations as one of nine patholo-

gist to review the death of John F. Kennedy and one of the three chosen to review the death of Martin Luther King."

Personal Credo: "Life itself is positive."

Personal information such as family, hobbies, and interests
Dr. Coe was an active member of the Hennepin Avenue Methodist Church and an enthusiastic supporter of the Minnesota Orchestra and the arts community of the Twin Cities. During his life he was involved at any one time in a number of hobbies including: watercolor painting, photography, lapidary, art and coin collecting.

"In the seventies, I became caught up in gold fever and began to collect bullion gold coins . . . but it rapidly became apparent that building a collection of numismatically valuable gold was going to cost big bucks. . . . The fun began by purchasing dirty bronze Roman coins obtained from buried hoards in Great Britain. . . . It was only a matter of time before you wish to concentrate on some specific subject. In my case, that became coins of the Bible. . . . I always get a thrill when I hold any of these coins in my hands. One or all of them conceivably could have been handled by Peter, Paul, John, or even Jesus himself. Study of my collection revealed two readily apparent abnormalities of the skin, the first being the rhinophyma of Mithridates' nose. . . . None of the other Parthian kings had this ailment, but many of them had nodules appearing on their foreheads. The location of the bumps and their repeated appearance is almost diagnostic of Epithelioma adenoides cysticum or trichoepithelioma. This is a benign hereditary tumor arising from a hair follicle."

This posthumous memoir was created from the written material contained in John Coe's recent obituary and his autobiographical publication Some Personal Recollections (2000). Material has been edited to allow for space considerations.

—Jeff Jentzen

Sandra Conradi, M.D.

NAME President 1991-92
Medical Examiner, City of Charlestown,
South Carolina 1982-1998

I started in pathology because as a young teenager, I babysat for a 5 year old from South Africa whose father was the new pathologist for the local hospital in Hudson, NY. I would peruse his medical textbooks looking at all the pictures of horrible diseases. It was fascinating. Later on I applied for a pathology training program during my third year of university, and was turned down since I had no medical school training. So, I went to medical school, being accepted at the University of Cincinnati in Ohio after two years of applying. I was one of three females in the class but only two of us graduated out of a class of 100 or so students. After a lot of uncertainty as to which internship to choose, I ended up at the Cincinnati Memorial Hospital as a rotating intern, 1962-3. I then applied to and was accepted in a pathology residency four year program, and chose to remain in Anatomic Pathology. After residency and a military tour for my husband in Nurnberg Germany, a job opening became available in the Coroner's office in Cincinnati (Hamilton County) and I worked there for 1 ½ years. In 1973, my husband's pharmacology department relocated to the Medical University of South Carolina in Charleston, SC, and I was appointed Deputy Chief Medical Examiner and then Chief Medical Examiner in 1982. I remained there as Chief until 1998, practiced autopsy pathology for a couple of years and finally retired totally in 2001. Now I act as a consultant mainly to defense attorneys regarding mostly criminal cases.

I have always promoted a Medical Examiner system for South Carolina, together with the department chairman Dr. Gordon Hennigar, Joel Sexton, retired, and Robert Brissie, the latter now in Birmingham, AL. However, despite years of trying, the ME system only remains in Greenville, SC ours in Charleston, decaying and dying in 2000. Our system had dual coroner/medical examiners, and conflicts arose between the two offices. The political office survived, but the M. E. system did not.

Dr. Frank Cleveland was my mentor in Cincinnati, but he had a full time job at another hospital as their pathologist. So after performing the autopsies during the day, I

discussed puzzling findings when Dr. C came in late in the afternoon. I knew nothing about forensic pathology, so didn't know about artifactual epidural hemorrhages in fires, an example of my ignorance. Dr Hennigar and Dr. Sexton were my mentors when I first started working at the Medical University of South Carolina. Dr. Hennigar was a large man, some 300 lbs and six feet plus in height or so he seemed to me. His heart was a large as his size as was his bellowing voice when he was angry about or at someone. He was a tireless fighter for a medical examiner system for our State, but not even his cajoling could sway the legislators to change the age old coroner system. We were not able to follow in North Carolina's footsteps. Dr. Sexton was just the opposite in terms of boisterousness. He was soft spoken, patient to a fault and a super teacher. Dr. Hennigar claimed Joel should have been a preacher.

Our facility trained dozens of residents, some of whom went on to medical examiner offices. To name a few: Jamie Downs, Steve Cogswell, Steve Cina, Kim Collins, Eric Eason, David Wren, Clay Nichols, Mike Ward, and on and on.

We offered month long rotations for police detectives, and others, and the waiting list was long. Our semester fall course consisted of 13 weeks of lecture presentations with quizzes at the end and covered dental forensics, toxicology, anthropology and the usual forensic path subjects. This course was a sophomore medical student elective and was always well attended. Eventually this course was videotaped and sold to other institutions including the FBI. The most popular of the lectures was Dr. Clay Nichols pumpkin bashing with a hammer to illustrate blunt trauma.

My work has mainly been in South Carolina, but my husband's military service did send me to Nurnberg Germany for three years where I performed autopsies on individuals dying in the huge Nurnberg Hospital. The OberArzt, our director chose interesting cases that medical students at the nearby Erlangen Hospital might profit from seeing. No family permission was needed. We saw widespread TB with granulomatous disease on tubes and ovaries, endocarditis in a young girl with a brain abscess, Myesthenia gravis with a thymoma (I predicted the thymoma and was the star of the department). On the weekends I would surreptitiously peruse the autopsies done on concentration camp prisoners during the war, with the reports signed Heil Hitler. Most of these deaths were due to typhus.

Stress on me and my young family weighed heavily at times during my tenure as medical examiner in Charleston. I can remember one time, the three girls and my husband decided to throw a surprise birthday party for me just as I was called to a stabbing case in a bad area of town. We always went to scenes of violent or suspicious deaths together with the coroner. I was told there would be a divorce if I didn't attend this home party. I attended, and by the time I got to the scene of death, the body had been removed, and just about everyone has left. I thought I'd be fired, but it didn't happen. Another incident involved my pager, which my husband, then an internist, got tired of hearing beeping. He threw the $200. instrument against the brick fireplace. I claimed it got run over by a car, but no one thought to do forensic testing on it, thank goodness.

Difficult cases: My most noteworthy, newsworthy case was the one involving Susan Smith, She had deliberately drowned her two youngsters in a car she drove down a boat ramp into a lake, accusing a black man of stealing the car and abducting the children. A colleague declined the autopsies on the little boys. The autopsy area was

cordoned off and the bodies arrived about midnight, and by three in the morning we finished without the news media scouting us out. The next day we could tell the throngs of press, everything was over, and the coroner in the upstate county had all the information.

One case involved a “drowning” in shallow water on the fourth of July of a young man pulling and deflating a raft from the deeper water to shore. We found out much later, the raft had been inflated with Freon from a friend’s air conditioning business. Sure enough, testing revealed Freon toxicity, in blood and brain tissue.

I am glad I did my training before all the “rules and regulations” came about. I am glad I did not have to deal with budget cutting to prevent the complete autopsy I always do. I am afraid the personal protective devices required now while performing an autopsy would cramp my style. I wish I could have cooperated more successfully with the coroners in our county to preserve our ME system.

Although I absolutely hated my job when I started in this field (it was the only good paying path job in town at the time) about 6 months into it, I finally began reading and learning what forensic medicine is all about. Now, I still find it challenging but rewarding. Hopefully other young residents will feel as I do as they enter this amazing medical practice. The tenets of my forensic work are to be totally honest in your work, and always do a complete autopsy, with microscopic examination.

Sandra Conradi, M.D.

Dimitri L. Contostavlos, M.D.

Reminscences of a Medical Examiner

Accomplishments as Chief Medical Examiner:
I was appointed the first chief M.E. of Delaware County, PA, in 1980. This followed a long history of dissatisfaction by county residents with the prior coroner system, in which until the last few years, autopsies were performed by non-pathologist physicians with the expected substandard results.

During the last few years in which an elected coroner presided, forensic pathologists were prudently called in for homicides and questionable cases. I was one of those moonlighting pathologists from nearby Philadelphia, serving the county for about 5 years, and when the time came for the new medical examiner appointment, I won the position. For almost twenty years (the length of my term), the office had the title of Medical Examiner/Coroner, until legislation was completed to change the title officially. The office was run for this entire period as a de facto medical examiner office.

The practice of using forensic pathologists for selected cases was adopted by the three other coroner-headed counties surrounding the big city. This resulted in a slowdown of the horrifically bungled cases which occur in the absence of an forensic pathologist, thus frustrating my attempt to proselytize the medical examiner concept to the neighboring counties, an effort which is matched only by my attempts to do the same at a national level. The result has been that Delaware County remains, together with Philadelphia and another small rural county, one of the only three medical examiner systems in Pennsylvania.

I found myself in a suburban county of just over half a million inhabitants, with a functioning morgue, morgue technician, secretary and two investigators. It had been a surprisingly well equipped coroner's office. The County administrators were enthusiastic about developing a state of the art office, and complied with my staff and budgetary requests.

The office which I developed was what I considered to be the ideal arrangement to serve such a small demographic area (both in population and area). The system comprised a single full-time pathologist, with back-up support for vacation and time-off by moonlighting qualified forensic pathologists from Philadelphia. My intention was to provide 24/7 call stat availability for investigators and pathologisst to attend the scene when indicated (homicides or conundrum cases). The investigator used an all-weather vehicle equipped for use in body transport. The objective was to provide maximal investigative service and prompt autopsy by experienced forensic pathologists,

Investigators were trained at the St Louis death investigator, course and were able to substitute as morgue technicians and vice versa. Investigators were on call for overtime in the event of heavy workloads. The pathologists had to accept the philosophy that, rather than the 8 to 4 "office worker" approach of present day physicians, they were like physicians of yore, always on call and available at short notice to respond to the needs of their profession.

We performed STAT autopsies on homicides and hit-and-run vehicular deaths,

which required immediate investigation. Scene investigations would always include an electronic liver probe temperature study, with as many serial readings to monitor rate of fall as possible. Unlike many of my skeptical colleagues, I put great weight on properly measured postmortem temperatures and their prudent interpretation. This electronic thermometer was also useful for measuring ambient air temperature, soil temperature and water temperatures, if indicated.

Another use for the thermometer probe is that of determining down time for an internal combustion engine (using the same principle as body core temperature methodology). Since vehicles are so often used in criminal situations, the timing of their last use may be crucial. It is easily determined by serial engine block temperature measurement, since every vehicle is designed to run at a very precise operating temperature, and the decline in temperature after shutoff is linear. The engine block can be touched from underneath with a probe, without need to enter the vehicle which requires a search warrant.

After I commenced researching the variability of engine temperature drop, my attempts to interest several local detective agencies met with no interest whatsoever. They were content to use the time honored approach of putting a hand onto the surface of the hood ! One case I can think in which this approach would have yielded fantastic investigative data is the “O.J.” case. Unfortunately, the former account seems to support the worldwide stereotype of the typical policeman’s mentality!

I instituted computerized records and was able to recover instantly all cases of a specific genre for retrospective study. I had always regarded the standard autopsy protocol as deficient with regard to estimation of blood volume. I began routinely recording the signs of normal versus diminished blood volume, namely the appearance of fully developed livor mortis, whether absent, diminished or normal, and the presence of blood filled cardiac chambers and great vessels. Thus, for instance, a suicide with cut wrists and medicinal overdose could be assessed as to whether exsanguinations had been causative in his death. Although I discussed this many times with colleagues, this technique has never caught on.

I did however get to describe it in a publication. Using records retrospectively, I collected twelve consecutive cases of lethal isolated head injury, which died quickly enough to avoid any medical therapy involving blood volume restoration in which exsanguination occurred, and twelve cases with the same reservations in which exsanguination did not occur. This study revealed that all exsanguinated cases had displaced basilar skull fractures, whereas all the others had less severe head injury. I performed this study (1) to disprove Hirsch and Zumwalt’s 1986 assertion (2) that an “empty heart” at autopsy tends to occur with lethal head injury in the absence of exsanguination. My findings suggested the reason empty hearts are seen in head injury a case is that exsanguination commonly occurs when large vessels are disrupted by the compound fractures which occur at the base of the skull.

The office was running smoothly and well, until I decided that it would be better served by reducing myself to a slowed work pace, cut my salary, and hire a colleague of my age willing to work full time as my partner. I persuaded a reluctant county government that it would not cost them anything, and they then hired an old colleague of mine, foolishly giving him full benefits (which he did not demand). It was then that I learned that one should hire professionals on the basis of proven compe-

tence, not on back-slapping friendship and “nice guy” credentials.

After a year of dissatisfaction (mainly on my part, although we found we had differing philosophies), he handled a case while I was abroad in which five teenage girls were killed in a high-speed collision with a tree. I arrived back in the office, while he went abroad, and I subsequently learned that the girls had been huffing keyboard cleaner and he had attempted to cover it up, reflecting his philosophy that driver intoxication was a private matter. I immediately exposed it to the press, was attacked by ten angry parents, and the county government that sympathized with parents, but not the public, alleging “insensitivity” on my part. My contract was not renewed. Additional disgruntlement against me by the county was the hiring against their wishes of the assistant and my failure to support their Republican overlords.

I ensured that all hospitals reported therapy-related deaths which were thoroughly investigated, as I had learned in Philadelphia. Community issues in which I attempted to use my influence included the intoxicated vehicle operator, and also senility, medical and youth impairment of driving. My attempts to remonstrate about the bad effects of over-easy availability of firearms received the stony reception customary in our nation. I drew attention to fire safety and carbon monoxide hazards. It is interesting that during my term, thanks to catalytic converters, the internal combustion engine lost most of its potential to cause accidents and to facilitate suicides. I regularly attended the conferences of the local trauma hospital, attempting to draw their attention to the discipline of clinical forensic medicine. I believe that the medical examiner, rather than be a silent recorder of grim facts, should be an activist in warning the congregation about the lethal hazards which he encounters in his work.

Recollections about persons with whom I have worked
Westchester County, New York Grasslands Hospital 1964 Victoria Bradess and Caroline Lydecker were medical examiners of Westchester County when I spent a year as surgical pathology resident at Grasslands Hospital, Valhalla (now known as Westchester County Medical Center). They were instrumental in grounding me in the basics, as I attended all the forensic cases there. I specially recall a young surgeon who attended an autopsy there one morning, and that same evening was brought to the morgue after his Volvo struck a school bus.

In 1967 I became a fellow at the Baltimore Medical Examiner’s Office. Fellow residents were Josh Perper, Millard Bass, Simeon Palomino, and Edward Wilson. The Deputy Medical Examiner was Werner Spitz, and assistants Charles Springate and Ronald Kornblum. Chief Mediccal Examiner Russell Fisher was an inspirational teacher, and worked regularly in the morgue although he also ran a private clinical lab. I particularly remember him showing us all the evidence of the JFK assassination in which he was consulted. Dr Richard Lindenberg, in-residence neuropathology consultant, was a great boon for our enlightenment. Dr Spitz was also a great teacher. Drs Henry Freimuth and Paul Schweda provided good toxicology service.

At that time we were sending the infant neck viscera to Molly Valdes-Dapena in Philadelphia since the larynx was in vogue as a possible cause of SIDS. That office did not have investigators, and although I recall visiting a couple of scenes, investigation was not emphasized at that time. Simeon Palomino, from Peru, who on my last contact was a hospital pathologist, had a case of coronary artery dissection in a postpartum woman which he wrote up in the Journal of Forensic Science (JFS). I

have subsequently seen at least a half dozen. That is the lesion notoriously missed at autopsy in the Atlantic County New Jersey case, where the policeman husband was accused of strangling his wife before the sectioned lesion was eventually found two years later.

Dade County Medical Examiner's Office, Assistant medical Examiner 1968-70. The next two years were spent with Joe Davis in Miami, together with Brian Blackbourne and Pete Lardezabel , the former destined to go to Washington D.C., Massachusetts and then San Diego, the latter to Tampa, Florida. There is no need to describe the teaching experience that was. Joe likes to autopsy practically everything, so the work load was quite formidable. At that time, Joe was thinking of giving technicians more responsibility, and Brian and I were resistant to that. I believe Joe has retreated from that philosophy currently. This office did not have outgoing investigators, although the pathologists went to scenes fairly regularly. Art Fisk provided good toxicology back-up.

I encountered three cases of direct blunt trauma to vertebral artery with massive subarachnoid hemorrhage during those two years. With great support from Joe Davis, and cooperation from a radiology technician, I wrote up these cases for the JFS (3). There has been some controversy about this lesion, with confusion with medial dissection and thrombosis from neck orthopedic injuries, or other etiology supposedly separate from the neck impact, but I still think the classical side-of-neck blow with direct arterial injury is valid (4). My departure from Miami resulted from discomfort in S. Florida climate, and better pay prospects in Philadelphia.

Philadelphia Medical Examiner's Office, Assistant medical Examiner 1970-1980. Chief Joseph Spelman died of pancreatic cancer one year after I arrived (July 1980). He was in his forties, had moved from Vermont, and created an M.E. office from the wreckage of a coroner system in which the two lawyers who had preceded him would sell the requested cause of death to the family from a variable price menu. His valuable deputy, Joseph (Ed) Campbell had also died prematurely a year before I arrived. The next senior assistant, Jim Weston, left for Salt Lake City, subsequently New Mexico, shortly before I arrived. That left Robert Catherman, Halbert Fillinger, Marvin Aronson and Robert Segal as my colleagues. Aronson was appointed Chief M.E., over Spelman's posthumous objections, since he had actively campaigned for Catherman on his deathbed.

Subsequent and prior events revealed the reason for the appointment. A year before my arrival, a policeman was shot accidentally by a handgun dropped by a motorist who had been stopped. The circumstances were clearly those of a dropped revolver without hammer safety stop whose hammer hit the ground and the trajectory was vertically upward through the officer's body. Catherman handled the case and was backed up by Spelman in the accidental ruling. Police Chief Rizzo, later to become mayor, was upset they could not charge first degree homicide, and decided to ensure a more pliable future medical examiner.

This pliability was later suggested in an incident involving Gregg Walter, an alcoholic newspaper reporter who wrote the article alleging favoritism from the D.A. (Richard Sprague) in failing to prosecute a State Police chief's son who punched a middle aged homosexual attempting to seduce him and killed him with a basal subarachnoid from lacerated vertebral artery. The resulting lawsuit against the Philadelphia

Inquirer brought the highest libel award in U.S. history for Sprague. The assailant later became an anesthesiologist and has subsequently had his license revoked for substance abuse.

A number of copies of medical reports related to Walter were circulated in Philadelphia, and they were found to be derived from records subpoenaed from the hospital by the medical examiner. The reason given was that an anonymous phone call was received by the medical examiner claiming that an unknown in the morgue was Walter and the records ostensibly confirmed the identification. The reputation of the office, and particularly of Dr Aronson, thereafter were impaired.

The result of this declining reputation came later, when the MOVE organization, a rabid militant black movement occupying a small section of the city, so inflamed the community that the police rashly dropped a bomb igniting their houses, and killing a number of innocent people. The Health Department, which oversees the Medical Examiners Office had so little faith in Aronson at this time and were afraid that his involvement would smack of collusion with the police, that they forbad him from having anything to do with the medical examiner's part in the investigation, which he was essentially removed from his official post.

Drs Spelman and Campbell had organized an office with great promise. They initiated an excellent monitoring system for hospital deaths which slowly degenerated after they were gone. The supreme irony was that a therapeutic misadventure, the very phrase created by Ed Campbell, took his life, after the diagnosis of his lung cancer was delayed by V.A. yearly chest radiology malfunction, by exsanguination from breakdown of his lobectomy stump. The untimely deaths of these two fine pathologists prevented the advance of an office which had shown great promise.

Dr Marie Valdes-Dapena had a close association with the Office of the Medical Examiner, until she moved to Miami. The era of Marie Noe's offspring deaths was over when I arrived in Philadelphia, but it was still well remembered. I never agreed with Dapena's fervent belief in a single entity causing unexplained infant deaths, nor with her refusal to believe that adults could harm infants. It was during my term in Philadelphia that Margaret Boykin brought three infants whom she had babysat into a local emergency room in fairly close succession. All were labeled SIDS by the medical examiner, but an emergeny room nurse was suspicious and called the police. Boykin quickly confessed to suffocating all of them. At the trial, Dapena testified for the defense that a pathologist could use only physical evidence at autopsy to opine on a cause of death, to the exclusion of ancillary evidence. The judge, to his credit, was not convinced.

It is ironic that the next fashionable COD for infants, the apnea hypothesis of Steinschneider, turned out to be based on two siblings who had been homicidally smothered by their mother, and that Marie Noe was destined to confess to smothering her brood and also to be convicted.

My time in Philadelphia was marked by plentiful case experience, interaction with excellent colleagues, and laying the groundwork for my next job in an outlying county. The worst part of that job was the long commute from another outlying county (despite official residency requirements).

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Joseph H. Davis, M.D.

NAME President 1975-76
Chief Medical Examiner, Dade County,
Miami, Florida 1966-2000

Why did I select forensic pathology as a career?
In June, 1954 my U S Public Health Service career was ending in New Orleans. I joined the Louisiana State University Department of Pathology faculty. Some pay was derived from autopsies performed for the Coroner of Orleans Parish.

Extremely interesting was anatomic pathology of fatal untreated natural diseases, trauma and intoxications. The role of alcohol in traffic fatalities was striking. None of these had been my experience in prior pathology practice.

Stanley H. Durlacher, M.D. was the LSU faculty director of the Laboratory of the Coroner's Office. In late 1955 he was chosen to become the first Chief Medical Examiner of a new Dade County Medical Examiner Office (Miami). He appointed me as an Assistant Medical Examiner. The office initially opened at Noon of March 15, 1956 in a former funeral home ambulance garage until an existing former laboratory animal building could be altered. This was adjacent to county operated Jackson Memorial Hospital which received clinical services from the University of Miami School of Medicine. Both Dr. Durlacher and I were granted faculty appointments.

Dr. Durlacher was thirteen years my senior, had formerly been with Dr. Russell Fisher in Baltimore and held a faculty appointment at the University of Maryland.

The former laboratory animal facility was a primitive tiny two room building used by us until the first real medical examiner facility was being planned and constructed.

In February, 1957 Dr. Durlacher attended the American Academy of Forensic Sciences at the Drake Hotel in Chicago, its annual meeting place. While discussing a paper he collapsed from spontaneous rupture of an aneurysm of the Circle of' Willis and died in March. The County Commission appointed me as Acting Chief Medical Examiner and made it permanent in June, 1958.

As with any medical practice, routine Forensic Pathology practice is not difficult to grasp. However a minority of cases involve cognitive thinking and careful ongoing correlation with developing circumstantial information. It was up to me to learn how to cope with complex cases, to operate an office, to integrate my services into the needs of police, prosecutor, courts, families, funeral homes, fellow physicians in clinical practice and the public at large.

Without a mentor it was up to me to develop systems best suited to the community. I constantly experimented with different approaches to documentation of findings, ways of presenting conclusions and defusing potential conflicts. I was open to suggestions from all whom I served. My home telephone was listed. I was available 24/7.

It became apparent that no single approach works for the infinite number of variables that permeate all sudden unexpected death investigations. Rote performance based on prior training elsewhere is not applicable.

Time constraints did not permit me to study how other contemporary forensic pathology agencies administered and developed case investigations and conclusions. If a problem in another office became publicized I sought the details to avoid making the same mistakes.

I had some limited forensic pathology exposure prior to becoming a pathologist. While serving as a medical corpsman in the U.S. Army during WW-II I assisted in the first autopsy I ever witnessed. A soldier, William Raspberry, vomited frankfurter fragments during an appendectomy and aspirated.

Later during my second year at the Long Island College of Medicine, now SUNY Downstate, I observed numerous New York City Medical Examiner autopsies conducted at Kings County Hospital, Brooklyn.

Nearly a decade later, while detached by the U.S. Public Health Service to the Bureau of Indian Affairs, I served as the only physician at the small hospital on the Ft. Belknap Indian Reservation, Montana. About 85 miles away was the Rocky Boy Indian Reservation at which I conducted a weekly clinic. At Rocky Boy two men lived in a tiny cabin which caught fire while they were known to be intoxicated from illegal smuggled liquor. Rumors spread that they might have been murdered and the fire set. I was requested to determine if they died before the fire. I borrowed a pocket knife from an onlooker, opened the tracheas of the charred bodies and demonstrated to the witnesses the inhaled smoke soot and highly pink mucosa. That seemed reasonable to me although I had never received any pathology residency training.

Places and times I served as Chief Medical Examiner
Dade County, now designated Miami-Dade County, was my only home base for 40 years.

Major accomplishments as Chief Medical Examiner
A. As a medical student I learned the value of integration of history, physical examination and laboratory testing. The diagnostic approach was from the general to the specific.

As a pathologist in residency training the opposite seemed to be the case, diagnosis

based upon gross and microscopic patterns and/or laboratory results.

When faced with medical examiner responsibilities to determine the cause of death, I learned that the general to specific approach was superior to a simple viewing of an autopsy based pattern. Circumstances as derived from police and other sources constituted the first aspect of history. Social and past medical histories made up the second. The environment involved was the third component. Together they created investigative hypotheses which shaped the autopsy and laboratory investigations. The final result is evidentiary opinion being based upon the total data base and suitable in court.

I also learned that initial circumstance history is usually incomplete. The telephone was the most vital instrument to use in diagnosis. Case example: Sudden death of a baseball player. Initial history: "Two players collided while each sought to catch a foul ball. One collapsed and was pronounced dead at the hospital." Autopsy disclosed no anatomic evidence of disease or injury. By use of the telephone I contacted the other player. I learned that the right elbow of the surviving player had struck the precordium of the victim followed by a walk of few steps before collapse. From rescue paramedics I learned that ventricular fibrillation had been determined on arrival. Caused of death listed on certificate: Ventricular fibrillation due to blow to precordium. In the descriptive part of the certificate I summarized the impact.

My analysis: Impact occurred at the critical part of the cardiac cycle and induced ventricular fibrillation. The brain contained sufficient oxygen to permit the final steps before collapse. I do not use words that are meaningless to the reader of the certificate or autopsy such as "commotio cordis."

B. Teaching others that the autopsy must never be rote or consist of a pre-existing printed form. The narrative must be flexible with great detail about the cardiovascular system and appropriate microscopic slides when an abnormal cardiac rhythm occurred. In a firearm death the emphasis is upon the wound surface and pathway if the victim is youthful without evidence of heart disease. In that event the observations should clearly indicate which abnormality caused the death.

When a puzzling case arises, my advice to my associates is "Pretend you do not have a dead body. Analyze the circumstances and ask yourself what injuries or findings would you expect to observe at autopsy." This is a useful method to apply in selected cases.

C. Self learning that each medical examiner case is not the same as other similarly categorized cases. I heard a forensic pathologist describe atherosclerotic coronary artery diseases as "all the same." To me, each case has unique aspects that create a better comprehension of why some die earlier with less obvious anatomic disease than others who survive with more severe disease.

D. During my tenure we performed over 81,000 autopsies, 12% by me. My policy was to bring into our office for direct viewing and/or autopsy every medical examiner case referred to us except those that involved only a cremation review.

The reason for bringing in the cases was to assure that the physical evidence - the body - was consistent with the circumstances preceding hospitalization. I automati-

cally sent a copy of the autopsy report to the medical records librarian of the hospital.

I considered those 81,000 case files as the textbook of forensic pathology and medical examiner service. Each file contains police circumstances, additional history, appropriate medical records, newspaper clippings, messages, the gross and microscopic autopsy, laboratory results and photographs. Elsewhere paraffin blocks, microscopic slides and the hard copy case files are permanently retained. Why? Our files contain unique information suitable for retrospective social and medical research. Example: We possess detailed information about poisons that are no longer available but may be encountered under unusual circumstances. Another reason is that textbooks and published references are incomplete and ill suited for problem solving. If I am to testify in court, it is best if I rely upon real experiences rather than books.

In summary, the County has changed over the decades. The poisons, the types of death, patterns of automobile injury, drowning circumstances, violence and so forth are permanently documented for review and study.

Education has been a core function of the office. One year we kept a record of how many live audience people that members of our staff addressed: Twenty-two thousand people.

Efforts on behalf of forensic pathology and the forensic sciences

Two Broad Categories – General and Specific

General: Throughout my tenure as Director of the Medical Examiner Department whenever possible the choice of response to problems and requests was in terms of “Preaching the Gospel of Forensic Pathology service to all.” I never said “No” to a request. People individually and those representing agencies formerly ignorant of the value of medical examiner service became aware and appreciative.

Specific: Throughout my career I received requests to participate in programs conducted by service organizations. I never declined even though not conversant with the details of operation. Ignorance was not a cause for denial but a reason to accept and learn. I also joined the Miami Rotary Club exposing my office to myriads of “movers and shakers” of the community. I rose through the ranks of organized medicine, served as president of the sixth largest medical society in the U.S. creating appreciation of the medical examiner as a valuable branch of medicine. As a committee chairman of county and state medical societies I learned the rudiments of by-laws preparation, organizational ethics, and legislative processes. Demonstration of the benefit of medical examiner service to others was also of benefit to me from the knowledge gained.

The list of interactions over the 40 years is too long to list and much detail has faded from memory. NAME and the AAFS are a given.

Recollections of places I have trained and worked
Not applicable as most of my training and working is centered about Miami-Dade County and the University of Miami.

Comments about people who trained me and from whom I have learned

Had he lived, Dr. Durlacher, thirteen years my senior, would have been my mentor. Because of his early death I was self taught. I did make it a practice to pay attention to others, how they performed, cases they discussed and acquire as much benefit from them as possible. I have sat through many a lecture presented by one of my peers, a lecture that I could have presented. However, I always learned something of benefit about case investigations and methods of presenting concepts to an audience.

Recollections about people I have trained

First and foremost – I never trained anybody ……. I only gave them an opportunity to learn. Each trainee, medical students locally and from abroad, Forensic Pathology residents seeking American Board of Pathology certification in the subspecialty of Forensic Pathology, pathologists or those in a variations of legal medicine from abroad, and others involved in visiting with us to further their careers, and those attending specialized classes, each brought with them some specialized knowledge or experience that would expand the horizon of knowledge available to all.

I always sought to find out what hobbies or special interests that a visitor had. That information could be shared with others.

Most attendees were motivated. Some were less so inclined. The numbers are vast and beyond my memory. I am unable to recollect all that should be mentioned. Faded memory permits me to recall a few.

Jack Temple was a member of the Premed Honor Society at the University of Miami. From an address I gave to his group, he and Rick Bossardt spent the summer. Before they entered the University of Miami School of Medicine, they had already had a paper accepted for publication in the July, 1975 Journal of Forensic Sciences. It concerned corrosion of steel tanks used for Scuba diving. After achieving his doctorate degree, Dr. Temple became an Internist and has been with the U/M faculty to this date. He has achieved the highest of teaching honors in his outstanding career.

Prior to the creation of the Forensic Pathology subspecialty board, pathologists were already forensic pathologists, many of whom I was privileged to meet during my early years. The first pathologist who joined our office in a full time capacity was Dr. Raymond Justi, whose clear thinking mind and ability to choose correct and meaningful English during stress was superb and a wonder to me. Ray could always observe the core of problems and their solutions. He came from humble Italian roots. I recall how his father could never understand how he could still be a doctor and do what he did as a medical examiner. After he left our office to join an active local pathology group, he was an active member of the Aesculapian Society, a small group of local physicians representing different medical specialties from private practice and the University. Ray always presented erudite discussions at our meetings.

When our formal Forensic Pathology residency program began, my first official resident was Joseph Rupp, Ph.D., M.D. who before retirement was the Chief Medical Examiner in Corpus Christi, Texas. I shall never forget his unfettered enthusiasm over escaping from the Ph.D. land of experimental mice and joining the stimulating field of Forensic Pathology. His slogan was: “The Scene’s the Thing!” When he discussed a scene, the first photograph was the building in which the death occurred. His pet introductory phrase was “This is a house” followed by a well edited and presented

case.

Our former residents are scattered widely over North America including Puerto Rico. Most hold or have held positions of leadership. Space plus a fading memory prevent me from giving them richly deserved credit.

One former resident, Dr. Jay Barnhart, now retired and living in Rockledge, Florida stands out in my memory for several reasons, one being that I see him now and then. The first outstanding memory is that Dr. Barnhart and his brother conducted a family practice on the Eastern Shore of Maryland for 17 years. When the practice of medicine became subservient to third parties, his brother joined the U.S. Air Force and Jay obtained his boards in Pathology and then came to us for his Forensic Pathology. In his former days, he often encountered medical examiner deaths in his portion of the State remote from the central office in Baltimore.

What he brought with him was diagnostic skills well beyond the ken of pathologists plus the management skills to operate an agency. After he was with me for a week, I would opine that when he arrived, I could have given him the keys to the office and he could have run it as well, if not better, than I. I called him “Our real doctor” in view of his clinical skills.

He had many other attributes, an undergraduate degree in botany which resulted in him becoming a docent in Fairchild Tropical Garden, one of the great arboretums of the world. Another attribute was music. He is an accomplished pianist and organist. Close by lives Lt. Marshall Frank, whom I knew when he was a key member of the Homicide Bureau of the Miami-Dade Police Department. After retiring from a distinguished law enforcement career, he went on with further governmental careers until he became fully retired. Marshall surprised me once when I had purchased a violin. He asked to try it and produced the most intricate and perfect Paganini violin music one could hear. Surprised, I inquired about his skill. “Before becoming a cop I was a concert violinist.” He has written a number of excellent books that are worth reading by any forensic pathologist.

Today he and Dr. Barnhart perform a service to patients confined to nursing homes and elder facilities. They jointly present gratis musical programs to these patients.

Other attendees to our office are represented in legal medicine offices in Europe and Asia. Their interactions with our department have been mutually beneficial.

Major controversies and frustrations in completing my responsibilities
When our office commenced operation at Noon on March 15, 1956, no such service from a central office existed in Dade County. Surgeons became used to certifying trauma deaths and continued to do despite repeated educational programs and informational letters to hospitals of the community. Time was devoted to tracking down the details of deaths that should have been reported but had not. Getting upset was not an option because causing change in people long used to a certain system or lack thereof usually equates with a ten year period when the solution is their retirement. This medical examiner always used persuasion and his time and resources to solve those dilemmas.

In 1885 Florida’s Constitutional revision abolished coroners and gave the Justices

of the Peace in each county the authority to hold inquests. Our enabling legislation, Chapter 30228, Laws of Florida, 1955 skirted the issued and let us exist as a parallel agency. For the most part there was little problem but occasionally one Peace Justice would want to rule opposite to what we had already certified. My response to controversy was never become combative. We were already operating at maximum and confrontations were non-productive. My advice privately to my compatriots was to go around any obstruction. "Sooner of later the problem will be solved by change in status, retirement, death or indictment." Another maxim was what Thumper, the rabbit in the cartoon, was told by his mother, "If you can't say anything nice, don't say anything at all." I would never blame others even in private because private ceases to be private if mentioned to even one person.

Another means to avoid controversies is to remain aware of the problems of other medical examiners that may be publicized. Gather staff and inquire "What are they being criticized about that we are also doing? How can we modify what we are doing to avoid the same problem?" A 5 inch thick three ring binder of news clippings and background data about other medical examiners being publicly criticized exists in the Miami office.

Another example: The Investigations Bureau chief and the Director of Operations enter my office, "We have a problem. We have lost a body." My reply, "First - obtain for me a second by second inch by inch complete reconstruction of the events associated with the loss. Second – prepare for me a list of recommendations of changes in our procedures to minimize this from occurring again. Third – do not tell me whose fault it is. I know that already. It is mine. The buck stops on my desk."

Almost always those involved in the error are excellent loyal employees. Placing blame is no way to correct a problem that has occurred.

Academic involvement through research, education and training
Dr. Durlacher would not accept a position in Dade County unless granted faculty status at the University of Miami. He and I were faculty members of LSU when he was being considered. He brought coronary artery research projects from the University of Maryland to LSU and carried them to the University of Miami. We were granted faculty status. In 1967 I was appointed Professor and granted tenure although my major income was as a County employee.

During the early days I had 12 teaching hours for the 4th year medical students. I presented forensic pathology and arranged for others to cover aspects of legal medicine.

Over time the medical schools of the United States underwent intensive changes in their curriculum. I lost the hours in the senior class and none were forthcoming for other years.

My policy was to expand each case with as much background information as possible. If a medical examiner death occurred in a hospital, pertinent copies of the medical record accompanied the body and were incorporated into our records. My idea was to create a means for retrospective research.

This policy paid off in my relationship with faculty members involved in other depart-

ments in the medical school. I made the records available to faculty members when their research concerned matters within our records. I would not consider being an author of papers unless I had personally contributed. My bibliography reflects a number of jointly authored papers covering a myriad of subjects.

The University of Miami in recent years developed a program to honor faculty members who, in the opinion of faculty throughout the University, had made outstanding contributions to the University. Over the years three faculty members I had worked with received this honor. They invited me to the ceremony marking the award. Much to my surprise they publicly thanked me for helping them initiate their research.

One of the most outstanding University of Miami achievements, by virtue of its world wide implementation, was the mid-1960's creation of the concept of rescue paramedic responders being trained to perform advanced cardiac life support (ACLS). I had welcomed the City of Miami Fire Department rescue personnel to observe autopsies upon cases that they had been involved with. In those days, it was only the Red Cross first aid measures that were available.

Dr. Eugene Nagel, recent addition to the Department of Anesthesiology from Johns Hopkins Hospital teamed up with Dr. Jim Hirschman, private practice of cardiology and also amateur radio operator. Dr. Hirschman had created an ECG telemeter device which allowed him to receive an ECG from five thousand miles away, interpret it and radio back the results, all from his home in Miami. Dr. Nagel, an electrical engineer prior to medical school, expanded his Johns Hopkins resuscitation knowledge into the concept of fire rescue paramedics operating ECG machines and defibrillators. Captain Manuel Padron, head of the Rescue team of the Miami Fire Department had the staff ready and willing to learn. I was involved with them as my office had the space for training and I could assist the firemen in the anatomy and physiology of the intubation and resuscitation process. It was a success. I well remember the first person in world history who collapsed upon the sidewalk in ventricular fibrillation and was successfully resuscitated to be discharged from the hospital back to his former activity. He used to visit the Fire Rescue Crew who saved him to express his appreciation. A few years ago the Miami Fire Department arranged for a celebration in memory of those pioneer days. Attending were those still alive who were part of the original crews. Drs. Nagel, Hirschman and I participated. I have retained the plaque which designated each of us as a "Pioneer in Resuscitation".

I participated in the genesis of other University programs. One was to establish the School of Engineering as a Center for Crash Injury Research. Out of this came many innovations plus a close working relationship with Dr. William Haddon, the first director of the National Highway Traffic Safety Administration.

The genesis of the Department of Epidemiology and Public Health of the University involved me. Its first emphasis was a Pesticide Research Center. At that time Dade County had the highest death rate from organophosphate poisoning in the United States.

The Ryder Trauma Center of the University of Miami did not exist. Evidence to support the concept lay within my files where we demonstrated the loss of life from lack of proper trauma care. I participated in the monthly fatality review meetings…a great learning process for me.

The University of Miami Bone and Tissue Bank was established in the University by Dr. Theodore Malinin. Our cases were sources for sterile specimens for preparation and transplantation. When we built our three building complex at the north-east corner of the medical center complex, we included a five room sterile autopsy suite. The value of sterile techniques is that large bones, including a hemi-pelvis, can be transplanted. This is not possible with non-sterile post autopsy recovery followed by sterilization.

Many other relationships have occurred and are maintained to this day.

Legislative change in which I was involved
A. Initial legislation concerned barbiturates in Florida in early 1960's.

B. (1) Chapter 406, Medical Examiner Act, Florida Statutes enacted in 1970. I played a central role in developing concepts that would apply to a state where an automobile driver traveling from Key West to Chicago found the half way point to be Pensacola, Florida in another time zone, a state with widespread demographic, fiscal, political differences.

(2) After enactment of Chapter 406, F.S. residual portions of prior local medical examiner or pathology service within various Judicial Circuits remained on the books and were a source of irritation to those needing access to records. I arranged for a quiet behind the scenes introduction of a "house keeping bill" to repeal those bothersome laws.

C. Health providers mandatory reporting of gunshot wounds legislation: When we commenced in 1956 I found reporting was already custom and was thought by all to be law. However, there was no Florida law. I contacted Attorney Generals throughout the U.S. and received copies of what already existed, then arranged with police lobbyists to introduce corrective legislation.

D. Implied Consent and Chemical Test Law for Florida: My plan was a 20 year period, 5 years to collect data, 5 years to educate Dade County, 5 years of State-wide education and 5 years to obtain Legislative and Governor approval. It only took 11 years because the Dade County Citizens Safety Council was revitalized…and I was on its Board and eventual President.

E. Fleeing drivers became a crime: No law forbid a driver to flee when ordered to stop by a law enforcement officer. I was asked by police how many deaths had been caused by "police pursuit?" Within a few days I had compiled the list, wrote a summary and created a proper title "Deaths Caused by Fleeing Drivers" thereby putting the onus upon the driver, not the police. When it came to the final vote of the Legislature each member had a copy of my document on his desk.

F. Participated in changing Pesticide Regulations of the State of Florida: In 1965 Dade County had the highest death rate from organophosphate (mostly parathion) pesticides in the United States. That year we utilized on our agricultural fields enough parathion to kill every man, woman and child in the entire world. Anyone could purchase a 3 pound sack of 15% wettable parathion powder sufficient to kill 3000 people. Glass gallon jugs of 80% parathion concentrate could be purchased by anyone. Accidental deaths were common, suicides less so, and homicides least...

but all occurred and many required my personal scene visitation and reconstruction of events.

G. At the Federal level, I testified pertaining to the white phosphorous edible paste used to kill roaches and sold to the general public. We had eleven deaths, one child having “smoke issuing from rectum” noted in the hospital record prior to death. The result was decertification of this pesticide for use by the general public.

H. When the southern leg of Interstate 95 was completed in Dade County, I was appalled to note an absence of proper median separation of traffic lanes. I contacted the Chairman of the State Road Board with data back up with the result that I-95 safety omission was corrected.

I. At the Federal level I participated in the setting of priorities for post crash rescue efforts of the 16 Standards set by the National Highway Traffic Safety Administration and later for the removal of lethal automobile hood ornaments.

My contributions to the field of forensic pathology
When we commenced in 1956, the United States lacked forensic pathology services in many large areas. Governmental programs which we take for granted today did not exist.

Often I was called upon by citizens or police or prosecutors for assistance when these gaps occurred. My rule was never to say “No” but to step in and help to what extent capable. The Williams Act of 1970 established OSHA. Before that time government did little to promote safer industrial methods. I recall one case where a cable under 18,000 pounds tension “broke” (as notified by police) and a worker was killed. I determined it was not caused by a break but by use of an improper sized cable splicer. My documented facts and photographs were sent by me to the manufacturer with a recommendation that a splicer be color coded as to size as well as numbered.

Every request that had nothing to do with my duties under the law was honored pro bono to demonstrate the value of medical examiner service.

Perspectives I gained as a medical examiner

When I started I had never been trained to appreciate trauma, cause and effect of social problems, the role of toxicology and engineering sciences in forensics as well as forensic psychiatry or other specialties that exist within or without the American Academy of Forensic Sciences.

With 40 years of learning experience I have gained a much wider sense of the world and its peoples and their variations.

A forensic pathologist medical examiner must be a generalist with some familiarity of a multitude of things having little to do with traditional practice of medicine.

The medical examiner should not consider himself as an expert in all these fields but should be aware of what the jobs of others require and how they may be utilized in problem solving.

I am still learning from what I encounter on the Internet and Cable Television via such channels as Travel, History, Discovery and Health.

Difficult cases I have managed

A. When it comes to homicide by violence, experienced homicide detectives usually have figured out what happened before I arrived. Non-homicide cases tend to be most difficult because police focus upon crime.

Medical examiner cases for the most part are rather simple to evaluate in a satisfactory manner if one does a good job and continues to be aware of the potential for error in any case.

B. A minority of medical examiner cases are more difficult in terms of:

(1) "Negative" autopsy findings where which many consider as no evidence as to cause. To me "negative" does not exist. We merely have not yet developed the means for detection of all abnormalities by existing laboratory methods. Only recently discovered is the role of genetics which determine those hearts prone to dysrhythmia, anatomic findings not withstanding.

Circumstantial reconstruction requires personal attention to detail omitted in the initial report. The telephone is the most important tool to solve such cases. The prior example of the two baseball players who collided and one died from ventricular fibrillation from a blow to the precordium demonstrates the value of follow up telephone inquiries.

C. Environmental causes are often subtle and require personal attention to circumstantial reconstruction.

(1) Defective electric tools may lead to death by ventricular fibrillation without electrothermal burns of skin. Example: On a wet day a man was trimming his lawn with an electric edger. His wife called to him that lunch was ready. When he did not come in she found him dead alongside the operating trimmer. Electrical death must be ruled out by a careful evaluation of the tool.

It was equipped with a properly polarized plug. The switch on the handle had failed. The owner bypassed the defective switch using an external in-line metal cased switch with no adequate grounding mechanism. The energized wire was loose enough to touch the metal case intermittently depending upon position. It was a perfect trap. When the wife called to him to come in for lunch, he reached down to push the poorly installed switch with its metal case. Wet feet plus 110 volt 60 HZ was perfect to induce ventricular fibrillation.

Because no adequate system exists to analyze defective tools, I assumed that function. An autopsy upon the tool, wiring or device is the most important part of a medical examiner investigation of an electrical death. A long shelf in our conference room displayed a large amount of electrical tools that have caused deaths, one manufactured in the 1930's.

(2) Much South Florida coast is mangrove swamp with deep anaerobic rotted vegetation soil, perfect for generation of Hydrogen Sulfide gas. Many think of Hydrogen Sulfide as merely rotten egg smell but few realize that it is as toxic as Hydrogen

Cyanide gas. At lethal concentration olfactory senses fail to detect its presence. A ditch digger collapses. Another goes to the rescue and dies. Too late is recognition of the danger.

(3) Carbon Monoxide from many sources has always been a danger, poorly understood by initial responders. In our New Orleans toxicology laboratory the wife of an employee stayed behind while others went to lunch. Upon their return she was found almost unconscious. All she could recall was feeling ill and inability to depart from the premises. A gas operated wall mounted water still was in operation. We called the gas company to investigate. The company technician walked in and, with a heavy New Orleans accent, spoke these words, “I don’t smell no monoxide” and departed. We purchased a Mine Safety Appliance carbon monoxide detector and became the unofficial testers of suspected carbon monoxide hazards. I recall being dispatched to a scene where a police officer had “killed his pregnant wife, her mother and then himself.” I found the defective space heater in operation that cool evening. Another case was a call for me to respond to the scene of a baby death due to the neglect of drug intoxicated parents. I detected the Servel gas refrigerator responsible for the death, tested its gaseous effluent and prevented a wrongful arrest.

Some personal carbon monoxide death investigations have resulted in retrospective tracing from one scene to another and finally to a defective automobile exhaust system. All such cases are complex and may easily be overlooked by medical examiner or police investigators.

14. How I dealt with job-related stresses, anxiety and personal performance issues

I am a private person not apt to tell others how I feel in terms of stress, anxiety, personal discomfort or problems. I do not care to share them with others because others carry their own burdens. I do not believe in medications or alcohol to alleviate problems because my investigations teach me otherwise.

I can recall being at the shopping center with my wife and feeling tense….so I went to the magazine rack and obtained a magazine dealing with mechanical matters, automobile, firearms or what ever was inexpensive mind calming information.

In the initial years of medical school three of us shared an apartment. Our slogan was a joking “Push, Grind, Shove, Study.” In actual practice we did not substitute partying when study came first.

My father was a self made man who left home at age 17 without a high school degree. His first job was driving a horse drawn delivery wagon serving German speaking bakers. He went to night school, learned German and when sufficiently fluent spoke it on the route. Sales rose dramatically. A key corporate executive noticed and appreciated the work ethic. As that executive rose to head up a major company, my father also made out well in the corporate world. I mention this because all too frequently the tendency is to equate work and devotion to duty with paper degrees and n Actually I prefer stress to stay active. All organisms require a degree of stress in order not to fail.

of performance. The innovators of the late 19th Century in the United States were successful by their own work, not formal education.

As for me, I always worked to full capacity and ability while taking on tasks outside my responsibilities because I learned and others required my assistance. Often I would work 24 hours round the clock due to autopsies, scenes, meetings and court. Twice I recall 48 hours without sleep in order to keep abreast.

My goal was to do the best job possible and act as an example to others in terms of work ethic. Actually I prefer stress and to stay active. All organisms require a degree of stress in order not to fail.

Of course none of this would have been possible without the consideration and care from Rose Marie, my wife at my side for 49 ½ years. Even today my adult children reliving their childhood comment on how she kept family problems on her side of the relationship.

Perhaps the reader may note the time I have devoted to these NAME memoirs at 86 years of age. Why? It is the continuation of a perpetual desire to stimulate those who may be receptive to self improvement.

Aside: On February 2, 2011 a luncheon was held in my honor at the Florida State University Club sponsored by former police investigators some who were present when our office opened in 1956. They all appreciated what I taught them. In response I pointed out that I also learned from them.

Am I prideful? No, I am humbled and somewhat embarrassed by such attention.

Not all medical examiners can enjoy the freedom to perform as did I. They are locked into legal, political and administrative systems unbending in operation. I was fortunate to have the opportunity to enter into a medical examiner system that was new and not bound by precedent. Shortly thereafter the County embarked upon a new concept for Florida, the Home Rule Charter with a Manager-Commission governing system eager to demonstrate success.

The County Manager has important functions that are lightning rods – police, property assessment, taxes, County Commissioners. The Medical Examiner Department is one of the smallest. I felt it was my job never to bother the Manager and to perform in a manner that would reflect well upon him and the County Commissioners.

Other recollections

Innumerable recollections come to mind which involve governmental and administrative systems, records management, death investigation systems, history, etc. Time and space are limited. Previously cited are some. Space and limitations of memory preclude expansion of this category.

Advice for forensic pathologists entering the field
A. Each case requires PRE-AUTOPSY ANALYSIS of three generic components:
-CIRCUMSTANCES based upon witness and physical evidence at sites of onset, transport, and determination of death

-HISTORY
(a) Medical
(b) Social.

-ENVIRONMENT which provides causative factors and alterations of evidence or artifacts.

These generate preliminary “INVESTIGATIVE HYPOTHESES” which shape the autopsy plan suitable for final CORRELATION of all information plus ANTICIPATION of future needs or questions concerning criminal, civil or humanitarian factors.

B. AUTOPSY requires investigative data based sequence of dissection plus sites of emphasis and detail of documentation including photographs. Text must create in the mind of the reader a correct visualization of what was observed.

At the end of the gross autopsy report gross autopsy findings should be listed in logical sequence based upon material facts of the case.

C. LABORATORY Tests for evidence of toxins, alteration of body chemistry, infectious agents and genetic markers-

(a) Require proper specimens and containers for subsequent determination of test materials and procedures.

(b) Require microscopic slides with emphasis upon those tissues affected by disease or injury.

(c) Require logical listing of these additional findings.

D. PHOTOGRAPHS require proper composition and include orientation views of all close-up photographs.

The final report contains

(a) Facts and data constituting the WORK PRODUCT of the Medical Examiner investigation. Do not comingle work product of police, other physicians or agencies. Keep that information in the file separate from the Medical Examiner work product component.

(b) Cause of death for the death certificate and final EVIDENTIATRY opinion constitutes the statutory duty of the Medical Examiner in a manner acceptable to rules of court admissibility.

Maintain awareness that the officers of a criminal court require the medical examiner to participate in the determination of the CORPUS DELICTI, the “body of the crime” which must be placed into evidence BEFORE proceeding with the accusatory phase leading to conviction. The Corpus delicti has three components:

A. IDENTITY meaning that the dead body being discussed in court is the same as that examined by police and witnesses including the Medical Examiner. The Medical Examiner must assure that correct procedures are carried out before the body leaves his jurisdiction.

B. DEATH NOT FROM NATURAL CAUSES requires a critical role by the Medical Examiner with input from police who have access to witnesses.

C. DEATH DUE TO CRIMINAL ACT of another is mainly a police matter but does

require input from the Medical Examiner.

The Medical Examiner is expected to respond to ordinary witness questions plus expert witness questions often in the form of hypothetical questions.

The most sage advice is remain ever humble, neutral, help each questioner whether prosecutor or defense while maintaining an aura of fairness and lack of advocacy.

No death is ever identical in all respects to any other. Variables are infinite. Text books and peers are never familiar with all variables. Accordingly do not deny what seems new to the Medical Examiner but seek to investigate fully. Be curious about everything. The Medical Examiner must be a generalist because death circumstances have an infinite number of variables. As far back as I can remember, I have always been curious and willing to learn more about any topic.

Finally my most important advice: Never use the term “It is not my job” when someone seeks help. It is the job of the Medical Examiner to assist that person into finding a solution to the problem, often by simple referral to the proper person or agency. Being curious about anything and everything expands the ability to assist others in need.

How my work experience changed me, changed my life, and what I learned from my work.

In the beginning of my career as a forensic pathologist I was influenced by the classical teaching of pathology to extrapolate from the smallest piece of evidence and render a “diagnosis.” A few cases into active forensic pathology practice taught me that an autopsy centered investigation with little or poor circumstantial information has a potential for error. Later it became apparent that the needs of others for my work product went far afield from a statutory duty to “determine the cause of death.” I also found that Webster’s Unabridged Dictionary has a long list of meanings for “cause.”

I also found that others expected far more than minimal statutory requirements.

The Medical Examiner is a creation of the Legislature and is subject to the whims of that agency. The only political influence the Medical Examiner enjoys is the respect of others from all walks of life and whose opinions influence legislators and others in government.

Youth creates impatience from which flows intolerance. Knowledge is restricted by a limited life experience. Work experience and time create tolerance of the customs of others. That does not mean that I adopt all religious and political ideologies. I have become more politically conservative but I will listen to those with different views.

Humans do not change from one generation to another. When in the U.S. Army during WW-II the Army placed me into the Army Specialized Training Corps. It was a college program to create more specialized personnel for the continuation of the total war. Part of this entailed being detached to Princeton University for an accelerated pre-medicine non-degree course. Obligatory reading was a recently published book by biologist and Professor of Natural History Edwin Grant Conklin, entitled Man, Real and Ideal. One major theme is that the human race will remain the same as long as Homo sapiens maintains its genetic status as Homo sapiens.

When framers of our Constitution met in convention in 1787, many were superbly educated in the classic civilizations of antiquity, their rise and their fall. That knowledge of learning from history enabled the creation of a model republic. Few of each successive generation appreciate what those at the Constitutional Convention discussed. We owe James Madison an everlasting appreciation for his shorthand documentation of the proceedings. I urge all readers of these memoirs to review that document.

Of all the minds of that time, Thomas Jefferson stands out in being a brilliant superbly educated generalist who possessed great cognitive skills. John F. Kennedy held a dinner in the White House for a group of the brightest minds in the nation at that time. He made this statement: “This is perhaps the assembly of the most intelligence ever to gather at one time in the White House with the exception of when Thomas Jefferson dined alone.”

The Internet has provided a means for distribution of excerpts from writings and speeches of such great people. Unfortunately, most Internet excerpts are taken out of context and lack proper attribution. It is well to read the total document instead of blind acceptance of an excerpt.

18. How has forensic pathology changed during my career, for the better and for the worse?

A. BETTER: Training programs are greater in number as are Board Certified Forensic Pathologists. Standards for the programs are more rigorous than before.

B. WORSE: The poor economy and fixed political structures in many areas of the U.S. has decreased the pool of applicants. In addition the removal of autopsy percentages required for hospital deaths has created a pool of potential forensic pathologists who lack basic skills and tenets for autopsy performance.

C. LACK OF EDUCATION IN APPLICATION OF LOGIC to performance and interpretation of autopsies and investigations. I am aware of only one Pathology training program which includes teaching and application of logic necessary for proper interpretation of autopsies. .

I make a point of asking a Ph.D. degreed individual the subject of the Doctorate Dissertation. Much to my delight, Jon Nordby, Ph.D. of the General Section of the AAFS answered “logic.” I told him I possessed the 60 volume set Great Books of the Western World. When I studied logic as presented by the great minds of the past, nothing seemed applicable to the practice of Forensic Pathology.

In the past Dr. Nordby had been a scene investigator for the newly created Pierce County (Tacoma) Medical Examiner Office. I suggested he write a book that presents logic in a form suitable for forensic investigators. At the next annual AAFS meeting he informed me it was now in print, Nordby JJ Dead Reckoning: The Art of Forensic Detection, 1999.

Knowing what I know now, would I “do it again” under the same circumstances as when I began, or under today’s circumstances?

Under the same circumstances when I began has only one answer, Yes. My career has been most satisfying from its beginning to the present. The reason's are clear when one reads all the above.

During the initial decade in Miami, Dade County local government was undergoing change to a Home Rule Charter, totally new to Florida and subject to numerous tests in court and at the ballot box. I retained my California medical license and was prepared to return to the practice of medicine in California if circumstances became intolerable. Most would not have dedicated the working time around the clock but the fascination with learning and doing kept me in Miami despite employment opportunities elsewhere.

B. Under today's circumstances, probably yes although the pioneer aspects of 1956 no longer exist. New tools, expectations and fiscal challenges of today add spice to a career in Forensic Pathology. Looking back to March 15, 1956 and the intervening decades to the present, fiscal challenges have always existed and could always be tolerated with the solace that it can only get better.

I am enthralled by the scientific changes in medicine and the understanding of mechanism of life. Example: Old texts of toxicology classified poisons into categories according to what overt damage they exerted. One classification, protoplasmic poison, no longer appears in the light of current knowledge of cellular metabolism.

Forensic Scientists, including pathologists, are faced with new challenges to justify opinions in terms of science, an interesting concept in view of our heritage of the "art" of medicine. Even today, I spend telephone time discussing these challenges with learned legal academicians. I do not feel that I have "solved" any problems but I can still play a part in a discussion.

Personal information such as family, hobbies and interests play a significant role in the genesis and maturation of my career

A. My personal drive to devote all time to the tasks of medical study and practice kept me single until age 28. At this time I felt the need for family attachments, met Rose Marie, a nurse at the same hospital where I was stationed, proposed and had a simple inexpensive Justice of the Peace wedding, bargain price $10.00 actually paid by my colleague and best man, Dr. Jack Gregg, a pediatrician. Rose Marie, with three children age 4 and younger, had been recently divorced. My career has been most satisfying from its beginning to the present. From single status to married with a full family in one step was most fortunate. We had four more of our own totaling 6 girls and, following a lapse of seven years, a boy. To all, I am their "Dad."

Today I recommend girls to be a major part of the mix as they are blessed with a caring capability. When Rose Marie was in the terminal stages of Parkinson's Disease the girls took turns staying with us and caring for her until the end.

Rose Marie was the main stabilizing factor in furtherance of my career. She tolerated my devotion to work and did everything possible to keep my career on course. In 1959 I left the check book to her because I needed more time for service. Until two weeks before she passed away, she maintained the home expenses. I had to visit the credit union to learn how to assume the task. I owe my career to my wife and companion for 49 ½ years.

B. Hobbies imply discretionary time, of which I had none. Early in life my hobbies focused on sciences, biology and chemistry. I studied the high school chemistry textbook the previous year to the class and created a large home chemistry laboratory. The hobby was balanced with ample friends with whom I explored the swamp and woods, explored abandoned mines, engaged in winter sports and spent summers in Maine and Vermont. Always with me were books to read.

C. Interests in the form of curiosity have always been a part of my life. Curiosity is the catalyst that led me into the multitudes of activities that arose from the core vocation of Forensic Pathology.

In closing, I would reiterate a driving underlying concern during my career in Forensic Pathology. My greatest fear that stimulated extra investigative procedures is to assure that my personal work product or opinions never result in wrongful arrest or conviction of a factually innocent person. I see evidence that some Forensic Pathologists do not possess the same concern. I doubt that they would intentionally engage in a wrongful conviction. I suspect that their personality structure make them unaware of what they do to create a miscarriage of justice.

Joseph H. Davis M.D.
April 2011

Additionally Dr. Davis submitted a short form below
When I first started in forensic pathology at the instructor level at LSU, we younger pathology faculty of LSU and Tulane augmented income by performing autopsies for Dr. Nick Chetta, Coroner of Orleans Parish. The head of that service was Stan Durlacher, Associate Professor at LSU, whom Chetta had recruited from his affiliation with Russ Fisher. Fisher was one of the early pioneers who trained with Alan Moritz at the Harvard Department of Legal Medicine. Accordingly, his thinking was along the lines of Moritz -- pretty good mentoring if any of you have recently re-read Moritz' 1956 article, "Classical Mistakes in Forensic Pathology" (Am J Clin Path, 1956).

When Durlacher was chosen to head the newly created office in Miami opened on March 15, 1956, I went along expecting that Durlacher, 13 years my senior, would be a good mentor. He had told me, as per Fisher, not to play detective in place of the police and to be careful not to infringe on their turf. Translated that meant not being their critic and judge. Let others do that.

One year into our Miami experience, Dr. Durlacher died and I was placed in charge ... young, relatively inexperienced and not quite sure how to figure out the complex cases. So I experimented with different approaches on how to obtain information, how to retain information from the autopsies, and how to get along without much laboratory support. Our toxicology was in its infancy.

Quickly I learned that the scene and circumstantial data gave the most useful information in guiding the autopsy and its interpretation. My mentors were not the greats of forensic pathology but the experienced homicide detectives, the criminal defense attorneys, the cases and their autopsies (no sign outs unless it was clearly not a statutory defined medical examiner death). Due to being on my own, I was not burdened with any preconceptions that the way to go was because "this is the way I was taught." My approach, other than constantly doing more, not less, was con-

stantly changing as different methods were tried. Any ideas that anyone, employee, detective, funeral director, offered was taken seriously. Sometimes I followed up an autopsy with a visit to the funeral home preparation room for another “look see” to assure myself that something had not been misinterpreted.

That worked well and made up for deficits in our laboratory and information acquisition (no scene investigators). During my entire career I paid attention to what was going on in the other coroner and ME offices that could be of benefit. When visiting places, I would look at random case records for ideas. Never did I think that I had the only proper way to solve forensic puzzles as I strove to stay out of trouble and the limelight. Out of this came the philosophy of investigation. It seems that some 20 + years went by before concepts of diagnostic thinking solidified. This is what I tried to instill in my associates by example. So from the standpoint of being a mentor, my opinion is that I never “trained” anyone, only furnished the opportunity to learn by doing.

Finally, I am most gratified that Dr. Bruce Hyma has improved upon what I left behind with better case reviews and documentation of data. I always enjoyed seeing others succeed in improvement of forensic pathology standards. Compared to what did not exist a half century ago, forensic pathology service in the United States is far ahead of the past. I wish Alan Moritz could come back for a look see.

Joseph H. Davis

Mary H. Dudley, M.D.

1. Why did I select forensic pathology as a career?
Combining my interests in all aspects of pathology of natural disease and injury as it relates to legal issues, community agency involvement, prevention, research and teaching.

2. Places and times I served as Chief Medical Examiner:
Chief Medical Examiner and Director of Forensic Laboratories for Sedgwick County Regional Forensic Science Center in Wichita, Kansas; March 2000- December 2006. Chief Medical Examiner for Jackson, Clay, Cass and Platte Counties in Missouri; Jackson County Medical Examiner's Office in Kansas City, Missouri; January 2007 – present.

3. Major accomplishments as Chief Medical Examiner:
2009 and 2010 Outstanding Achievement in Tissue Donation Midwest Transplant Network Collaborative 2008, 2009 Paul Coverdall Forensic Science Improvement Grant Funding awarded to the Jackson County Medical Examiner's Office, Kansas City, Missouri 2009 National Association of Medical Examiners (NAME) Re-Accreditation of the Jackson County Medical Examiner's Office with no deficiencies. 2008 Vision Award – Metropolitan Community College - Penn Valley, Allied Health & Nursing Department 2006 Chief of Police Award – BTK task force, Wichita, Kansas 2001- 2006 Initial NAME accreditation and re-accreditation with no deficiencies for Sedgwick County Regional Forensic Science Center.

4. Efforts on behalf of forensic pathology and the forensic sciences:
Presented platform presentations or posters at most NAME and AAFS annual meetings since 1992.
Published over 15 forensic manuscripts and 7 forensic text books.
2002 National Association of Counties Achievement Award for development of tissue referral program.
Developed the first forensic nursing program in 1994 and 4 day forensic medical investigation training course in 1996.
Recent presentations include the following:

Leptospirosis Presenting as Presumptive Pandemic Influenza “A” (H1N1)Infection” ASCP Check Sample Microbiology No. MB12-3 (MB-384) Vol.55 No.3 April 2012 Pg.29-38

Death of a 6-Year-Old Boy with Mental Retardation: Accident Versus Child Abuse; Journal of Forensic Sciences first published online: 23 MAR 2012

2011 NAME Conference poster presentations:
1. A Review of Coroner and Medical Examiner OpinionsRegarding Tissue Donation Issues in the United States
2. Infant Death and Sleep Environment Marcaine poster Presentation; February 2011; American Academy of Forensic Science Conference Chicago, IL.
Musculoskeletal Transplant Foundation Forensic Pathology Workshop; Nov. 11, 2010 Chicago, IL.
Anaphylaxis: Fatal Hypersensitivity Reaction to Carboplatin; National Association of Medical Examiners, Cleveland, OH Oct 2010
Frazee, Dudley, MD, Fleming, Garg, Lingamfelter and Sabharwal; Huffing: Two Deaths Involving 1,1-Difluoroethane Poster, SOFT Annual Meeting Richmond, VA. Oct 2010

5. Recollections of places I have trained and worked:
January 2007 – present Chief Medical Examiner, Jackson County Medical Examiner’s Office, Kansas City, Missouri for Jackson, Cass, Clay, and Platte counties.
March 2000 – December 2006 Chief Medical Examiner, Forensic Pathologist, District Coroner Sedgwick County Regional Forensic Science Center 1109 N. Minneapolis Wichita, Kansas 67214
December 2005 – March 07 District Coroner Reno County, Hutchinson, Kansas
July 2001 – December 2004 Contract – Part-time Deputy Medical Examiner Jackson County Medical Examiner’s Office 660 East 24th Street, Kansas City, Missouri 64108 Chief Medical Examiner
May 1995 - February 2000 Forensic Pathologist, Medical Examiner Maricopa County Office of the Medical Examiner 120 South 6th Avenue, Phoenix, Arizona 85003
October 1993 - May 1995 Forensic Pathologist, District Coroner – Contract-Part time Deputy Medical Examiner Sedgwick County, Wichita, Kansas and Shawnee County, Topeka, Kansas
July 1991 – Oct 1993 Fellow in Forensic Pathology, Office of the Medical Investigator, University of New Mexico, Albuquerque, New Mexico. Chief Medical Examiner: Ross Zumwalt, M.D.

6. Comments about people who trained me and from whom I have learned:
Excellent mentors include:
Dr. Morgan Berthrong, Penrose Hospital, Colorado Springs, Colorado.
Dr. Larry Tate, Broward County Medical Examiner’s Office, Ft. Lauderdale, Florida
Dr. Ross Zumwalt, OMI – UNM, Albuquerque, New Mexico
Dr. Kurt Nolte, OMI – UNM, Albuquerque, New Mexico
Dr. Patty McFeelly, OMI – UNM, Albuquerque, New Mexico

7. Recollections about people I have trained:
All of the following persons I have worked with early in their career developed an interest in forensic pathology.

Larry Czarnecki, DO. – Resident 1995, now Chief Medical Examiner Flagstaff, AZ.
Lindsey Haldiman, DO – Medical Student 2009, now 2nd pathology resident at Truman Medical Center Pathology Department Kansas City, MO.
Susan Comfort, MD – Medical Student 1991, now Chief Medical Examiner Reading, CA.

8. Major controversies and frustrations in completing my responsibilities:
Budget cuts
Employee turnover
Media interest in cases
Personnel issues
Recruitment of forensic fellows taking other jobs after accepting position following fellowship.
Testifying on old cases of other doctors that are not willing to return to area to testify.

9. Academic involvement through research, education, and training:
Monthly clinical forensic pathology rotations for 7 schools/pathology residency programs
Extensive research projects
Training director for Forensic Pathology Fellowship program
Associate Professor of Clinical Pathology of 3 universities. University of Missouri-Kansas City, School of Medicine; Kansas City University of Medicine and Biosciences; University of Kansas

10. Legislative change in which I was involved:
Organ and tissue donation legislation

11. My contributions to the field of forensic pathology:
Death investigation training
Organ and tissue donation
Mass Fatality management; member of NDMS-DMORT team – 15years. Deployed to Kirksville plane crash - 2004, Hurricane Katrina - 2005, Hurricane Ike - 2008 and Joplin Tornado - 2011.
NAME Board of Directors – 6 years

12. Perspectives I gained as a medical examiner:
Interaction with outside agencies
Good communication with executive office and using county resources.
Importance of work in a NAME accredited office
Importance of having ABP Forensic Board certification and having all pathologists and death investigators board certified.
Administration organization of office with clear definitions of duties and chain of command.

13. Difficult cases I have managed:
In custody deaths
20 year old cold case, serial murder case – testified on 7 of 13 deaths.
Quadruple homicide
Mall shooting
Prescription drug death of 68 individuals by over prescribing physician – federal trial.

a. How I dealt with job-related stresses, anxiety, personal performance issues:
Balance work and play
family
hobbies; exercise and baking
cooking

14. Other recollections:
Enjoyment from teaching, research, and prevention.
Developing forensic specialty areas and training programs in forensic medical investigation, forensic nursing, forensic toxicology, forensic radiology, mass fatality, child fatalities and organ & tissue donation to share my knowledge and skills with the next generation of Forensic Pathologists and Death Investigators.

15. Advice for forensic pathologists entering the field:
Importance of ABP board certification
Work in NAME accredited offices
Train in ACGME accredited forensic pathology fellowship

16. How my work experience changed me, changed my life, and what I learned from my work:
More responsibility as a voice for the dead; importance of networking, communication and good relationships with internal staff, county and outside agencies.

17. How has forensic pathology changed during my career, for the better and for the worse?
More standardized systems
Work environment improved
CSI effect on general public and juries

18. Knowing what I do now, would I "do it again" under the same circumstances as when I began, or under today's circumstances?
Yes, I wouldn't change a thing, I've learned from past experiences to create improved circumstances today.

19. Personal information such as family, hobbies and interests (optional):
One son and daughter-in-law and 3 grandsons live in New Mexico. Enjoy baking, exercising, arts and crafts.

Marcella F. Fierro, M.D.

NAME President 1989-90
Chief Medical Examiner
State of Virginia 1994-2008

Why did I select forensic pathology as a career?
I always liked figuring out puzzles and I liked actually doing things. I enjoyed all branches of medicine, especially surgery, rheumatology and nephrology, but surgery was out of the question for a woman in the 1960's. After internship I decided to do a year of pathology while my husband finished up medical school. I liked it so well, I decided to stay. While in pathology residency at the Cleveland Clinic, I would travel to the Cuyahoga County (Cleveland) Coroner's office with the lady forensic fellow sponsored by the Clinic. I thought, "this is interesting and the pathologists very willing to talk with me," mostly Dr. Lester Adelson and the other pathologists. While in Virginia, after my husband's two year Viet Nam era service at Fort Riley, Kansas, I took an elective in forensic pathology. My husband said my disposition really improved after this forensic pathology experience and I ought to investigate this. I asked Dr. Wiecking, the Virginia Chief Medical Examiner if women could do this job. I had had it as a pioneer woman in medicine and was not interested in more gender grief. He said, "Why not?" and accepted me into the Virginia program. The rest is history.

Places and times I served as Chief Medical Examiner:
I served as Chief Medical Examiner for the Commonwealth of Virginia from March 1994 until December 2007. I retired Jan 1 2008.

Major Accomplishments:
- Development of a lay medical investigator system to assist the pathologists and local county medical examiners.
- Expanded full-time pathologists from nine to thirteen.
- Increased fellowship slots from two to three.
- Obtained several million dollars in federal grants; the first time the office received any grants
- Established Review Teams for Child Abuse, Family violence, Maternal Mortality, Adult Fatality and Federal NVDRS reviews and working to establish the enabling

statutes
- Establishing a full-time epidemiology position in the OCME
- Built thee regional medical examiner facilities.
- Survived major budget stringencies.
- Enabled several statutes and statutory changes.

Efforts on behalf of forensic pathology and the forensic sciences:
- Established rotations through the forensic laboratories for the fellows.
- Continued rotations for medical students,
- Participated at the national level as an officer of NAME, Forensic Pathology Council of ASCP, Chaired the CAP Forensic Path Committee, FBI unidentified and missing persons files, and National Academy of Science Committee on Forensic Science: A Path Forward.
- Taught forensic pathology to all who needed it.

Recollections of places I have trained and worked:
- Internship – slave labor
- Residency – Cleveland Clinic – best place to train in the world. While a fellow (resident) on surgical pathology I found a note on the lab fridge. It said, "Fierro there's a heart for you in the fridge." It turned out to be the Clinic's first heart transplant, now more than 40 years ago.
- VCU (Medical College of Virginia in those days – final year of residency – good clinical labs for clinical pathology (CP). Dr. Seymour Bakerman made it possible for me to pass CP boards.
- East Carolina University as Professor of Forensic Pathology – after 17 ½ years as a Deputy Chief for Central Virginia, I thought I died and went to heaven. Worked with former fellow Mary Gilliland, Stan Harris, and Page Hudson.
- Back to Virginia as Chief – first battle to keep the OCME out of under the Public Safety Department and instead, transferred to the Public Health Department.
- As Chief in Virginia, it was a good run. I was ready to retire. No regrets, not one.

Recollections about people who trained me and from whom I have learned:
- Dr. Lester Adelson, wise and kind a philosopher physician
- Dr. David K. Wiecking, Intelligent, incisive, no nonsense, legal thinker – taught me forensic pathology and I think some wisdom
- Richard Froede, MD a born mentor and much appreciated in the CAP
- Grover Hutchins, MD – a cardiac pathologist who knew what FP was about
- My fellows who asked innumerable questions and made me think
- Fellow OCME pathologists who labored in the fields with me and solved innumerable problems wisely.
- My Chief Administrator Rochelle Altholz – my wise, efficient, can-do administrator

Recollections about people I have trained:
I am proud of all of them.
- Beverly Leffers and Bill Massello were my first fellows as a deputy chief medical examiner.

Major Controversies and frustrations:
- Battle to stay out of Public Safety and remain in Public Health.

- The budget: Virginia is very frugal. Budgets were a major legislative effort within Public Health and the General Assembly.
- Reduction of building size in Richmond office by half due to budget stringencies. We filled it the day we moved in.
- Virginia Tech Shootings: The Governor, Cabinet and Secretaries of Public Safety and Health did not understand the process. My boss, the Commissioner took a lot of heat and I was sorry for that. The investigative panel did not find any wrong doing.
- Staffing: Most of our staff picks were excellent. A few were a problem. Letting people go was difficult.

Academic involvement through research, education and training.
- I was Professor and Chair of Dept of Legal Medicine – mostly teaching effort. I liked academic committees and assigned academic tasks.
- Cooperated with forensic scientists to do some studies on firearms and DNA.
- Established a second fellowship program in the Norfolk office.

Legislative changes:
- Educated legislators and spoke to General Assembly Committees yearly on bills assigned to OCME to track.
- Promoted some good changes to the OCME code, establish investigator positions, protection for third party records, and created review teams. I tried to make lemonade out of the lemons.
- This year I found a legislator to sponsor a baby DNA bill wherein all hospitals providing obstetrical care are required to collect and give to mother a dried blood spot card as proof of her child's identity. I lobbied it before the committees and it was passed uncontested in the face of opposition by the hospital association.

My contributions:
- See above
- Mentored fellows
- Served as President of NAME
- Serve on panels and task forces

Perspectives I gained as a medical examiner
- Savor each day. There may be no tomorrow
- If in doubt – post.
- No body ever misidentified someone on purpose – Do the drill and do it right.
- No case is routine - be alert.
- Assumption is the mother of all screw-ups.
- Good enough for government work is not good enough for Virginia.
- Educate up.
- Toot your Office's horn where it counts with the legislators.
- To staff and fellows: Make up your medical examiner mind – nobody knows more about this case than you! If you don't know enough, you find out.
- Accommodate all as much as you can. If you can't explain why and make sure they get connected with the right person, agency etc. who can help.
- Be patient…..
- Listen…..

- No dark humor in the morgue….ever….NAME History 2011 FINAL-1 eBook.doc-NAME History 2011 FINAL-1 eBook.doc
- Professionalism, or find another job.
- Help the staff through their personal crises.

Difficult cases I have managed:
- Spencer cases: first cases to link an unknown assailant in rape murders in two cities by DNA
- High profile cases that never go away
- Virginia Tech

How did I deal with stress?
- Busy family life so I had to let the office go quiet even if I was on 24 hour call for the system
- "Got out of Dodge" overseas for vacation – had good staff and could do this.
- Subscribed to cultural events, opera, theatre
- Movies

Other recollections:
- Scene work- they were adventures
- Figuring out the perfect case – usually was so perfect it never went to court and the suspect pled out.
- Met all kinds of professionals not remotely related to medicine – detectives, fire, social services, etc

Advice for forensic pathologists entering the field:
- Forensic pathology is important work, helps many people and is often fun.
- Stay broad based in your reading
- Join the local and state medical society and volunteer. Participate in the specialty and FP societies. They need to know who you are and that what you do is medicine. Call clinicians yourself if there is a question– don't staff it out. It is a professional courtesy that will be remembered when you need that community behind you.
- Make friends with the political people and bureaucracy but no favoritism ever. They need to know always that you are a straight arrow. Word will spread – don't even ask [you].
- You are not a prosecutor's witness. You are witness to the medicine and the decedent. Prosecutors become defense attorneys when they get tired of being poor. All attorneys need to know you are straight with all. Never let either think you did them a favor on a case.
- Beware of assuming cases are routine.
- Being compulsive pays off.
- Be timely.
- Watch your mouth – say nothing and write nothing about a case that can't be seen on the front page of the local newspaper and make sure your staff doesn't either.
- Be kind to all even the dead.
- Counsel your staff on confidentiality and mean it.
- As a public health officer try to make something good come out of all the death you see. Become an advocate for safety, civility, healthy behaviors and promote the recommendations for prevention generated by the review tea.

How work experience changed me:

- Learned each day is a gift
- Enjoy life as you go
- Became a public health advocate

How forensic pathology has changed:

- More forensic pathologists.
- Married women physicians can now serve in the medical corp. Army refused to enlist me and it still smarts.
- A journal and now two.
- New technologies that helped, AFIS and DNA.
- Better microscopes and cameras.
- Computer systems to collect our data.
- Public awareness thanks to Patricia Cornwell and the TV programs she inspired about forensic pathologists who prior to that were usually portrayed as fat old men who smoked cigars while doing autopsies in their shirt sleeves – weirdoes.
- For worse – there are some poor performers out there.

Would I do it again?

- Under the same circumstances, yes.
- Under today's circumstances – don't know- women have more choices now – it was only a fluke that I took the year in pathology while my husband finished – I did not consider a path in forensic pathology before that.

Personal information:

- Married 45 years to a Bob Fierro, a gynecologist. We still prop one another up.
- Two perfect children – Francesca – a lobbyist for clinical labs, and Robert Jr. a career prosecutor.
- Three grandchildren, Robert- 7, Cecilia-3 and lovely Hannah-1.
- Retirement is wonderful. Do a little consulting, work for organizations and justice focused organizations.
- Hobby remains travel – "Get out of Dodge to restore your sense of wonder"
- Three pooches – 2 Walker hounds (supposed to be beagle rescues) George and Gracie (You have to be over 50 to appreciate those names) and a cocker spaniel rescue named Honey.NAME History 2011 FINAL-1 eBook.doc I need a shirt that says "Let the dogs out, Let the dogs in, Let the dogs out….."

Marcella F. Fierro, M.D.

Dr. Marcella Fierro accepts the AAFS NamUs Award in 2009

Jerry T. Francisco, M.D.

NAME President 1977-78
Chief Medical Examiner, Selby County, Memphis 1961-1999
Chief Medical Examiner, State of Tennessee 1964-1966, 1971-1989

During my college education I had always wanted to obtain a doctorate degree, but I was having difficulty deciding which field to choose. My parents seemed to favor medicine because of a good relationship with our family doctor. I did not believe I could deal with the “blood and guts” of medicine so I chose optometry. While taking a biology course, my classmate showed me a pathology text. This text persuaded me I could deal with medicine.

After entering medical school at the University of Tennessee, I was again having difficulty choosing a specialty. Each medical school rotation gave me a different perspective. It seemed that any specialty would cause me to give up some aspect of Medicine that I found interesting. A friend exposed me to the idea of the specialty of pathology. It became clear to me that my greatest interest was the study of disease and this was the field for me. The University of Tennessee had a very dominant Chairman of the Department of Pathology, Douglas Sprunt. After a rotating Internship at The John Gaston Hospital in Memphis, Tennessee, he accepted me into the residency program.

Because the military draft was still a fact of life I needed to spend time in one of the services. The best chance for me, in order to stay in Memphis, was to volunteer for the Navy. There was a Naval Hospital in Millington, Tennessee. The Navy needed pathologists and the pathologist there was leaving to rejoin the residency program at The University of Tennessee. I was accepted and assigned to that hospital as Chief of Laboratory. I retained my University association as an assistant instructor. This title did not exist at the University, but Dr. Sprunt gave this title to all residents in their second year. This association worked very well, since the work schedule at the Naval hospital allowed an afternoon off and a weekend free if not on duty. This time allowed me to consult with faculty members of the University on any of my problems, either surgical or clinical. This experience and the University contacts allowed the

American Board of Pathology to give me part credit toward my training as a pathologist.

Upon discharge from active duty, I returned to the training program of The University of Tennessee at the Institute of Pathology. At this time Dr, Sprunt had just negotiated a contract with Shelby county government to provide pathology services to law enforcement agencies in the county. This contract was used to remodel spaces in the pathology building and provide separate space for a forensic morgue and autopsy facility. It also provide salary and supply money. The faculty member who was to provide these services had created some problems and had to resign. After his resignation, the other faculty members had to provide these services and were unhappy. Dr. Sprunt offered me the opportunity to be the person to fulfill the terms of this contract. I had had several experiences with forensic problems during my Navy service. This had even included criminal court testimony in a murder trial and thus I believed I could handle this activity. These forensic activities were authorized under a private act of the Tennessee legislature authorizing Shelby county to enter into contracts with agencies.

I received the title of Coroner's Physician. It was my duty to perform an external examination on all deaths that were pronounced D.O.A. at The John Gaston Hospital; to contact the law enforcement agency investigating this death and either assign a cause of death for the Coroner to sign or recommend that the District Attorneys General authorize an autopsy. If this authorization was given, it was to be my responsibility to perform the autopsy. All laboratory activities associated with this autopsy were to be provided by the Department. This included the development of a toxicology laboratory.

During the final phases of my Pathology training, Dr. Sprunt arranged extended visits to Cleveland, Ohio and Richmond, Virginia. This included visits with Alan Moritz, Lester Adelson, Samuel Gerber and Geoffrey Mann. My reading included several textbooks, both English and American, and a variety of medico-legal journals. After the completion of formal Pathology training in 1960 and passing the board in Anatomic and Clinical Pathology, I was offered a position of Assistant Professor of Pathology at The University of Tennessee, Institute of Pathology.

Dr. Sprunt was grandfathered with the Board of Forensic Pathology and because of this I was able to claim supervised training in Forensic Pathology. This allowed me to take the board examination in Forensic Pathology and become certified. During this time, with the support of the Tennessee Medical Association, Tennessee Society of Pathologists, Tennessee Department of Public Health and the District Attorneys General Conference of Tennessee we lobbied the Legislature to pass the Model Medical Examiner Law as proposed by the National Municipal League. There were some modifications that were made. There included the exclusion of two of Tennessee's ninety-five counties from coverage and the withholding of the authority to order an autopsy from the County Medical Examiner. Both of these changes were later altered with the inclusion of all counties and the giving autopsy ordering authority to the County Medical Examiner.

I was appointed as County Medical Examiner for Shelby County in 1961 with the passage of the Postmortem Act. We adopted a modified form of Report by County Medical Examiner used by Dr. Mann of Virginia. The first Chief Medical Examiner

for Tennessee was Dr. Thomas Littlejohn. He was not a Forensic Pathologist and appointed me as one of his consultants. Dr. Littlejohn left the state in 1963 to seek training in forensic pathology and I was appointed Chief Medical Examiner. A contract was negotiated between the state Health Department and The University to provide these services which included the salary of a Forensic fellow. The trainee once trained would agree to serve as a Forensic pathologist in the state for a period of two years or repay the stipend. Dr. Maurice Acree was the first trainee to get training in the Forensic Pathology program of the University of Tennessee, Institute of Pathology.

The development of a system of Forensic Pathology in Shelby County required support services. The first service was a laboratory to provide toxicology. The first director of this laboratory was Dr. Richard Walker. He decided to focus his time into Blood Banking and I became acting director until we hired a chemistry professor from Southwestern(a local Memphis Presbyterian college). This was not a full time effort and we later employed a fulltime director. He was an analytical Chemist, graduate of Virginia Tech, Dr. David T. Stafford. With the full development of toxicology services a special tract in the graduate program of the Department of Pathology was begun. The graduates of this program are still functioning in the states of Utah, Texas, Alabama and Washington as well as the country of Brazil. Dr. Tom Littlejohn returned to Tennessee after completing his Forensic training and reassumed the role of Chief Medical Examiner for Tennessee.

In 1971 a new Commissioner of Health, again, appointed me as Chief Medical Examiner. At this time the record of the investigations by County Medical Examiners had not been received and stored by the central office. There was no co-ordination of the ninety-five counties. Each county was operating as an independent unit. There was little state support, including no toxicology and few autopsies. The first efforts were to make sure that all counties had an informed medical examiner and that all reports were sent to the state office. The state's pathologist were approached requesting that they provide autopsy support to all counties in the state. This was to be funded by contracts between the state Health Department and the individual pathologist who agreed to participate. None of the state's pathologist were forensic trained and often needed guidance in certain cases.

This guidance was to be provided by a series of seminars to be given throughout the state. They were patterned after the schemes of Dr. Mann (Virginia). The attendees were both medical examiners and pathologist. A training handbook was written so that practicing physicians could be informed of the rudiments of legal medicine and the role of the autopsy in death investigation. A microfiche was prepared so that visual images of real cases could be shared among all physicians who were serving as County Medical Examiners. Narrative vignettes with accompanying photographs were prepared for use by county medical examiners to educate their fellow physicians and various public groups in the role of medical examiners in death investigation.

Because of the presence of a dental school in Memphis it was rather easy to obtain local dental consultants in medical examiner cases. Dr. Harry Mincer (D.D.S; PhD-pathology) became the Chief Dental Consultant to the Chief Medical Examiner and organized seminars to inform local dentist who would become local consultants to

County Medical Examiners or pathologist through the state. When Dr. William Bass (Physical Anthropologist) left Kansas to become Chairman of the Department of Anthropology at The University of Tennessee in Knoxville, he was prevailed upon to become the Anthropology consultant for the state. In this role, all skeletal remains found in the state were referred to his group.

As Forensic Pathology trainees became available, regional offices were established throughout the state. There were offices in upper East Tennessee at East Tennessee University; Middle East Tennessee at The University of Tennessee, Knoxville; Lower East Tennessee in Chattanooga; Middle Tennessee at Nashville; to join the office in Memphis at The Medical Units. Throughout my career I trained eighteen (18) forensic pathologists, who included:

Maurice Acree 1963
Augustine Torres 1964
Elizabeth Faye Sinclair 1965
James A. Watt 1966
James S. Bell 1969
Jack Richmond 1972
Michael Jackson1973
Joseph Sapala 1974
Michael Diamet 1975
Charles Harlan 1976
O'Brian C. Smith 1982
Frank King Jr. 1985
Richard Harruff 1985
Mark LeVaughn 1988
Joseph A. Fedrick 1992
Sandra K. Elkins 1993
Thomas A. Deering 1996
Cynthia Gardner 1998

Because of the necessity of making changes in the Postmortem Law and the efforts of preventing the mischief of non-needed changes in the law, it became obvious that the office of Chief Medical Examiner needed to be in the Capitol City (Nashville). In view of this in 1988, I resigned as Chief Medical Examiner. This allowed the Department of Public Health to combine the office of Chief Medical Examiner with the Office of County Medical Examiner in Davidson County (Nashville). I retained my position as professor of Pathology at U.T. Memphis, County Medical Examiner for Shelby County and West Tennessee Associate Chief Medical Examiner. At this time there were five (5) Regional Forensic centers in Tennessee. Each center provided autopsy support for a defined region of the state, three toxicology laboratories and five locations for anthropological consultations. Every county had a County Medical Examiner and the public was well aware that certain deaths should be reported to a County Medical Examiner.

Many successful outcomes developed from our cooperative efforts. Most importantly, a poorly organized coroner's system, established by constitution in the late eighteenth century had been replaced by a well-organized and funded county medical examiner system. In addition, we were able to inform the public, legal and medical

professionals of the purpose and value of a professional death investigation system. We developed physical facilities to conduct the death investigations, autopsy and toxicology services. Initially, the office began as a 350 net square feet office in 1961; by 1999 had expanded to and had about 35,000 net square feet. We incorporated on-site forensic anthropology services and employed two full-time, board-certified forensic anthropologists. In addition, in the same year, we provide the services of an on-call forensic odontologist. We included full-service criminalistics with a full-service Toxicology laboratory, staffed with trained toxicologists for 24 hour turn-around time; developed blood spatter interpretive support for law enforcement, volatile accelerants testing, and educated the public, law enforcement and the legal community about the significance of alcohol in traffic accidents.

N.A.M.E. has played a major role in the organization of the forensic sciences for the State of Tennessee. Three (3) of the five regional centers have been inspected and accredited by N.A.M.E. There have been designated buildings acquired in all five locations to provide space for forensic services. The funding for these services is provided by both state and local county sources. Qualified Forensic Pathologist serve in all centers. There are over a dozen board certified Forensic Pathologist practicing in the state.

My own participation in N.A.M.E. began when I became a member at the first meeting of NAME in Chicago following its incorporation. I subsequently served as a member of the Board of Governors 1970-1976, President-elect 1976-1977, President 1977-1978 and Chairman of the Board 1978-1979. We sponsored the second NAME annual meeting, the first was in Rhode Island with William Sturner as the local host. The support of the conference included a grant from the state to partially underwrite the cost of our meeting.

Jerry T. Francisco, M.D.

Richard Froede, M.D. 1929-2011

Armed Forces Institute of Pathology
Oral History Program
Subject: Dr. Richard Froede
Interviewer: Charles Stuart Kennedy
Date: October 27, 1994

Q: Doctor, could you tell me when and where you were born, and a little about your family, please.
DR. FROEDE: I was born on 1 May 1929, in Milwaukee, Wisconsin. My father was a physician at the time. But if you recall the date, it was about ten days before the stock market crash. Things were pretty rough around there, so he decided that he would come out of his residency, which was in neurology, because he had to make some money. And he went up into a small town in Wisconsin to practice in a general-practice situation. He was there, in this little town called Jackson, Wisconsin, for about ten years, until World War II came along, when he decided that he was gung ho and wanted to practice military medicine. He was about 45, 46 years of age at the time. He went into the Army and was sent to Fitzsimmons to work. And then one day, running to an emergency, up a flight of steps, he had his first heart attack. And that was it as far as his practice was concerned. He didn't do much after that. Although I will say that, over the years, when I got to college and eventually into medical school, he and some of his friends would put me through the mill. I learned a tremendous amount of material from them, particularly from one of the internists who used to live next door to us. I'd go out on house calls with him at the same time.

Q: Did you grow up, then, in a medical atmosphere?
DR. FROEDE: Oh, yes, it was very much so. My middle brother probably would have been a doctor if it hadn't been for World War II, because he was slanted in the same direction I was, not because we were pushed, but we just found it interesting what my father was doing. But he and my oldest brother ended up enlisting in World War II and spending most of their time there. My oldest brother stayed in until he retired. He was in the infantry. And my middle brother decided to go into the ministry when he

came back. My father used to have three pictures there: One tries to patch them up; one shoots them; and one has to pray for them. And people in his office would kind of laugh about it. Our family stayed in Jackson till about '42, and then we moved to Milwaukee. And from then on, until I left medical school, I was in Milwaukee.

Q: Talk a bit about your high school.
DR. FROEDE: My high school was Riverside, where I went from 1943 to '47. It's on the east side of Milwaukee. It was a very interesting school. It was an amalgam of a lot of different people, a lot of different backgrounds, religions, races, and so on. But there was something there in that high school that you couldn't do today, and that was we had a three-track system. Which I don't think any one of the students ever found discriminatory. But there was the college track, and there was the business track, and then there was the trade track. Those would go in for mechanical drawing and engineering and things like that. But we all had the same basic courses, which we all shared, too. But when you got into the higher mathematics, you were in the X track. And so I felt it was an extraordinarily good education.

Q: Were you working towards being a doctor at that time?
DR. FROEDE: Yes. I had sort of made up my mind when I was probably about 12 years old. I liked to watch this. As I say, I was never pushed into it, but they would always talk to me about it, always describe certain things to me, and it became very interesting from that standpoint. Also, at that time, my father had some pathologists who were good friends, and they used to come over to the house and drink coffee, and they would sit and they talked to me about pathology and described it. To me, it was probably medical detective work; that's the way I felt about it at the time. From then on, I always wanted to be a pathologist.

Q: That's interesting, because most of the people I've talked to, almost all of whom ended up pathologists, sort of backed into it or picked this up much later on. But you actually got the bug quite early.
DR. FROEDE: I did.

Q: After high school, where did you go to college?
DR. FROEDE: My brother, before he had gone into World War II, had been a freshman at Ripon College, which was upstate. It's also the birthplace of the Republican Party.

Q: Yes, yes, very famous.
DR. FROEDE: He said that, when he got back, he wanted to go back there someday to finish his education. But he wasn't available, so I started in 1947, and then he came back in '49, and both of us graduated at the same time, in 1951. Again, I feel that even though it was a small liberal-arts college, both of us got involved in a lot of activities, and we both graduated, I think, with an educational background that was excellent.

Q: Was there such a thing as a pre-med there?
DR. FROEDE: Yes, it was a pre-med course, a lot of science and things like that. But mostly we had a lot of the liberal arts. In fact, my degree is a Bachelor of Arts, rather than a Bachelor of Science degree.

Q: You graduated in 1951, and what did you do? The Korean War was in full

swing at that point.
DR. FROEDE: Well, when I applied to medical school, it was about a year and a half before. It was my father's medical school, which was Marquette University. I had been accepted, and so, as far as the military was concerned, I had a deferment to go to medical school. They had no idea how long it would go, so they decided to send people to medical school and let them get their doctorate, and then you put them into the service.

Q: So you went to Marquette for how long?
DR. FROEDE: Four years.

Q: Could you describe a bit about the medical training at Marquette at that time?
DR. FROEDE: Medical training then, again, was a little bit different than what it is now. A lot of basic material. The first two years, of course, were the basic sciences: pathology and microbiology, which was then called bacteriology, and embryology and anatomy. We had cadavers, and four of us would share the dissection. In the junior year, we began to get more into the clinical aspects of it. Although, during the first year, we had one course that took us into the clinics, just to give us a taste of what was coming. But the junior year was spent in the clinics and the emergency rooms. Then, in our senior year, it was more of ward work and surgery and medicine, orthopedics. At this time, because I wanted to go into pathology, I took a month's training in pathology at the VA hospital there in Milwaukee. Again, it whetted my appetite, so I wanted to stay in the field of pathology.

Q: In your class, were you somewhat off to one side, as far as being interested in specializing in pathology?
DR. FROEDE: No, I think there were at least about half a dozen of us who had decided that we liked pathology. We had a very good pathology department. W.A.D. Anderson, who had written the big book on basic pathology, was head of the department, and he got us all interested in it. And then, as I say, my father's friends kept it up.

Q: In medical school, in those days, were there many women in your class?
DR. FROEDE: We had a class of 89, and I think there were nine or ten women.

Q: You became a doctor after getting out of Marquette, is that right?
DR. FROEDE: Yes.

Q: You got out of there when?
DR. FROEDE: In 1955.

Q: Now did the Air Force or one of the military services pick you up at that time?
DR. FROEDE: At that point, no. I volunteered and went into the Air Force. I wanted a residency, and they promised me an internship and a residency. And they kept their word. I went to Walter Reed for my internship, which was a rotating type. And then, from 1956 to '60, I was at Letterman General Hospital.

Q: In San Francisco.
DR. FROEDE: For my residency in anatomical and clinical path.

Q: In 1956, you were here, where this interview is taking place, at Walter Reed. Did you run across the AFIP?
DR. FROEDE: Very much so. After I had finished my ordinary rotations in surgery and medicine and pediatrics and Ob/Gyne, I decided again I wanted to sample pathology, just to make sure. And so I came over here and spent two months in the anatomical part of the Department of Pathology, which was in the building at the time, which meant that I could go off and sit in on some of the conferences and enjoy the entire AFIP, as well as learning surgical path and autopsy path.

Q: Who were the big guns in surgical path and autopsy path in those days here?
DR. FROEDE: Well, Dr. Earle was here in neuropath, Dr. Mostofi, Dr. Johnson.

Q: They're all still going.
DR. FROEDE: They're still going, and I know them all.

Q: In one of my interviews, I talked to one doctor and she said that the theory was that pathologists don't die.
DR. FROEDE: I spent a few days with Dr. Helwig, looking at dermpath and GI path. To me, it was just priceless. I couldn't have had a better experience.

Q: You were at Letterman from when to when?
DR. FROEDE: From about July of '56 to about July of '60. And there, by the way, the chief of the department was Nelson Irey, who is now here and has been here for a number of years.

Q: When you went to Letterman, were you by that point specializing in pathology?
DR. FROEDE: Yes, by then, I was on my pathology track.

Q: In the late '50s, you were on the pathology track. Were there specialties at that point, or was it general pathology?
DR. FROEDE: There were specialties. There were people interested in dermpath. Some of the boards that are in existence now had not come into existence, but we were encouraged to try to pick some area that we thought might be of interest. At that time, I was very much interested in clinical path., and got involved in blood bank, chemistry and toxicology more than microbiology. I thought that I wanted to be a clinical pathologist. I enjoyed surgical path., but I also enjoyed very much the autopsy pathology. To me, it was such a challenge to come up with a diagnosis, a total diagnosis, rather than just a surgical biopsy.

Q: Were you able to indulge in what you were interested in at Letterman?
DR. FROEDE: Yes. Yes. In fact, probably some of us who were interested did extra work in various fields.

Q: What type of a hospital was Letterman and who were they seeing?
DR. FROEDE: It was a general hospital, seeing military patients, as well as dependents. It was about a 500-600 bed hospital at that time.

Q: Tell me, in the military, do you get the same type of experience (except, obviously, in wartime) that, say, a young doctor might get at a city hospital, with all the trauma of city living?

DR. FROEDE: We didn't see too much trauma, probably for two reasons. One, it was a military hospital, and most of the trauma cases would have first been triaged before they came in there. The second was that we lived in an era when we didn't have to worry too much about all this trauma that you see coming into the hospitals today. Larger cities, yes. I suppose that would be something that the people at Letterman would have needed to go to the city and county of San Francisco hospitals and that. But, as far as pathology was concerned, we saw the gamut. In fact, we saw some really strange diseases, too.

Q: Where were they coming from?
DR. FROEDE: Well, there was a public-health hospital not too far away, on the grounds of the Presidio, and we exchanged cases. So we'd see some of the diseases coming off theses ships.

Q: Did you have much contact with the AFIP while you were doing this?
DR. FROEDE: No, only from the standpoint of consultation. We would send our cases to the AFIP. And, since I knew some of the people, I could pick up the telephone once in a while.

Q: You left Letterman in 1960, and then where did you go?
DR. FROEDE: Well, that was an interesting part of my career. Dr. Townsend, who was the director at the time, came out to San Francisco, and he asked me where I'd like to go. Oh, I named all kinds of places, like Dayton, Ohio, and places where the big Air Force hospitals were, such as San Antonio. And then he looked at me and he said, "How would you like to go to England?" I said, "Fine, I'd love to go to England." He said, "Well, it's not going to be to an Air Force base. It's going to be a Royal Air Force base." And so, for the next three years, I spent the time at the RAF Institute of Pathology and Tropical Medicine. There, to me, that was a wonderful experience, from the standpoint of if I thought I'd seen things at Letterman...But at that time, of course, the British Empire was still where the sun never sets, and the different diseases that I'd only read about in textbooks would come in. We even had one episode of typhoid fever coming out of Zermatt, Switzerland. They brought some of the RAF people in; they'd fly them in with the various parasites, because this was one of their biggest hospitals.

Q: Did you find the British and the American approach more or less the same to pathology, or was there a difference, subtle or otherwise?
DR. FROEDE: The surgical pathology was more or less the same. They did not have pathology training like we had, you know, four years, or two years, or three years of anatomical, three years of clinical, two and three. And so we actually trained some of the general pathologists in surgical path., clinical path. Mostly clinical path., because the RAF Institute was more or less like a small AFIP, where all the surgical biopsies were sent in. But we also did some training in forensic path., which was essentially aviation pathology, so that they would know what to do when they went out on an aircraft accident. So that way, I think I picked up my first interest in forensic path., and would go out on aircraft accidents with them.

Q: What's the reason, I'm speaking as a layman on this, for wanting... I mean, somebody gets killed in an airplane crash, they're dead. What's the...
DR. FROEDE: If it's true, you want to do the analysis of all the examinations, so you can study was it something that they had eaten, like a toxicologic? Some drug that

they had taken? Was it injury, a pattern injury that they had and how they might have struck something? The other thing, did they have a heart attack? Group Captain Mason and I had a case where a fellow was landing a plane up at Prestwick, Scotland, and he suddenly collapsed at the controls. Ken and I went up and looked at it—MI (myocardial infarction), and we found an occluded vessel in the anterior descending branch. So these are the different things. Also, we felt that negative findings were as valuable as positive findings, sometimes.

Q: Did the British use their pathologists differently than...
DR. FROEDE: Most of their pathologists were doing clinical path and blood bank and microbiology. A few of them, in some of the bigger hospitals, in the Far East and in Africa and the Aden Protectorate, would do some surgical path. But most of the biopsies were sent on in to us. In the clinical path area, sometimes they were ahead of us in certain things, and sometimes a little bit behind us in adopting new things, new techniques, new reagents, and things like that. And so it was rather interesting to me to do some of this, because I'd go down to the American base, the USAF base at South Riceland, and we'd swap reagents. If the pathologists there couldn't get anything, I'd take something down to him and he'd send stuff back up, particularly in the area of blood banking. They used the Oxford system, where it would incubate for an hour to get your blood group, and then you'd incubate an hour to get your cross match. Well, I had the rapid reagents that I'd brought back with me, and so what I would do was tell them to do a quick grouping on it, so we didn't violate any of the regulations. What we'd do was a rapid group, so at the same time that he set up the group in an hour, he would set up the cross match in an hour. And I could come in one time in the middle of the night, instead of spending a couple of hours there. So that's the type of thing. Then they changed; even in the three years, they began to change some of the...

Q: You had the AFIP here, with some of these doctors you've mentioned who had been specializing in various branches for years and looking at thousands of specimens. Did you find that the unique collection of the AFIP gave a stronger delivery system to people with problems?
DR. FROEDE: I think it did, because if I had something, and several of us who were reading the surgicals, we would quick air ship it to the AFIP. It made it nice, because I knew some of the people here and we could have a very personal type of consultation. So I think it's a tremendous thing to have the database that they have now. It's things that you look at, I've seen this pattern before; where have I seen it? And then you send it off to a consultant, or you look at a database, and you find it. The fascicles are a tremendous database. And this new CDROM I was playing with the other day on the... to me, I wish I had had that 20, 30, 40 years ago.

Q: After your time with the British, when did you leave and where did you go?
DR. FROEDE: I left in '63, and from '63 to '65, I was at Orlando Air Force Base, which is now Navy, and I guess it's closing now, from what I hear. But it was Orlando Air Force Base, and I was chief of pathology there, all alone; there were no other pathologists. But I had consultants in the city who were excellent--Paul Berrick and others—that I could always turn to, so I never was at a loss. And also I had the AFIP that I could send them to. I was there for two years. But also, besides those duties, I was a consultant to Project Gemini.

Q: Could you explain what Project Gemini was.
DR. FROEDE: This was one of the first projects out of Cape Canaveral putting a man in space. I knew Gus Grissom and a few others. At that time, we set up the blood bank. We taught them how to cross-match, we taught what drugs they could use, and we did chemistries and everything else. We had a regular little clinical lab. I'll never forget the day that Gus Grissom said to me, "I know why you're here, doc. You don't have to tell me." And, of course, he was one of the first ones who perished.

Q: In a fire. Did you get involved in any of that?
DR. FROEDE: No, that occurred after I left. So I never got involved in anything like that. And then, in the last six months of my tour there, I got word from the surgeon general's office that they needed a pathologist in Germany, was I willing to give up down there and go to Germany? I said yes, because I enjoyed England so much. I said fine, and so I ended up in Wiesbaden, Germany, from '65 to '68.

Q: On the family side, were you married?
DR. FROEDE: Yes. One of my children was born in San Francisco, and one in Florida. I think they still remember their days in Germany.

Q: What were your main concerns in Wiesbaden?
DR. FROEDE: The workload. There were three pathologists, but at times I was alone for three-week periods, when people were transferring. We had a tremendous workload, because it would feed into Wiesbaden from all over Europe. I'd walk in and I'd find 300 surgicals there, to start in processing. Some days there were only a few; some days many of them. But, again, I still had the backup of the AFIP, and I used it.

Q: Let me ask a bit about the backup of the AFIP, at this point. We're talking about the mid-'60s. You've got a surgical problem. You're in Wiesbaden; the AFIP is in Washington, D.C. How would you do it, and how was the response time?
DR. FROEDE: Rather than use the mails, we put it onboard an air-evack flying out of Rhein Main, which is just up the road from Wiesbaden and Frankfurt. And it would be landed down here at Andrews Air Force Base. So you knew that, within that same 24-hour period, at least it was on its way to the AFIP. And then, of course, you could mark it "Rush," or you could mark it "Routine," whatever you wanted to do. And I thought the response time was pretty good.

Q: Would you get back cables?
DR. FROEDE: If there was something the matter there and they felt I should be notified, they'd probably pick up either a cable or a telex or a phone call.

Q: Did you get involved at all with German pathology while you were at Wiesbaden?
DR. FROEDE: We had an interesting group there of military pathologists, as well as a few civilian pathologists, that we'd get together about quarterly and swap cases. We got to know some at the various universities, Mainz and so on, that had very interesting cases. I will say this, that we always picked a good place to go. Like Oktoberfest time, we'd be in Munich.

Q: You were in Wiesbaden from '65 to '68. Then, all of a sudden, we move to the major focus of what we're talking about.

DR. FROEDE: Actually, the major focus, as I mentioned, probably started back with my days with the Royal Air Force. But then I was doing some medical-examiner type cases when I was in Florida.

Q: Could you explain what a medical examiner does.
DR. FROEDE: Well, we had a suicide and some accidents onthe base. And then the local medical examiner, Tom Haydred, got me interested. I'd go down and look at some of his materials. So, when I was interested that way, I decided, well, maybe I like forensic pathology. And so I went to the surgeon general's office and I was inquiring about it. In fact, I was probably on my way to a forensic path residency here at the AFIP in '65, when... meeting of pathologists in Germany came up. They did ask me if I would give up that idea for a short while and go to Germany, and I still have the letter that says, upon my return, I would be assigned to the AFIP as a forensic pathologist in the residency program. And they carried out their word.

Q: What did a forensic pathologist do at the AFIP when you came here in 1968? What was the job description?
DR. FROEDE: At that time, it was, I believe, the Division of Forensic Sciences, which had a forensic pathology section, a legal medicine section. But they were doing the same thing that we did as the years progressed: suicides, homicides, any of these cases, we would review them. And then the Registry of Forensic Path was here, and some of the civilians would send their cases in. So this is what they were doing. At that point, there was another section, the Radiation Path section, which was doing almost all the aircraft accidents. So it really was a separate entity there, from our viewpoint. But we saw all the other medical/legal cases.

Q: You were in more the medical/legal side, rather than the aircraft?
DR. FROEDE: Right. Don't get it wrong, an aircraft accident is essentially medical/legal. It can be criminal, if somebody blows up an airplane, like at Lockerbie. It can end up in civil cases, court actions against someone. And this is why you want to do a good workup. One of the biggest things, of course, in aircraft accidents is identification. Forensic pathology, in essence, will start the identification process.

Q: In '68 and thereabouts, was the focus of your work pretty much on incidents within the armed forces?
DR. FROEDE: Yes.

Q: You weren't being called upon for other things? Because I know, later, we'll be talking about the Azores and Jonestown.
DR. FROEDE: It was pretty much limited to work in the military. The year of training was a diverse year for me. It wasn't all here at the AFIP. Dr. Stahl was in charge of it at the time, and I spent four months at the Office of the Medical Examiner of the State of Maryland, in Baltimore. During that four-month period, I think I did 40 homicides and something like 140 cases; at the same time, getting a couple of weeks of training in toxicology in the tox. lab with Dr... But then the other thing that we were doing was going down to the Smithsonian for two weeks of training in anthropology. And then another two weeks would be at the Bureau of Narcotics and Dangerous Drugs (BNDD). We learned a little bit of what goes on in the streets. All of this information could ultimately be used to help analyze your own cases.

Q: Litigation has always been a factor for forensic pathologists. Were you feel-

ing the pressure that everything had to be just right, or understanding that, behind whatever you did, some lawyer might attack it from whatever angle?
DR. FROEDE: In later years, while I was out at the University of Arizona, there was a retired trial attorney out of Chicago, and he had a famous saying that anything you do, anything you say, anything you write, and, sometimes, anything you think will usually be used against you in a court of law. So the answer is yes, you try for perfection. You don't always achieve it, and sometimes you make a mistake and so on, but you try to do the best, and you try to set up a protocol so that you don't miss anything.

Q: Were there, particularly in the earlier years, in the late '60s, a feeling of constant looking over your shoulder of litigators?
DR. FROEDE: Oh, yes.

Q: How would this impact on what you all were doing?
DR. FROEDE: We did our cases, and that was it. We knew that we would be questioned in the courtroom, and they would try to find something and dwell on that, that you missed this, therefore you didn't do... But I never worried about it. In fact, courtroom to me was, and still is, fun. I have a couple of cases going to court here in the next few minutes.

Q: Do you have any stories of any problems or incidents that happened in the courtroom while you were here at the Institute that are etched in your brain?
DR. FROEDE: Not so much here, because there were only a few cases that ultimately went to court. There were only about six cases when I was up in Baltimore where I had to go to court, and I never got called on. Even though Dr. Fisher and I went on a murder case, he was on the stand, and they didn't bother me. So I didn't get that much court experience. It wasn't until I left the Institute and became medical examiner in Arizona that I ended up anywhere from one to two, three times in court every week.

Q: In this period from '68 to '76, what type of equipment were you using? Was that different than, say, what one would use now?
DR. FROEDE: Yes, the instrumentation in toxicology wasn't as nice as you have now. We didn't have DNA. And the types of microscopes that you would use weren't as nice compared to microscopes that you have now. We had a range downstairs, but we didn't have some of the equipment in the range that's here now. We developed a system here. And thinking back over it, in fact, I presented a case down here at a CAP meeting in 1971, and if we'd had DNA at the time, what a fantastic job we could have done. We might have convicted the person who murdered another one. But this is true anywhere now. Everybody who has been through those days from about '60 to '90, that 30-year period, could look back and say, gee, if I had had this instrument, if I had had this technique, what a wonderful thing it would have been. The radioimmune assay technique, when it came in in the early '70s... I thought, gee, we can't even measure LSD. A couple years later, you could measure LSD in the tissues. So these are the things that have been fun watching develop, and being able to participate in this development.

Q: You mentioned LSD. You were here at the height of the drug culture, where, across a large spectrum of society, people were playing around with various forms of drugs, particularly things such as LSD.

DR. FROEDE: It's an interesting term you used: "the height of the drug culture." As far as I'm concerned, it has never slackened. You're thinking of the Beat Generation, the hippies with LSD and some of the other drugs. It's back again. It's a cyclic type of thing. They suddenly rediscover the wheel. Right now, the concern is about the new generation of opiates, LSD and things like that. So it hasn't changed.

Q: Was this a big part of your work, looking for traces of self-induced drugs?
DR. FROEDE: Yes. We had a very good toxicology section here, with Dr. Peninos and Dr. Goldbaum. So it was really nice to have something like this. They did the research and they did the routine stuff. And then they would sit down with us, What does this mean? And I think that part of it is the interpretation. In fact, all of forensic pathology is interpretation of patterns. Whether it's a blunt-force injury on the skin, where you can say, well, this is a claw hammer, or the pattern of drugs in the body, or patterns of diseases. So my lectures, when I talk to the students who will be talking to the residents this coming month, the one lecture is Patterns of Injury. I like to call it the KGB--knife, gun, and bomb.

Q: Did you have your favorite murder instrument?
DR. FROEDE: That's another interesting question. Almost all forensic pathologists are fascinated with weaponry, from the standpoint of guns, because we see so much of it. We used to see a lot then, but we see a lot more now. And you have to understand this, because it's usually the gunshot victim that turns into... Yes, you have stab wounds, and, yes, you have blunt-force trauma, but it's usually the guns.

Q: Much more effective.
DR. FROEDE: Much more effective, and much more final. So that's one of the reasons why Dr. Fink developed the range downstairs, to test weapons.

Q: Could you explain what the range is.
DR. FROEDE: It's just like an ordinary gunnery range, except it's down in the basement of the AFIP. You testfire the weapons at targets, and determine distance, determine the patterns, then just to see how fast the bullets are, what it would do to a gelatin block. We did all that kind of work.

Q: If you want to find out how a gunshot wound would work on a human body, what do you use as a substitute?
DR. FROEDE: Of course, there is always the animal work. But that's a problem, particularly today. The animal rights groups have really put a stop to a lot of animal testing. So that, here, we went to the gelatin block. It's just a mass of set industrial gelatin, with oil of cinnamon as a stabilizer. It smelled very good. You'd get them in long blocks, about 15 inches long, about six inches high, four inches wide. Using that as the target, you could tell how the bullets reacted within that mass. Now it's supposed to simulate muscle, but it's nowhere near muscle, because what you can't do is change what's going on inside the block like you can with a muscle. If I kicked and you saw my foot coming toward you, for example, you might tense up. Well, you can't do that with a gelatin block.

Q: How about bones, do you put bones in the blocks?
DR. FROEDE: We would put bones in the blocks, yes. I had a very famous case out there in Arizona where we put a jawbone in a block, then we could tell the distance that weapon was fired.

Q: Did you find in forensic pathology that you were having an impact on the designs of weapons systems, for instance, airplane configuration, tank configuration, this type of thing? DR. FROEDE: I don't think we had as much as some of the other places, such as Aberdeen. Ours were more tissue type. They call it wound ballistics, what happens to you. Some of the information that was given from the wound ballistics' studies, yes, it would show up, but I don't think we had that much influence on the design of weaponry. I think more in the aviation area and the automobile, where we tried to deal with the patterns. If we could determine that that stickshift sticking out of the floor was going to put a hole in your head every time you stopped, get rid of it. I think that's the type of thing that we were looking at, more than redesigning weaponry.

Q: How did the Forensic Department fit into the AFIP, in the '68 to '76 period, administratively? How did it work?
DR. FROEDE: Well, it was part of the Department of Pathology, under Dr. Helwig. It was just another one of the divisions there, and we had access to everything in the AFIP. So if we had a case that we wanted to tox, we went down to tox. If we had something that we were interested in pulmonary pathology, we walked upstairs to Pulmonary. And I think, there, one of the nice things about that was the instant communication, that you could walk that case and come back, or they would say, come back tomorrow, we'll pass it around. I think that is probably one of the problems today with the mail-order business, although with fax machines and things like this, your diagnosis takes a while here at the AFIP to go through accessions and everything else. Whereas, I can take a slide now, I can put it in overnight mail or Federal Express to one of my colleagues, he looks at it, he faxes an answer back within 24 hours. I think that is probably one of the one drawbacks here, and I think they're trying to rectify that now, based on what I heard about... But that's why the instant communication that we have being here was so wonderful.

Q: You could go to a world authority on almost anything you wanted.
DR. FROEDE: Right.

Q: When you first arrived, Captain Bruce Smith was the director. How did he run the organization?
DR. FROEDE: Can I use the term "a tight ship"? I have known him since that time. I've lectured for him when he left the service. He retired and went down to the VA hospital, and I'd go down to the VA Hospital and lecture for him in forensics. So he obviously knew that I was capable of putting on a good show. He ran the place very well as far as I could tell. During that period of time, it was Dr. Smith, then Dr. Morrissey. As far as I was concerned, it went very well. If nobody bothered me, and they let me do my work, then I thought he was good.

Q: Dr. Morrissey, an Air Force colonel. I interviewed this morning Dr. Cowan, who was saying Morrissey was sort of yanked here and really wasn't too happy here and left rather disgruntled about the way the place operated.
DR. FROEDE: That's true. But as far as I was concerned, I had known Bob for a number of years before, so I got along well with him.

Q: At the time, was there anything like the armed forces medical-examiner system, which developed later on and with which you became involved?
DR. FROEDE: What happened in that period of time was the conversion from a divi-

sion to a Department of Forensic Sciences, with, then, a Division of Aerospace Pathology, a Division of Toxicology. Tissue Reactions to Drugs was under it at the time. Legal Medicine. Some of them went on to become their own departments. This was a period of time that there was expanding. During the Vietnam affair, there was an expanding workload for us, expanding challenges, trying to put these cases together. It was at this time that Dr. Stahl and I, probably over a cup of coffee one morning, decided that maybe we ought to have a medical-examiner system. We put a set of slide together. And I still have those slides, going back 20 years from the time that we actually started it. So the seed was planted then. And it took a long time before it finally reached fruition.

Q: Why did you feel that a medical-examiner's office was necessary?
DR. FROEDE: For a couple of reasons. One, was to legitimatize the office. The Department of Forensic Sciences, that sounded great. But it was not like my colleagues outside, who were running coroner's offices or medical-examiner's offices. We felt that the workload should be more in line with a medical-examiner's office, developing protocols and trying to work out the problems this way. And I think, in the long run, it was proven to be very valuable and very true.

Q: Well, you mentioned Vietnam. The Vietnam War was going strong during this period. It was also going sour. In our armed forces, there were cases of fragging of officers, tossing fragmentation grenades at officers, and a lot of drug use and all. There were some real problems. I would have thought this would have put an extra burden on the forensic side to find out was somebody killed by enemy fire, or by a disgruntled member of the American Armed Forces behind the barracks, that type of thing.
DR. FROEDE: It's true, during that period of time, the workload increased quite a bit. In the tox area, we did some research studies and published some papers, with Dr... and Dr. Goldbaum. There was a study at that time of wound ballistics, by Dr. Fink, and some of the materials he would gather from there. Unfortunately, somebody over in Vietnam threw out a lot of that material. And so we never really did get a good collection of data that way. But from the standpoint of what you're talking about, the caseload, the fraggings and things like that, they would come in here and they would increase our workload. But we accepted this, and we did what we could. It was very difficult, for example, to look at this in an autopsy protocol. The one, probably, hard part about the system here is that you have field pathologists doing your work, and then you review the protocol. You don't actually do the autopsy, you don't see anything, and so there may be some things missing. Yet the missing things have, in some ways, value. One, for teaching. You can teach the new residents: Don't miss this next time. The other is that what we have, the missing things, may be not accounted in this, but only the positive findings... so we could interpret them. It was an interesting era.

Q: Speaking of training, were you involved in training?
DR. FROEDE: Yes.

Q: What was the main thrust of what you were teaching?
DR. FROEDE: Well, all of forensic pathology. The residency program is a real long one. And so we had residents all during the time I was here. In fact, I was one of the residents at that time.

Q: Also, you were benefiting, weren't you, from the Berry Program?
DR. FROEDE: Yes.

Q: So this meant that you were getting a fairly picked group of people.
DR. FROEDE: We were getting some very good people in. They did some very nice research there. The other thing is that Dr. Stahl had started on was trying to expand from just forensic pathologists. We had a veterinary pathologist, and we had lawyers coming in for a training program... fellowship with. It was really forensic sciences, if you want to use the term, but we still thought that it needed that title: Medical-Examiner's Office.

Q: Where were, in your opinion, some of the best medical examiners coming out of? Was it universities, or hospitals?
DR. FROEDE: Almost all of them are connected with a university. I think New Mexico has a wonderful program. Dade County, Florida. There's Baltimore. St. Louis. They're developing a new program in Milwaukee. Seattle. You notice I've not mentioned New York, because they don't have a residency. Of all the places you would think would have a residency, they don't have a residency program.

Q: They really don't?
DR. FROEDE: Unless they've started up this past year. But, to me, the best programs (and the AFIP is considered amongst the best) had diversification. It wasn't just working the pit day after day until your year was up. They would send their people out in the field for field work; they would send their people for anthropology courses, which is what they're doing now. The resident is going to do an awful lot of cases, on his own, of gunshots (my KGBtype cases), and he'll never have time again to do some of these things that he has during his residency. Because really he's not under an obligation to do the daily work; it's a learning experience. And I feel that experience that I had at the Smithsonian, at the BNDD, at Baltimore, that was very good. Any residency like that is in the top bracket.

Q: Did you see a change and upgrading of the forensic work done by pathologists in the armed forces? Were you able to see a discernible result?
DR. FROEDE: Yes.

Q: How? In what manner?
DR. FROEDE: Well, I think their autopsies were done better; they were looking for other things. And, of course, they would call in, too, "I need some help." Then, if we couldn't send anybody, we'd tell them what to do. And I think the admission that I'm not omniscient and omnipotent is something that some people don't have. I think when they do that, they then are knowledgeable enough to know their shortcomings and request help. I think this is one of the problems today in the forensic area, that there are a few people out there who are very willing to say, "I have never been wrong; I have never made a mistake." I will say this, there are fewer and fewer in that category, because I think they all now appreciate the value of consultation, which is just what the AFIP is, a consulting body.

Q: Did you get involved with the museum at all, or was it more or less dormant at that time?
DR. FROEDE: At that time, it was shut down for a while. We did make a display on the toxicology of drugs. And then it shut down complete when the University of the

Uniformed Services came in. So everything was tucked away, and by the time I left, it had not reopened.

Q: You left here in '76. Where did you go, and why did you go?
DR. FROEDE: Well, I had my 20 years in. In fact, I had enough time to have a good retirement. I have 25 years, for pay purposes. Somebody I had known over the years, Dr. Jack Layton, who was out at the University of Arizona, was looking for a forensic pathologist to help develop his program. He gave me a call one day and said, "How would you like to...?" We'd always wanted to live in the Southwest, and I had other friends out there, so I said, "Fine. What you got?" He told me what he had, and that was intriguing enough for me to decide to retire and go out there.

Q: How did you find work at a university? Was it different from here?
DR. FROEDE: Well, different only from the standpoint of changing your master. Here, the master was the federal government. Out there, it was the academics and the state. Sometimes I wonder which is worse. In general, I was in the Department of Pathology. My title is chief of forensic sciences. There was nothing there when I came. It was strictly develop it from the ground up, develop all the connections within the university, and develop the connections within the state. There were a few pathologists out there who decided that I was a threat, a terrific threat, and they did everything they could in their power to try to stop this development of the system.

Q: How did they perceive you as a threat? Was it just that you were taking a piece of their action, or what?
DR. FROEDE: The problem was whose turf it was. And they could see where the university might become the Office of the Chief Medical Examiner in the State of Arizona, which meant they either worked for it or they didn't. And that meant money out of their pocket. And when you take money out of somebody's pocket, they get a little bit upset. But, in the long run, we did develop as much as we could. We covered half the state, the counties around there. Every county attorney that we had wasn't willing to trade. The system was kept up after I left in 1987, and still is in effect today, except it's not with the university, it's with the county. But the same counties are still with this group. And the new chief medical examiner was my former resident.

Q: Well, you got hauled back to the AFIP for a while.
DR. FROEDE: Yes, in 1987.

Q: How did that come about?
DR. FROEDE: A number of years before, I think about '83, '84, Dr. Collins had said, "Why don't you come back to the AFIP in a Distinguished Scientist slot." At that time, I was still in the developmental stage out there, and I really didn't want to. Then one day I was in Dr. McMeekin's office, and he said, "How would you like to come back?" Well, I tell you why: I saw the handwriting on the wall at the university. Dr. Layton and I had been together for about 11 years, and he was reaching retirement age. You've heard, after the old academic, the new broom comes in. And I was afraid they'd sweep all that stuff out that he and I had worked on so hard to develop within the department. As it turned out, that was right, because within a few months after I was gone, they swept it out of the university and sent it up to the county. But when he said come here and be a Distinguished Scientist for a couple of years, do some research and things like that, I had no idea that I would ever end up as the Armed Forces Medical Examiner at that time. And so I decided I was getting old enough,

and it was getting pretty hard to do 11 autopsies a day, pretty tired at the end of the day. And there were only three of us. At that time, I was trying to keep up my peer-group activity, working on the Journal of Forensic Sciences, and I was also in the chairs going on up to become the president of the American Academy of Forensic Sciences. So I thought, well, this is a good opportunity to change and see how I like it. So I came here in 1987. And one of the first things they asked me to do was to take a look at the new medical examiners' reg. that they were trying to put through. And I found a lot of things in there that needed some change. I spent a good number of hours down at the Pentagon with an Army colonel there and with the lawyers, trying to get these changes.

That bit of paper gave whoever was sitting in that job a lot of responsibility and very little authority. We tried to change as much as we could, but it was very difficult, because if we changed too much, it would have to make the round-robin again and it'd be another five years before you'd get started again. Nobody was willing to go through this. Let's start it up, let's see how it works, and then let's work from there. [end side one]

Q: ...medical examiner?
DR. FROEDE: It was coming from here and, interestingly enough, from the criminal-investigating people. They were fed up with the hospital pathologist who was allowed to do a case, or wasn't allowed to do a case: "You can't do an autopsy, you've got surgicals." And it was also coming a little bit from the outside: "It's about time you people shaped up and got a medical-examiner system in the military." There had been several cases over the years before where everybody got upset about it. Congress got upset about it. And so Congress sort of mandated that this thing be set up. Now when they mandated, they didn't pass a law. If they had passed a law, we'd be on our way home right now without any problems. But they didn't, so it became just a reg. And with that, everybody would be sniping at it.
I felt at the time that I was fairly well supported by the Medical Corps, but there were several people who did not understand what a medical examiner was. I suppose the term "medical examiner" is a misnomer. It should be changed, because a medical examiner to them was somebody who came in, like the FAA, and did medical exams. Or a medical examiner came in and examined your records. There was one surgeon general who was very upset about this, that I was going to storm into his hospital, review all the medical records, and close the hospital down. But we finally convinced him. After that, he became pretty good friends of the system, that we weren't going to do that.

Q: Would a better title have been "coroner?"
DR. FROEDE: You know, that's another interesting thing. Most of us, when we go out, are called coroners. I mean, the press calls you a coroner; it doesn't say medical examiner. "The coroner was out there," even though you're a medical examiner. But the name coroner, in this country, unlike in England, is bad. In England, the coroner can only be either a lawyer or a doctor or both, and very professional. When I was with the Royal Air Force and I testified in Coroners' Court, it was totally professional. Here, it could be anybody. It's an elected office, it could be the local bartender; I've seen nurses who were retired; I've seen funeral directors; I've seen furniture salesmen, they're all coroners. Now, in some places, they're very good and they have medical-examiner doctors and so on. So the name coroner, maybe we should get

something new. It's bad at this point.

Q: I know, when you say "medical examiner," to me, this is somebody who comes around and takes your blood pressure to find out whether he gives you...
DR. FROEDE: That's it. Now, in New Mexico, realizing this, Jim Weston, when he created the system out there, used the term "medical-legal investigator," which now implies you investigate. But even that's a little bit lengthy. You're right about coroner. Gee, it's handy, you can click it right off.

Q: You were the first Armed Forces Medical Examiner, is that right?

DR. FROEDE: Yes.

Q: You started on the 2nd of May, the day after your birthday, 1988. How did you see the office at that point?
DR. FROEDE: Dimly. It was a time that we didn't have a big staff. It was a time that people were sniping at us, because they didn't want to see a system run into. It was a time that we didn't have a lot of money to do the things, because it would be draining the AFIP funds; we didn't have separate funding. I really had only four people to send out to do the job. There were times in that first year that literally I'd be the only one in the office, just trying to handle the telephones. Then we began to develop the teaching program, and I spent a lot of time on the road, going to Europe, going over to Japan and Korea, and even around the country, trying to tell people what the system was, what it did, what it could do for them. I always tried to achieve the positive with them; how, even in a malpractice case, we might be able to help out the hospital. And I think I got the point across almost everywhere. But it was time consuming. You'd spend two weeks in Europe, and you'd spend...

Q: Why go to Europe?
DR. FROEDE: Because we had a very large force of people there, and most of our cases were coming from the European area. We had a couple of good pathologists in the Pacific area who were taking care of things, so from that standpoint, the Pacific kind of handled itself. But Europe needed a lot of help, and particularly the criminal investigators were very adamant about my coming over and setting up seminars, teaching other criminal investigators, working with the German police, and working with the hospital commanders. I think I made about three trips over there in the first few years, and then set up programs.

Q: You stayed on until, what, 1991?
DR. FROEDE: Ninety-two.

Q: In this time, were there any particular cases?
DR. FROEDE: Oh, there were a number of cases. You betcha! I think the first really big case we got involved in was the Iowa.

Q: This was the battleship Iowa, when one of its 16-inch guns blew up.
DR. FROEDE: That was the first time we really pressed the medical-examiner system into effect. We had some air crash accidents and things like that, but up until that time, we did not really act as a medical-examiner's office. At that point, when this happened, we moved over to Dover, Delaware. And Dover ultimately became the

medical examiner's office in all these cases, the Saratoga, the Higgins' case, then, of course, Panama, and, recently, Somalia and other areas.

Q: Well, about the Iowa. The Iowa was a very controversial one, because there was strong questioning of why there was an explosion there. The Office of Naval Investigation pointed the finger at one time to one sailor and said, "Well, he was a homosexual and he was unhappy." And this aroused a firestorm of protest in the media and all that. Did you get into it early enough?
DR. FROEDE: Well, there again, no, we didn't. We never were able to send anybody to see the Iowa until after the fact. Which is where my civilian colleagues have it all over the military, and that is, the phone rings, and you're on your way to the scene. Had we been able to see the scene, had we been able to work with the NIS and any of the other people, the engineers and so on... Later on, we did get engineers. But since it was the first time, nobody really wanted to send anybody to us. They finally sent a gunnery officer, and they finally sent an engineer to us, but it was several days into the investigation. They sent them up to Dover, and we worked together on that But it did point out the one thing that I think has been helpful, and that is, you've got to use your medical examiner system to assist you. They are there to help you. Not to be a hindrance, not to put you down, but to help you. And in helping you, you're going to look pretty good. If we had been in there, maybe we could have made the NIS look a lot better. Then we had Saratoga.

Q: What was the Saratoga?
DR. FROEDE: This was the carrier where the sailors had gone on a holiday right around Christmastime into Tel Aviv, and on their way back, the ferry boat tipped over and 21 people lost their lives. We had Panama, just cause. Then probably one of the most memorable cases was in 1989, the end of July, early August, with the film on Col. Higgins, the Marine Corps colonel.

Q: He was an American Marine officer assigned to the U.N. peacekeeping force and was kidnapped. DR. FROEDE: He was kidnapped, and then they released the film of him hanging, suspended. And we went to work on that one, on the identification. The FBI did a magnificent job on that. We worked several nights with them on that, to identify him, by taking a picture of him and doing superimposition, by getting a picture and adjusting him as he's turning, to a certain point, and then we could actually just point-for-point. And we were able to demonstrate to the Marine Corps things that they claimed had happened did not. As far as we were concerned, Higgins had died many months before that. And that's all I can tell you about that case at this point. It's still considered an active case. The bodies came back in December '91, and we did the autopsies on the Army Lt. Col., retired, Buckley. Buckley and Higgins came in. It's interesting. I mentioned Saratoga at Christmas, Just Cause, Christmas. For about five years, we spent most of our Christmases at Dover, Delaware.

Q: Did you have an actual office at Dover? Was this your operational office there? DR. FROEDE: It was just simply a mortuary where we could do the autopsies. And, of course, during Desert Shield, we went up there and began to stock it. But we couldn't do anything; no construction could be done. And we knew, if you followed Jack Anderson's figures, that we would lose somewhere between 17,000 and 25,000 dead. There was just no way Dover could have handled them.

Q: We're speaking now of a conflict between the United States, with its allies, and Iraq in 1990. Jack Anderson was a columnist who, along with many others, was predicting horrendous casualties.
DR. FROEDE: So Congress authorized the expenditure of the funds, but wouldn't permit it to start until everything started, which, in their infinite wisdom, sounds great. It started on a Tuesday night, and I went up there the next morning. Construction started, and it was an extraordinary battalion of Air Force engineers and construction people out of Indiantown Gap. In 21 days, from the footings to the final, they had put this thing together for us. I spent about 60 days up there, just fighting all the battles of construction. I learned a lot about the construction business. You don't put drinking fountains next to the autopsy table, and you don't put 3 x 3-foot ducts over the autopsy table, because nobody could straighten up. Working with them, there were some mighty fine people up there. But the red tape was horrendous. I think probably my biggest problem there was the Army red tape, trying to get records from the Army so we could sign out the death certificates. The Navy and the Air Force and the Marine Corps were very cooperative that way. The FBI did all the fingerprinting, and we did have some Army CID people who helped them along with it, which was very good. We would go to the Ops. Center about nine, ten o'clock at night. We knew what flights were coming in, and we had the tentative names of the deceased, so we would send them down to FBI headquarters, and they would pull these files, so that the next morning, when their team came up, they had the fingerprints and they could do it right away. We wanted the Army to do this; look, here are the names, get us the records, so that we can sign out the DCs by the end of the day. Well, my poor fellow who was doing a lot of this work spent hours there every evening, because they'd come in one at a time. If anything held up the return of bodies to their loved ones, I felt it was the paperwork. Although we were criticized by people saying the reason the body can't go home is because the pathologist hasn't done the autopsy, that was wrong. It was the pathologist and the anthropologist and the dentist working together to put the pieces back together. And that takes days. We had one case that I'll never forget, when a name was given over CNN at eight o'clock in the morning. At five o'clock, I had a call from a congressman, saying, "Why isn't the body in the hands of the family?" Well, it takes 18 hours to get it from Kuwait to Dover. Then it has to be identified and has to go through. So I explained the whole thing, he said, "Thank you very much, doctor," and that was the end of that. But that's the type of thing that we ran across. I'm very proud to say one thing: there is no body going into the Tomb of the Unknown Soldier from that conflict. We identified them all.

Q: I might add that you received the Defense Meritorious Civilian Service award for your work during Operation Desert Storm.
DR. FROEDE: That's right.

Q: Well, you, in many ways, as you had at the University of Arizona, were setting up the structure on which this medical-examiner office would operate, weren't you?
DR. FROEDE: That's right.

Q: When you left there in '92, did you feel that the authority of the medical examiner and the legal framework in which that office worked were better and stronger?
DR. FROEDE: Yes. And I think my successor has been able to do a lot more, too,

because of the framework that it started on. By then, four years later, I think it was recognized by my colleagues in the forensic field as being the Office of the Armed Forces Medical Examiner. And that, to me, was the most satisfying aspect of it.

Q: The Dover facilities are there still?
DR. FROEDE: They're still there. They have been used for Somalia. Had the Haiti campaign gone through, they would have been used for that. They're there for anything. They've used it for aircraft accidents and other identification problems.

Q: Well, doctor, is there anything you'd like to add?
DR. FROEDE: Oh, no, I think we've covered just about everything that there is.

Q: Well, I thank you very much. I appreciate this.
DR. FROEDE: You're welcome. It's been a pleasure.

[Note: This transcript was not edited by Dr. Froede]

Randy Hanzlick, M.D.

NAME President 2001
Chief Medical Examiner, Fulton County,
Georgia 1998-present

Why did I select forensic pathology as a career?
This is an easy question to answer. I did my pathology training at University Hospital at Ohio State University in Columbus. At that time, the morgue was divided in half by a glass block wall and hospital autopsies were done on one side of the wall and coroner cases were done on the other. I had regular exposure to the coroner cases and a particularly likable pathologist, Nobuhisa "Nobi" Baba (he used to tell us to call him BA2), who ran the autopsy service but also was a forensic pathologist for the coroner. He was very intent on telling us about forensic pathology. Further, Ohio State was among the first seven places which had an approved training program in forensic pathology beginning in 1961. Although the forensic pathology program was inactive when I trained at OSU in the 1970s, I had known about it and the program became active again in the mid 1980s until the mid 1990s. Even when the program was inactive, there was strong emphasis on forensic pathology in the anatomical pathology training program at OSU. In fact, forensic pathologists Margaret "Peggy" Greenwald, Michael Clark (deceased), Steve Phillips (no longer practicing FP), and Greg Wanger all were in medical school at OSU about the same time as me. That says something about OSU and its fostering of forensic pathology at the time. I went into the field and didn't really even consider salary and income when I made my decision.

Places and times I served as Chief Medical Examiner
I have been the Chief Medical Examiner in only one office, the Fulton County Medical Examiner's Office (FCMEO) in Atlanta, Georgia, where I have been Chief Medical Examiner since July 1998. I began working in the office in 1982 when I began my fellowship and I stayed on there full-time until 1991. I then left to work for Emory University and the CDC through an interagency agreement, and between 1991 and July 1998, I oversaw the autopsy service at Grady Hospital and worked on many projects with the CDC's Medical Examiner/Coroner Information Sharing Program (MECIS). Also during most of those years, I continued to do forensic autopsies on weekends

at the Georgia Bureau of Investigation and later, back at the FCMEO before I came back as Chief in 1998.

Major accomplishments as Chief Medical Examiner
Although our new facility which opened in April 1999 had been planned prior to my becoming Chief ME, it was during my tenure as Chief that the facility was built and we moved into the new facility. Of course, we had to migrate our operations and change the way we did things. We had to re-write policy and procedure and we faced many challenging problems with the new physical plant. Much planning and time went into remedying those problems.

During my tenure as Chief ME, we pursued, obtained, and have maintained full accreditation by the National Association of Medical Examiners (NAME). Also, after becoming Chief Medical Examiner, we upgraded and improved significantly our accredited training program in Forensic Pathology.

Although we have faced budget challenges in recent years, we have managed to become more efficient yet continue to provide professional service compliant with the law and applicable professional guidelines and standards. The pathologist case load is quite acceptable and our turnaround times for reports are quite good. Maintaining such conditions has been a top priority.

Most gratifying has been a restructuring of our organization and the way we do things. We have many more conferences than we did in the past and all types of staff attend. There are better opportunities for in-house career advancement, and we have developed an improved and more professional approach to medico-legal death investigation. Team work has improved and I believe everyone feels much more a part of the team than in the past. Turnover has been very low, especially among the forensic pathologists, and has occurred mainly when people have retired or decided to pursue opportunities in the private sector.

Of the awards I have received in my career, the ones most important to me have come after I returned to FCME as FP Training Director and while I have been Chief Medical Examiner. These include the NAME Outstanding Service Award (1997), the AAFS Path/Bio Section Milton Helpern Award (1999), the NAME Lifetime Service Award (2007), and the AAFS Distinguished Fellow Award (2009).

Efforts on behalf of forensic pathology and the forensic sciences
I have attempted, in the list below, to document what I consider to be the most significant efforts on behalf of forensic pathology, forensic science, and death investigation, beginning with the first projects and ending with the most recent:

- Along with James “Jack Frost,” established the NAME Pediatric Toxicology Registry in the late 1980s. This was later turned over to John Howard.
- Developed a nomination and selection process to recommend a new editor for the orange journal upon William Eckert’s retirement in the late 1980s. This was a long and involved process but the journal did not accept NAME’s recommendation, one of the first issues that arose regarding the relationship between the journal and NAME. Note: this question asked about “efforts,” not necessarily successes!
- Worked with the CDC’s Medical Examiner/Coroner Information Sharing Program for approximately 10 years

- Implemented and edited “NAME News,” a regular newsletter for NAME members which continued until email and NAME-L became widely used
- Developed and managed NAMEs first website. This project was later turned over to Mike Bell.
- Set up “PIC-NIC (NAME Information Center),” a web based bulletin board for NAME members, subsequently replaced with NAME-L.
- In conjunction with Emory University, established NAME-L.
- Assisted with the development of the CDC guidelines for sudden unexplained infant death investigations along with project manager Solomon Iyasu of the CDC.
- Assisted with the development of the National Institute of Justice’s Guide for the Death Scene Investigator under program manager Dick Rau of the NIJ.
- Served on the CAP Autopsy Committee (Chair Grover Hutchins, deceased) and CAP Forensic Pathology Committee (Chair Don Reay).
- Served on the ABP Forensic Pathology Test Committee (William Hartmann, ABP EVP and Ross Zumwalt, Test Committee Chair)
- As NAME President, implemented the practice of the President preparing a one-year plan each year for NAME to detail committees, goals, and objectives
- Co-Authored and edited two CAP Manuals on Certification of Death
- Co-Authored the NAME Guide for Manner of Death Classification and several other NAME guidelines such as infant death certification and others.
- Was the initial NAME representative on the Consortium Forensic Science Organizations (CFSO)
- Hosted the NAME Office at FCME when NAME decided to remove NAME from a University setting.
- Developed electronic databases to manage NAME Membership Information (MILTON) and The NAME Foundation. MILTON is still used today to prepare the annual meeting abstract book and for some other NAME activities.
- As Chair of NAME’s ad hoc Data Committee, assisted in numerous projects involving collection and analyses of data from NAME members and other sources, with nearly 30 reports of project outcomes.
- Assisted with the development of the NAME Forensic Autopsy Performance Standards
- Helped develop the NamUs system for missing and unidentified persons with Steve Clark in conjunction with the National Institute of Justice and funding provided to the National Center of Forensic Science (NCFS) National Forensic Science Technology Center (NFSTC)
- Currently serve as a local advisor to the Whitehouse Subcommittee of Forensic Science (SoFS) Standards, Practices, and Protocols Interagency Working Group (SPPIWG)
- Currently serve as Vice-Chair of the newly formed Scientific Working Group for Medicolegal Death Investigation (SWGMDI)

Recollections of places I have trained and worked

I have very fond memories of my pathology residency at Ohio State University (see below). It was a great place to train and the faculty was excellent and diverse in expertise. Further details have been provided elsewhere in this memoir.

During the years 1991 to 1998, I worked with both Emory School of Medicine and the CDC through an interagency agreement. At CDC, I worked in the Medical Examiner/Coroner Information Sharing Program (MECISP) primarily with Roy Ing, Gib Par-

rish, and Deborah Combs. Steve Thacker, a long-time CDC employee, was one of MECISP's founders. For most of its life, the MECISP Program was run through the CDC's Center for Environmental Health and its program for Injury Prevention and Control, led by Vernon Hauck (deceased) and then Henry Faulk. In its later and final years up to 2001, MECISP was moved to the CDC Epidemiology Program Office. CDC Directors during the MECISP years included William Roper, David Satcher, Jeffrey Koplan, and Julie Gerberding. All of the people I worked with in MECISP were dedicated, talented, helpful, and a pleasure to work with. It was this MECISP group that published the first comprehensive directory of death investigation systems in the United States and Canada, among many other projects such as helping to develop standard medical examiner/coroner databases. At this same time, I served as Director of the Autopsy Service at Grady Hospital. I worked with many people there including Pathology Assistants Linda Leslie and Eugene Semple; autopsy assistants Shirley McWilliams and Audrey Hargrove, surgical pathologists Chester Hermann, Karlene Hewan-Lowe, David Schwartz, Victor Nassar, Victor Napoli, and Bagirath Majmudar; clinical pathologists David Vroon and Bob Allen; and cytopathologist George Birdsong. I learned much from all of these colleagues and they also were a pleasure with which to work.

I also I have done a lot of work with the National Center for Health Statistics (NCHS) and its mortality branch. I spent much time working with Harry Rosenberg, George Gay, Donna Hoyert, Julie Kowaleski, and in more recent years, Robert Anderson. With these persons, efforts were spent to revise the US Standard Certificate of Death, to develop plans to re-engineer the death registration process and for electronic death registration, to improve instruction manuals for completion of the death certificate, and to conduct an-in-depth analysis of the mortality statistics branch of NCHS.

The list of persons with whom I have worked since becoming Chief ME in 1998 is quite long and I cannot mention all of the names here. A comprehensive list is available on the FCME web site at www.fultoncountyga.gov/me-home . During my tenure as Chief ME, I was fortunate to have on my staff Eric Kiesel, John Parker (part time), and Carol Terry in the past, and presently, Michele Stauffenberg, Geoffrey Smith, Michael Heninger, and Karen Sullivan. In addition, one could not ask for a better administrative, investigative, autopsy, and facility support staff than we have working at FCME.

In the mid-1980s, I "moonlighted" at the Cobb County and DeKalb County Medical Examiner offices which were run by Joseph L. Burton. I remember fondly the days I worked with him and his Chief Investigator Mickey Shockley, Autopsy Assistant Drew Ollie, and Drew's brother Chris. On many days, I would drive from county to county doing autopsies at different facilities. This experience gave me insights into the pros and cons of privatized forensic pathology.

I was fortunate to meet many District Attorneys as a result of testimony I had to render related to autopsy cases I performed for the GBI. I have testified in more than 60 of Georgia's 159 counties and I learned much about the state during my many long drives to court in various regions of the state.

Comments about people who trained me and from whom I have learned
At Ohio State, I received pathology training from a variety of people. I'm sure I will

fail to mention some, so I apologize. But the following are ones who had significant impact on me: Don Senshauser, Emerrich von Haam, Nobuhisa "Nobi" Baba, Kitty Claussen, Leona Ayers, Leopold Liss, Alan Yates, Dieter Assor, Bill Holiday, John Neff, NT Shah, Melanie Kennedy, Hari Sharma, Tom Stephenson, and Adelaide "Heidi" Koestner. Adelaide's husband's name was Adelbert and we used to tell jokes that any boy or girl children by them should be named Adaboy and Adagirl. A fellow pathology resident named Joel Lucas and I used to have a lot of laughs. A man named Elwin Poe was the non-physician head of the autopsy service and functioned as a pathology assistant and taught us a lot about the autopsy. I think he sells wine now near Columbus, Ohio.

At FCME, my mentors were Robert "Bob" Rutherford Stivers, MD; John Feegel, MD, JD, and Saleh A. Zaki, MD, PhD. Stivers was practical and to the point. He was a nice guy with a good sense of humor. Feegel, also being a lawyer, was the most legalistic and liked to write novels. Zaki concentrated on thinking about one's cases and the issues they raise. Feegel used to tell me "it does not have to be the truth, it only has to make sense." He offered that advice for tough cases, such as trying to reconstruct the sequence of multiple gunshot wounds. One can come up with a plausible sequence which may be useful, but which may not actually be the absolute truth. I think he was emphasizing the role and usefulness of opinion rather than absolute fact. Near the end of my fellowship, I wasn't making much money and local jobs were not particularly attractive. I asked Feegel why he didn't quit and let me have his job, because he had other sources of income. He quit and I took on his staff position. Nice guy. Stivers and Feegel are now deceased and Zaki is retired and has taken up travelling. We also had a great investigative staff while I was training. At the time, they were Fulton County Police Sergeants assigned to the medical examiner's office, and they included John Cameron (deceased), Richard Eskew (deceased), Don Pike (deceased), Hugh Haynes (deceased), Jeri Hendrix, and Eugene Horton. I learned a lot from all of those guys who were always more than willing to take me to scenes and explain the way things work, and provide a good sense of humor and friendship at work.

There are a number of NAME members who encouraged and spent time with me soon after I first joined NAME in 1984. These include George Gantner (deceased), Jerry Francisco, Jim Luke, Richard Froede (deceased), Charles Stahl, James "Jack" Frost, John Pless, William Eckert (deceased), R Page Hudson, Bob Brissie, Jack Frost, Bob Goode, John Pless, James Spence Bell, Marvin Aronson, Elizabeth Balraj, Thomas Hegert, Sandra Conradi, Lawrence "Stan Harris," Patricia McFeeley, Haresh Mirchandani, Joel Sexton, Jerry Spencer, Dimitri Contostavlos, Ed Wilson, George Nichols, Larry Lewman, Don Reay, Brian Blackbourne, Eliot Gross, Marcella Fierro, Stan Kessler, Ronald Rivers, John Coe (deceased), Joseph Davis, John Butts (Canada), William Q. Sturner, Thomas Noguchi, Ross Zumwalt, Mary Case, and John Smialek (deceased). Others with whom I worked closely in more recent years as an officer or other capacity and from whom I have gained insight are Garry Peterson, Ed Donoghue, and John Hunsaker. Other NAME members with whom I have had a long-lasting friendship, and who may be considered "contemporaries" include Mike Graham, Steve Cohle, Jeff Jentzen, and Mary Fran Ernst. And through my work with NAME, I have also appreciated the efforts and friendship of Julie Howe, Kathleen Diebold Hargrave, and Denise McNally who I first met in 1984. There are many others who I am proud to know and to have worked with, but they are too large in

number to name here.

During my fellowship and in the years after fellowship I met numerous people at the GBI, which is where we got our exposure to forensic science. I worked with former Crime Lab Directors Larry Howard, PhD, and Byron Dawson, PhD (recently deceased). Other forensic scientists with whom I worked at GBI include Bob Clemenson, Warren Tilman, Lou Cuendet, and Larry Peterson. Kelly Fite was the firearms examiner, John Wegel was a serologist, and toxicologists included Ann Eskew (deceased), Horton McCurdy, Everett Solomons, Bill Wall, and Larry Lewellen. All of these people were very generous with their time and I learned much from them over the years. More recently, I have what I view as a positive relationship with current GBI Director Vernon Keenan and administrative staff who work with the GBI Division of Forensic Sciences including Paul Kirk, George Herrin, public information officer John Bankhead, and of course, Kris Sperry and his staff of GBI Medical Examiners, a good number of which trained at Fulton County.

Recollections about people I have trained
Either as a Deputy/Associate ME or the FP Training Program Director, I have been involved in the training the following people who successfully completed their training in our program (the state is where they now are):

Wayne Ross, MD, (PA)
Gerald Gowitt, MD, (GA)
Janet Pillow, MD, (FL)
Keith Norton, MD, (MO)
David Rydzewski, MD, (GA)
Thomas Young, MD, (MO)
Steven Dunton, MD, (GA)
Mark Koponen, MD, (ND)
Cameron Snider, MD, (AL)
Mario Mosunjac, MD, (GA)
Keith Lehman, MD, (GA)
Joyce deJong, DO, (MI)
Kris Podjaski, MD, (FL)
John Younes, MD, (Winnipeg, Canada)
Allan Bennett, MD, (SC)
Christie Elliott, MD, (NV)
Michele Stauffenberg, MD, (GA)
Steve Sgan, MD, (FL)
Karen Sullivan, MD, (GA)
Eric Eason, MD, (GA)
Susan Lee Anne Martin, MD, (AL)
Jason K. Graham, MD, (NY)
Stacey L. Smith, MD, (TX)
Steven P. Atkinson, MD, (GA)
Stacey Tate Desamours, MD, (GA)
Kelly Rose, MD, (SC)
Rhome Hughes, MD, in-training
Anindita Issa, MD, in-training

I have very pleasant memories about all of these trainees. Probably the single most memorable moment involved Gerald Gowitt who trained with us in the 1980s. We were walking along a very long creek and culvert looking for additional bones in follow up to some skeletal remains found in the creek. The creek was heavily grown with moss and algae, and multiple times during our trek, as he followed me, I would hear a splash, an ensuing expletive, and the clanking of his shovel on the stream bottom. Each time, I would turn around to see him lying in the stream bed. He was soaked throughout the trek. I'm sure he remembers that, probably better than I do. I am sorry to report that despite the effort and calamity, we found no additional bones.

With as many trainees as we have had, I can't really say something about all of them, except that it has been a pleasure to know them and assist in their training. Some were easier to train than others, and some have been more successful in forensic pathology than others. But they were all good people and all have been successful in some form of pathology practice.

Major controversies and frustrations in completing my responsibilities
Without doubt, the most difficult part of my career has been being the Chief ME and having to deal with county government structure and the intrinsic bureaucracy that goes with such governments. In addition, since my job as Chief is provided via a contract between the county and Emory University, I have had to serve two masters which, at times, is difficult.

I have been involved in very little controversy over the years, in fact, none of significance that I recall. A recent problem has been related to the CIS effect in which users develop unrealistic expectations about what we can do and how quickly we can do it. Over time, the number of problem calls has increased, almost exclusively because of the CSI effect rather than any wrongdoing by the office. Yes, we have made some mistakes, but in general, they have been honest mistakes, few in number, and have been resolved without major controversy. Only once can I recall adverse press coverage, and it was about a delay in notification of next of kin in a specific case.

Sometimes it seems that "no good deed goes unpunished." For example, after we obtained Accurint to assist in locating next of kin, we applied it to cases that were many years old. We located next of kin in some of those old cases, then some families were angry that it took so long to find and notify them. Such things come with the job and we just need to accept that.

Academic involvement through research, education, and training
As an academic pathology department professor, I have been expected to engage in service, teaching, and research. Teaching was in two forms for the most part. One was an annual lecture to medical students on forensic pathology and death certification. The vast majority of teaching has been on-site at the medical examiner's office through conferences and case supervision involving residents, medical students, and mainly forensic pathology fellows in our ACGME accredited forensic pathology training program.

Research has largely involved case reports, case series, and publications such as guidelines. Overall, I have approximately 200 publications which include journal articles, letters to the editor, books, manuals, book chapters, and author-involvement in professional guidelines and standards.

Legislative change in which I was involved
In the late 1980s, I was involved in the writing of legislation that revised the Georgia death investigation laws and to some extent, laws pertaining to child death investigation and fatality review. Much of the current Georgia Death Investigation Act includes words from draft legislation which I helped prepare, especially various definitions and qualifications to hold certain jobs. A long-remembered sore point is that we went to much effort to create law which developed a medical examiner commission to help professionalize and improve death investigation in the state, and to lessen the oversight of the GBI and make the office more autonomous and perhaps academic. The law passed, but the commission was never implemented. Then, in the latter 1990s, the GBI had the provisions for a commission stripped from the law (rather quietly), although a State Medical Examiner position was implemented formally in 1997 and operates today under the GBI Division of Forensic Sciences.

I have reviewed and commented upon drafts of proposed federal legislation such as the Coverdell Act, current Leahy bill to improve forensic sciences and other proposed legislation to improve infant death investigation, and have also reviewed much proposed state legislation which could impact on death investigation in Georgia.

My contributions to the field of forensic pathology
I believe that my major contributions involve my service as an officer and active member of NAME and in the Path/Bio Section of the AAFS, in conjunction with my publications and service on numerous working groups and advisory groups over the years, always in a capacity of looking out for, and trying to improve the practice of forensic pathology. I have served on the Editorial Board of JFS, AJFMP, and most recently AFP, the new journal of NAME.

If I had to summarize briefly what I have tried to do in my career, it would be to identify issues that need to be addressed and then address them in a systematic fashion and proper forum to fill gaps or foster needed change. Almost everything I have done relates somehow to that goal.

Perspectives I gained as a medical examiner
Probably the biggest change in perspective during my career was the realization that much of what we do has more to do with public health than criminal justice. I also have realized that the court system is no where near as efficient and professional as it could be or as I thought it would be when I entered the field. Unfortunately, I also have the perspective that many others have stated—that in many government settings, the governments do not appreciate the need to have trained and qualified individuals working in the death investigation system and that many governments seem satisfied as long as the jobs are filled.

On a more general note, I have realized that bad and unfortunate things happen on a daily basis, and that we see the same types of violence over and over again. Despite attempts to reduce or prevent violent deaths, little of substance seems to happen. But maintaining a good attitude is important, if for no other reason, to do a quality and professional job on individual cases and address the issues which those cases bring into play. Other societal benefits, studies, and prevention programs are important but less important than the primary case work.

Difficult cases I have managed

I must say that I have tried to proactively avoid having difficult cases by adhering to the principles I try to teach the fellows as described in Question 15 below. However, difficult cases do occur.

Probably the most difficult I have managed was the unexplained death of a 28 year old, whose death was believed by the father to have been an assassination with an exotic poison such as ricin or abrin. We had no basis for suspecting that and all findings suggest some sort of cardiac or other problem which remains ill-defined. I spent more time (and money) on that case than any other I have ever had, and we did do extensive testing for just about everything known to man. Seven years later, I still get occasional irate phone calls or emails from the father, some with messages which could be construed as threats or death wishes. Its been the most frustrating case I have ever managed, both in terms of not being able to define an irrefutable cause of death, but in terms of the time required to deal with issues raised by the deceased's father.

Another case I can recall that brought some challenges came at a time when some politicians were claiming that the police were using "exploding bullets." I was asked by one local politician to stay out of the issue. What I did was a local review of cases of police shootings and various ammunitions simply to have some evidence that the claims of excessive tissue damage done by such bullets were not founded in fact. The issue quickly went away. As I recall, this was the only time in my entire career that a politician attempted to influence me. There have been a few cases in which prosecutors urged us to classify the manner of death as homicide to facilitate prosecution, but we resisted that, explained why, and no significant issues ever arose.

A third difficult case I remember involved an apartment break-in and murder of a woman. The scene was processed by police and the medical examiner and the body was transported to the morgue for autopsy. Hours later, calls began coming in indicating that the decedent had a baby but its whereabouts were unknown. We returned to the scene and found the baby, dead, under a very heavy pillow on the sofa in a different area of the apartment. The mother (victim) had apparently placed it there to hide it from the perpetrator. The issue is whether the baby was alive at the time of first response to the death scene. As best we could determine from the findings and timing, the baby was probably already dead when police first arrived. As you can imagine, however, our conclusions were not without controversy.

Other "enigmas" and difficult cases I have encountered include, but are not limited to: a naked, embalmed, and burned man found in the woods, with a gunshot wound of the head; a young girl with multiple extremity fractures apparently incurred during an attempted exorcism; a dismemberment case in which the perpetrator attempted to get rid of body parts with a in-sink garbage disposal; and determining whether a fetus was "live" when it was expelled through a shotgun wound of the mother's abdomen. There are many more. But I have discovered that as one's list of challenging cases grows with experience, the challenging cases seem to get less frequent. I have also learned, however, to never say "I have seen everything." I have not, and I never will.

How I dealt with job-related stresses, anxiety, personal performance issues
I have seldom, if ever, demonstrated significant anger nor have I ever "blown up" at work as I recall. Somehow, I have managed to keep frustration inside while at work, and I tend to release it when I am out of the office. On rare occasions, I must admit

that I have caught myself talking to myself and have approached the stage of animation like some of those folks you see walking down the street waving their arms and talking nonsense to themselves. I have tried to follow the philosophy of leaving my work-related problems on the coat rack when I enter the house, but that does not always work. Over the years, I have been a fairly consistent "busy body" around the house doing yard work and repairs, and such activities are great stress relievers. Writing articles and the pre-requisite reading has helped as well. I have been known to drink alcohol now and then. Occasionally I do yell at my wife or my dog, inappropriately. Throughout my career I have been a workaholic of sorts and as far as I know, have not had significant performance problems. I will admit however, in the past couple years after nearly 30 years of practice, I do perceive a little burn out within me. I have tried to address this by spending a little more time out of the office doing things other than work, and trying to do fewer work-related things when I am not at the office. That approach does seem to be working, thus far.

Advice for forensic pathologists entering the field
I will state here what I tell all of our fellows upon graduation. Know your limitations, and know when to ask for help. Never be afraid to admit that you don't know the answer to a question. Try to foresee potential case-related questions and issues and try to address them. Leave no stone unturned. Tie up all loose ends. Don't shoot from the hip or jump the gun. Don't go off half-cocked. Be circumspect, reflect, and think twice or more when needed. Treat co-workers well.

Some other advice I would offer to help one stay out of trouble is as follows. Get things done well and completely and in a timely manner. Use consultants liberally. Do not step outside your area of expertise. When issues arise, refer people to the appropriate person or agency. Make sure all findings and opinions are consistent with the known facts. Do not be a media hound. Address, but try not to create issues, especially ones based on personal politics or agendas. Address problems with logic, planning and fairness, not anger.

What I would recommend as a goal is the following: Live, learn, love, laugh, lead, and leave a legacy. The legacy need not be Nobel prize material. Just something for people to have a positive memory about you and your work.

How my work experience changed me, changed my life, and what I learned from my work
Coming from a blue collar family, becoming a physician and pathologist has allowed me to live a life that I otherwise would not have known in terms of being a professional and also having the ability to enjoy some niceties that may otherwise have eluded me.

Probably the biggest change that has occurred in my life as a result of my work is that I became more well-known in the field than I ever thought would happen. This has been gratifying but also has placed large demands on my time. In retrospect, I have probably spent too much time working, but I have enjoyed that time never-theless.

Finally, I have learned that if you start out on a planned course and stick with it, despite obstacles and drawbacks, achieving one's goals is possible.

How has forensic pathology changed during my career, for the better and for the worse?
In most ways, I believe forensic pathology has changed for the better. The recent requirement to complete an accredited fellowship for board certification was a good move. Gradually, we are becoming more scientific and less anecdotal. Salaries are gradually increasing although most still remain below average for physicians. Fewer people seem to be selecting forensic pathology as a second career, and more seem to be starting fresh in the field at an appropriate young age. NAME has become much more proactive, and I believe that will be beneficial for death investigation as time goes on. The everyday work of forensic pathology has not changed much during my career. We still see the same things most of the time. But we are evolving toward more reliance on laboratory work such as genetics to make the most of our work and address relatively new questions that case work brings into play, such as the role of pharmacogenetics in the physiologic and metabolic response to drugs. I'm sure that other emerging science and technology will continue to modify the way we practice and think.

I am not sure that "maintenance of certification" will prove useful in the long run. Responsible professionals voluntarily keep abreast of things and provide themselves with ongoing learning and training experience. Imposed requirements and documentation may prove to be counter-productive, or at least, not add anything substantial to the quality of practice.

I cannot think of an example of how forensic pathology has changed for the worse except, perhaps, the increased scrutiny brought about by the entertainment and media industries. This publicity has not changed forensic pathology per se, but it has made forensic pathology more difficult to practice.

Regrettably, there have been a good number of forensic pathologists who have gotten in "trouble" or faced adverse publicity. Whether or not the incidence of such problems is higher in forensic pathology than other specialties is hard to tell, because we often get public attention as government-paid public servants. All we can hope for is that such incidents will be less common in the future, and do our own personal best to avoid them.

Finally, I am pleased to see so many young, energetic, and talented people entering the field of forensic pathology. Many are active, vocal, thoughtful, productive and friendly. It gives me confidence that our profession will be in good hands in the future. There are a good number of emerging "stars" out there.

Knowing what I do now, would I "do it again" under the same circumstances as when I began, or under today's circumstances?
Without a doubt, if I "had it to do over again," I would still select forensic pathology as a career. It's a very interesting line of work, and it is appropriately challenging. The opportunity to work with a variety of professionals in different work areas is a great thing about forensic pathology. The continuous encounters with death (and life) cause one to reflect on life regularly. Although the salaries are often badmouthed, one can live well on such salaries and there is much more to life than money. Even if I were starting my career today, I would select forensic pathology. The course to success is well-defined, there are very good training programs, and the job market is still pretty good and may even get better. I would recommend that if having a higher than

average salary is a priority, that one might consider working in a privatized forensic pathology setting or in a practice group that also does hospital-based pathology in addition to forensics.

Personal information such as family, hobbies and interests (optional)
My wife, Mary, and I have been married for 28 years and have two daughters, Caitlin (age 27) who is a teacher and Marinna (age 26) who works as a paralegal. Hecter ("the Horrible") is our dog which we think is a Mountain Feist, although he was sold to us as a puppy and billed as a Chihuahua. Mary obtained a bachelor and master's degree in nursing and a Ph.D. in Educational Administration. Her professional career including bed side nursing, nursing administration, teaching, and consulting. We spend considerable time in the North Georgia mountains where be also enjoy boating.

Years ago, I used to write a lot of songs (words and music) but my interest in that has declined over the years. I still get a royalty check for one of them, although its only a few dollars per year. One thing a like to do is write limericks, and I usually write one for each employee who is retiring from the office or graduating our fellowship program. For sure, the largest amount of time I spend outside of usual work hours has been spent writing about, or working on projects which actually do relate to, forensic pathology.

Although not an avid historian in general, I do like reading or researching some histories. For example, when I was AAFS Path/Bio Chair, I wrote a history of the Path/Bio Section titled "Hanzlick's Guidelines for Passing On" with the idea that subsequent Chairs could add to the history yearly. Similarly, the history of NAME, forensic pathology, and death investigation systems has intrigued me, and I enjoy digging into the past in those respects.

Finally, I have really enjoyed my time with NAME. I have met and gotten to know a lot of nice and very fine people in that organization, and I plan to continue to be active. My life would have not been the same without forensic pathology and NAME. I am quite happy with the choices I have made and pleasures I have derived from working in the field of forensic pathology.

Selected photographs are shown below:

Atlanta's own 'Quincy' solves the case of the telltale trunks

By Sam Hopkins ☐ Staff Writer

DR. SANDY SANZLICK: Pathologist checks clue at microscope.

Forensic FROM 1E

Atlanta Journal-Constitution newspaper article from the early 1980s when I was about 32 years old. The article gave me more credit than I deserved. Most of the solving was done by the late Don Pike, who was the investigator on the case. My third published journal article concerning forensic pathology was about this case and appeared in the American Journal of Forensic Pathology in 1985. As I re-read that journal article, it reads more like a newspaper article or story than an article in a medical journal. It probably wouldn't be accepted by today's medical journals.

John C. Hunsaker, III, M.D., J.D.

NAME President 2006
Associate Chief Medical Examiner
State of Kentucky (1983-Present)

Why did I select forensic pathology as a career?

My anfractuous journey to the practice of forensic pathology began as an undergraduate at Yale College. At that time, many of my classmates planned to go into medicine and, without any deep-seated passion, I enrolled in the premedical courses, over the four-year stint completing biology, inorganic chemistry, calculus, and physics. As a German major, I was recruited during senior year by the National Security Agency, an offer I almost accepted in June, 1964. Deciding I did not want to be a bureaucrat at the time, I declined the offer. Fortuitously during that summer, I applied to and entered the University of Kentucky College of Law. During law school I worked as a clerk for a local attorney in Lexington, KY, whose civil practice included interaction with physicians of many specialities. He assigned me to do research for a paper on pretrial interviews with medical witnesses, which subsequently appeared in the Kentucky Law Journal. From that research I discovered there were MD-JD's, some affiliated with the American College of Legal Medicine (ACLM), who combined the interface of law and medicine in many interesting ways. During law school, I toyed with the notion of ultimately practicing law and medicine in some—at that time undetermined— fashion. After law school, I served two years (1968-69) in the US Army performing legal work for a military intelligence unit in Germany, then (1970-72) worked several years as a teaching assistant while completing a master's degree in German at the University of Kentucky. I was able to take advantage of GI benefits. During graduate school I familiarized myself with the ACLM, whose fellows then had combined degrees in law and medicine. After refreshing myself through class work in the premedical courses over approximately a year and taking the MCAT, I entered the University of Kentucky College of Medicine in fall, 1973. During medical school the disciplines with formal, established law-medicine interactions were psychiatry and pathology. I did early realize that psychiatry was a discipline that I would have difficulty coming to grips with. In stark contrast, the hands-on approach of pathology, which emphasized concrete observations via various modalities and inference that not infrequently afforded the pathologist the good fortune to reach a reasonable, in-

telligible final diagnosis, was compelling. The challenge of solving the puzzle invigorated and engaged me. I was hooked. Accordingly, I started the AP-CP residency at University of Kentucky, then chaired by Dr. Abner Golden, with the idea of learning as much as I could and entering forensic pathology fellowship.

During the 1970's the Commonwealth of Kentucky enacted legislation creating the Medical Examiner program to assist the constitutionally elected officers, i.e. lay coroner's, in investigating delineated types of human death. George R. Nichols, M.D. became the first Chief Medical Examiner based in Louisville, Kentucky, and was assisted early on by his first forensic pathology fellow, Dr. Barbara Weakley-Jones. The program included appointment of an Associate Chief Medical Examiner at the University of Kentucky. Mr. David Jones, then Executive Director of the program, ultimately selected Dr. William Hamilton, who was freshly out of the forensic pathology fellowship at the University of North Carolina, Chapel Hill. Dr. Hamilton was appointed Associate Chief Medical Examiner and faculty member at the University of Kentucky in the late 70's. So, during my regular pathology residency, I had the opportunity to complete several months of forensic pathology under Dr. Hamilton. Although not adopting a complete laissez-faire approach, Bill gave me a lot of freedom in pursuing the cases, which constituted a great learning experience. The differences in approach and goals between "traditional" and forensic pathology became clearer. And in those days, even though I had no board certification, I was called to testify in several cases in criminal court, where the only qualification to be admitted as an expert was to have a medical license.

By 1980 my course to pursue FP was well established. Initially, I had hoped to stay in Central Kentucky area and do a forensic pathology fellowship at the Hamilton County Coroner's Office, then run by Dr. Frank Cleveland and headed up by two outstanding forensic pathologists, Dr. Charles Hirsch and Dr. Ross Zumwalt. Unfortunately, I was in competition with Dr. Carl Parrot for that fellowship position, which he eventually was offered. In due course, he became Coroner of Hamilton County for many years. I had also considered a Fellowship with Page Hudson and Dr. John Butts at University of North Carolina, Chapel Hill. There were many attractive features about that program and the individuals in it. In early 1981 I became aware of an opening for Fellow at the Office of the Chief Medical Examiner, Washington, DC. As my wife at that time was an attorney, we elected to pursue the opportunity in D.C., and I became a member of the staff and fellow at that office in July, 1981. (My wife. Ann, was appointed to a high position in the Justice Department). The Chief was Dr. Jim Luke, the Deputy Chief, Dr. Brian Blackbourne, and Dr. Rok Woon Kim was one of the staff members together with Dr. Douglas Dixon.

At around that time, Dr. Stuart Dawson, who had just completed a fellowship at Hamilton County, OH, became the new member of the staff. In sum, it was a wonderful crew of forensic pathologists with widely different experiences and personalities for a novice like me. D.C. was a great venue. One could easily go to death scenes. The spectrum of cases, including victims brought in to the medical meccas from MD and VA, was large, with special concentration on gunshot wounds and heroin-related deaths. Having access to specialists from federal agencies was a distinct bonus. Another wonderful aspect of that fellowship was regular interaction with a host of celebrities from the Armed Forces Institute of Pathology, Anthropology at the Smithsonian, and meetings of the Mid Atlantic Forensic Pathology Association [D.C. ME,

AFIP, Northern VA ME, MD ME] when Dr. Russell Fisher was still active. I became associated with the D.C. office at a time just before funding and organization issues started to decline, as a result of which most of the staff had left that office by the mid 1980's. Those nineteen months were fulfilling. The approach to official medicolegal death investigation, which was exemplified by members of that office in D.C., made me firmly convinced that forensic pathology was the right career choice for me.

In the meantime, Dr. Hamilton had left the position of Associate Chief Medical Examiner at the University of Kentucky Medical Center, and that position remained open for several years. I was invited to return to Kentucky by officials of the Justice Cabinet and the University Of Kentucky Department Of Pathology. Accepting that offer, I returned to Kentucky in February of 1983, and since that time (over 28 years!) have served as Associate Chief Medical Examiner and joined the faculty of the Pathology Department, a tenured position with eventual promotion to Professor while heading up the Division of Forensic Pathology.

Places and times I served as Chief Medical Examiner.
As I note above, I have never served as Chief Medical Examiner. I served as a Deputy Medical Examiner in Washington, D.C. for a brief period in the early 80's and as Associate Chief Medical Examiner in the Commonwealth of Kentucky since 1983.

Major accomplishments as Chief Medical Examiner.
Major accomplishments as Chief Medial Examiner mutatis mutandis (see # 2) first and foremost relate to opportunities to educate a whole generation of residents in pathology about the practice of forensic pathology. During the course of 4-year residency, the postgraduate trainees typically spend at least several months on the forensic pathology rotation. Some of these residents have chosen to go into Forensic Pathology (see below # 7). Also in the area of education, I and members of the Division of Forensic Pathology provide formal lectures to 2nd year medical students at the University of Kentucky, offer elective rotations for senior medical students from the University of Kentucky and other schools of medicine, and also participate in the training of graduate students in the Graduate School of Toxicology at the University. In addition to the more formal training, there have been many occasions over the last nearly three decades in which trainees in various fields, ranging from nursing and EMS, together with trainees in various arms of law enforcement, regularly visit this office for information about medicolegal death investigation and to observe an autopsy. So a major accomplishment for me has been participation in the education of students and trainees in various areas. Another significant accomplishment has been the provision of expert testimony in a variety of courts, predominantly criminal courts in Kentucky, over the years. As Associate Chief Medical Examiner, I have also participated in the training of coroners of Kentucky, who are lay coroners (i.e., neither physicians nor pathologists), and who initiated the process of death investigation in Kentucky coroner's cases. Even though the process has been slow and occasionally arduous, the education of the coroners has lead to significant improvement in medicolegal death investigation in Kentucky, and I am proud to have participated with the current Chief ME, Dr. Tracey Corey in that accomplishment.

Efforts on behalf of forensic pathology and the forensic sciences.
Above all, I have been an author, mostly in collaboration with others, of peer-reviewed papers, which have appeared in various journals familiar to NAME, certainly

including the major forensic journals and in other recognized journals outside the field of forensic pathology. I have also collaborated on book chapters on various topics in forensics, primarily involving aspects of forensic pathology and, to a lesser degree, of forensic toxicology. Like many medical examiners, I participated in various conferences and symposia put together by various medical, legal, and health-field related groups. For example, I lectured before emergency medical physicians and before attorneys (collision dynamics, sponsored by Kentucky Associate of Trial Attorneys), and various coroners' and medical examiners' associations in such places as Indiana and Virginia. I was the co-editor of a chapter on "Autopsies" in the Fourth Edition of the Lawyers' Medical Cyclopedia, and I contributed an article in medico-legal primer of the ACLM. Other contributions in behalf of FP and forensic sciences include service on the editorial board of the American Journal of Forensic Medicine and Pathology (thanks to Dr. Vincent DiMaio, known well to this audience and one of the best spokespersons for the field), as North American editor for Forensic Science, Medicine, and Pathology (having a gratifying collaboration with Dr. Roger Byard of Australia and Dr. Michael Tsokos of Germany, both indefatigable researchers and writers), and, most recently, as a reviewer for the newly instituted NAME-Sponsored Academic Forensic Pathology. I have participated in a variety of professional organizations in both medicine and law, including the Kentucky Bar Association, Kentucky Medical Association, the AMA and ABA, and as a Fellow on the ACLM. In addition, I have been long affiliated with the American Academy of Forensic Sciences, having been selected as a Fellow in the 1980's and served as an Officer of the Pathology/Biology Section (Secretary 2003-04 and Chair 2004-05). Part of that service included the responsibility as program co-chair (with Dr. Donna Stewart), for one of the annual meetings in Atlanta. I have been associated with NAME since 1980's, serving as a member of the Board of Directors and also the Executive Committee in the mid 2000's. I had the honor of being elected Vice President in 2005, President in 2006, and Chair of the Board of NAME in 2007. In all of these positions I have striven to advance the goals, policies, and best practices on the field of pathology. One small contribution to that end was a published editorial in the orange journal on NAME Accreditation and Professional Practice Standards (Hunsaker III, J.C. A Word from the President (Editorial). Am J Forensic Med Pathol 2006;27:197-199.)

Recollections of places I have trained and worked.

As noted, my training in pathology was AP/CP at the University of Kentucky and as a Fellow in FP at the Office of the Chief Medical Examiner, Washington, D.C. The experiences as a pathology resident were influenced by highly regarded professionals such as Dr. Golden, Dr. Deborah Powell, Dr. William O'Connor, Dr. Mike Cibull, Dr. Norbert Tietz, Dr. Kosheki Yoneda, all of whom were consummate academicians and teachers with wide recognition and who offered a thorough, rigorous program of study. All of these mentors were excellent diagnosticians, who advocated the school of thought which held that the autopsy examination needed to be extensive, thorough, and evidence-based and, further, who were meticulous and demanding in making the correct diagnosis in surgical pathology. Laboratory pathology, including clinical chemistry experience under the world renowned Dr. N. Tietz of text book fame, allowed me to appreciate ways to reasonably ensure that the results of any study done was accurate and consistent with established specificity, sensitivity, and positive predictive value.

Comments about people who trained me and from whom I have learned.

Dr. Jim Luke, Chief in Washington, D.C. trained under Dr. Milton Helpern in New York City. He was exemplary in his approach to death investigation, aiming to find out what happened in each individual's death, and adopting the methodology to answer that question in a scientific and reasoned way. Dr. Douglas Dixon, who previously had worked at the AFIP, was a very skilled pathologist, who had written some seminal papers involving various aspects of cutaneous gunshot wounds, in part based upon animal experiments. These have become standard references in the field. He was a meticulous prosector, a very active and articulate teacher, and the epitome of organization. Dr. Brian Blackbourne, having trained at Miami under Dr. Joe Davis, was Deputy in the D.C. office, had great organizational skills, was an outstanding pathologist, and loved to teach. Dr. Stuart Dawson, relatively new and young pathologist at the time we worked together, had an undergraduate degree in physics. His intellect and ingenious ways of dealing with pathological issues were of great value to me as I progressed at that office. On my return to Kentucky, I was initially a solo practitioner with a secretary and a forensic technician, based at the University of Kentucky. Colleagues in the Department of Pathology, some of whom I have mentioned above, and clinicians in the medical school were indispensable consultants through a wide range of cases. It was my good fortune that there many resources, both in pathology and on the clinical and laboratory services. The clinicians and faculty at that institution are too numerous to count in the terms of thanking them for contributing to my education. Dr. George R. Nichols was the Chief Medical Examiner at the time, based in Louisville, Kentucky. Whenever I had questions or difficult problems, I would arrange to meet with him for sage advice. Since the earlier days, the number of forensic pathologists in KY has increased to more than ten; all have been helpful collaborators in the journey of continuing education. In particular, the current Chief, Dr. Tracey Corey, is a proactive administrator, teacher, and advisor, who have seen the program through tough times with success. I have learned a lot and been humbled occasionally by the astute findings and observations of dedicated forensic autopsy technicians, among whom Ms. Winnie Stanton and Mrs. Annette Carter deserve special recognition. I have garnered much insight and wisdom from the universe of colleagues, particularly in AAFS and NAME, who have participated and presented in the annual conferences. Dr. Gregory J. Davis has been a reliable colleague for nearly twenty years, and personifies the desirable attributes of dispassionate analysis, intellectual honesty, the education of pathology residents, an outstanding writer, a proactive public servant, and a source of wisdom and medical knowledge. Dr. Emily Craig, Forensic Anthropologist in KY for nearly twenty-five years, has been an active collaborator and teacher, who have done much to advance the KY program. I also pay homage to her predecessor, Dr. David Wolf. I have enjoyed working from time to time with Dr. Mark Bernstein, Forensic Odontologist, internationally regarded and a fount of knowledge. Choosing the right consultants is a major charge of the medical examiner. I acknowledge Dr. Peter Oeltgen as a valuable contributor as clinical chemist. Many neuropathologists have made invaluable contributions to my education and to the KY system, and to the following I am indebted: Dr. William Markesbery; Dr. Dianne Wilson; Dr. Daron Davis; Dr. Joseph Parker; Dr. M. Gregory Balko; Dr. Richard Reichard; and Dr. Michael Johnson.

Recollections about people I have trained.

Although I have never overseen a forensic pathology fellowship program as a director, several residents in pathology have become active forensic pathologists, including the following: Dr. Karen Chancellor; Dr. Stacy Turner; Dr. Donna Stewart,

Dr. Sam Simmons, Dr. Polly Purcell, and Dr. Jen Schott. I served as one of several fellowship directors for Dr. Victoria Graham within the program at the Office of the Associate Chief Medical Examiner. Each resident stands out as an amazing dynamo in undertaking forensic investigations with great initiative at a very early stage in his/her career development. Some now head up offices (Dr. Chancellor), and some are very active in writing and editorship for forensic publications (Dr. Stewart).

Major controversies and frustrations in completing my responsibilities.
With rare exception, budgetary issues have always been in play in Kentucky as a medical examiner in the dual medical-coroner system. In most cases, if one is persuasive in making the appropriate argument, funding would be available to do a specific type of study, as indicated by good forensic pathology practice. Making the argument to the State Legislature and other funding agencies in order to maintain salary and benefits for staff, as well as for professionals in the office, has not always been a successful endeavor. It is difficult to explain to staff lack of any raise over several years. Another general frustration is just dealing with the bureaucrats within the state government, most of whose officials either have no idea about the practice of forensic pathology or have no desire to inform themselves. The short-range cost-saving demands of the bureaucrats range from purchasing the cheapest gloves possible, those which invariably tear, as a cost saving measure as opposed to giving permission to purchase the gloves requested by members of the office, to begging for funding to replace a decrepit, outdated, inefficient dictating system.

One of the frustrations in this particular position has been the wide spectrum of competencies of various officials (the classic bell shaped curve), including lay coroners and law enforcement. Many lay coroners in Kentucky are clearly outstanding investigators who understand the issues in a given case and proactively do what is necessary. At the other extreme there are coroners who believe apparently that their job is to go to a scene of death, put the cadaver in a body bag, and ship it to the medical examiner.

Academic involvement through research, education, and training.
I have participated in training of various officials in Kentucky, ranging from fire officials to coroners, those involved in mass disaster planning, emergency medical technicians, and various specialties in the health care professions ranging from nurses to respiratory therapists. Certainly this office has been actively involved in the training of members of law enforcement, including sheriff officials and local police department as well as the Kentucky State Police. All of these activities constitute a significant component of the academic involvement. In the earlier half of my career, I have the opportunity to work with a research biochemist, who has special interest in neuropathology, Dr. Larry Sparks. He and I collaborated in academic, bench-driven research in the realm of organic heart disease and relationship to various changes in the central nervous system; and in CNS reviews on deaths once considered to be Sudden Infant Death Syndrome (that classification more recently falling into less acceptable practice or terminology). Early on in my career I was fortunate to receive a small grant having to do with time of death by comparing certain chemicals in the putamen to the vitreous potassium levels (1984-85. Determination of Postmortem Interval by Putaminal Levels of 3-Methoxytyramine, BRSG Principal Investigator. Funded ($4500, 1 yr.). I also was more the research academician, when I participated in a grant as co-investigator: 1990-95. Senile Plaques in Alzheimer's and Heart

Diseases. ADRC, NIH, Project 0003. Funded, 1990. ($592,189, 5 yrs.) As I noted above, I have been regularly and actively involved in the education of residents in pathology and medical students, predominantly in the field of Forensic Pathology and, to a lesser degree, Forensic Toxicology (interpretative toxicology).

Legislative change in which I was involved.
I have not been involved directly in any changes in the legislature, relating to death investigation, coroners and medical examiners laws, elder abuse, or child abuse. I was one of many who supported legislation that became law affecting the training of KY coroners. I was instrumental in having an outmoded definition of SIDS in the statutes abolished.

My contributions to the field of forensic pathology.
My major contributions have consisted of participation as an officer in the pathology/biology section of the AAFS, and as an officer and member of the Board of Directors and Executive committee of NAME. I have also been reasonably active as an individual who has either served as an editor on various forensic journals or author/co-author in various forensic journals and textbooks. I wrote an editorial while President of NAME on NAME'S 2-pronged approach to improving medicolegal death investigation, namely office accreditation and guidelines for forensic practitioners (see above). I am pleased to have collaborated with many in the organization to have seen the practice standards come to fruition and be approved by the membership during my presidency. With much gratitude to Dr. Randy Hanzlick, I was an author on guidelines for manner of death, which was approved by NAME some years ago, and, if nothing else, has lead to much discussion about that elusive concept known as manner of death.

Perspectives I gained as a medical examiner.
Observation by the senses, primarily but not exclusively visual and tactile, is a starting point for sound conclusions. In a specific investigation, it is prudent to hypothesize different possibilities as to why given individual died, but the hypothesis should not stand in the way of observation. Commonly, thorough and reliable circumstantial investigation and review of history are more important than the findings at necropsy in discovering why the person died. Never venture out beyond the evidence, physical or otherwise. Use language appropriate for the audience, certainly including family members of the deceased and lay members of the jury panel at trial. Don't provide any form of service or advice to attorneys in civil actions until the ground rules are clearly laid out as to the means of payment for professional services is clearly established, i.e., don't get bamboozled or tricked more than once by deceptive or dishonest attorneys. Basic rules for testimony at trial are simple: tell the truth; say I don't know when you don't; say I cannot recall, if you can't; don't answer rhetorical questions; don't answer questions by any attorney if you do not except the underlying premise (the old "when did you stop beating your wife" question). Don't be condescending to anyone, including courtroom participants and students at various levels. While testifying, answer the question posed by any attorney as briefly as possible, and certainly reply "yes" or "no" if indicated and compatible with your sense of intellectual honesty. Don't hesitate to request guidance from the judge. In recent times, the "CSI" effect is real and requires skill to overcome the misleading notions by attorneys, judges, juries, and the public on what the real world of medicolegal death investigation is in fact about.

Difficult cases I have managed.

In every death investigation of an infant or a young human, and irrespective of whether the cause of death was traumatic or natural, I have considered those cases difficult because the interests of so many are greatly affected by the decisions that the forensic pathologist makes. It requires humility and forthrightness to discuss such cases with all interests, and is particularly trying when dealing with the next of kin. Many cases, which, for whatever reason, gain a lot of attention from the media and the public, are commonly circumstances that require management skills beyond the training as a forensic pathologist attempting to answer the medical and investigative issues. Like many in the practice, I have encountered some "never ending" cases, usually falling into two categories: (a) one in which the conclusion on manner of death was suicide, and vocal, sometimes angry interests of the deceased vigorously opposed that conclusion for various reasons; and (b) the other cases in which family members believe that medical personnel were negligence in diagnosis or treatment, which caused the death, and vigorously oppose the conclusions and findings at autopsy, which run counter to their interests as plaintiffs in a medical malpractice or similar law suit. In more recent times, the growing controversy over trauma in infancy and childhood requires great skills and wisdom in reaching conclusions based on the state of medical and biomechanical science coupled with findings at autopsy. Cases that are particularly challenging as well are those in which politics in various contexts plays a role. Performing forensic death investigation on a former governor of Kentucky or state representatives requires especial thoroughness and articulation of the issues to media. Another form of politics occurs when a police officer either kills or is killed by someone. Many of these cases are difficult in the jurisdiction where I work because there is not much separation between the agency of which the individual was a member and the agency investigating. The most outstanding example of a case like this in my experience was that of a trooper who was found with a contact gunshot wound of the forehead and his weapon next to him, as he was seated on an embankment near his parked official vehicle. Firearms residue tests were conducted at least three times, and all of which showed abundant residue on both hands. In the vast majority of cases of this kind, the investigative officers would have had little doubt in deciding that such a case was suicide. However, for whatever reason, investigators of the very same post in which this individual worked concluded immediately that it was a homicide. So when I initially considered the manner to be undetermined pending investigation, hoards of individuals from throughout the organization came to meet with me and to go over my findings. The coroner involved in the case declined to sign the death certificate in the matter, because he opined it was a suicide. In essence, the case was removed from my hands and moved up-stairs in the organization. Indicators in the background investigation by an honest detective at that post established that there was much in the deceased's background to support the notion of suicide. Of course, this never came to light since the man-ner was under investigation and being worked as a homicide. Now, more than two decades later, this individual's name is memorialized in stone as an officer killed in the line of duty, and his family has received considerable compensation from various governments. Until I am convinced otherwise, my belief is that his killer in this "cold case" will never be found. I have been involved with varying degrees of responsibil-ity in the investigation of mass catastrophes, including the Air Florida crash of 1982 in Washington, D.C., the Air Canada fire in Northern Kentucky in 1983, and more recently the Comair crash in Lexington, Kentucky, in 2006. Such mass fatality events

require the expertise and efforts of many individuals and agencies from various governmental levels, and certainly I was not the manager of these but actively involved in the investigations. Investigating multi-fatality casualties in plane crashes in the mountains of Eastern Kentucky is an especially difficult investigation, notably as that there is extensive skeletal and soft tissue trauma and widely dispersed fragmentation coupled with effects of post-crash fire. Again, such investigations are a team effort, and I certainly owe special thanks to Dr. Emily Craig, for many years the forensic anthropologist for Kentucky, and to many coroners of KY, who played indispensable roles in such investigations.

How I dealt with job-related stresses, anxiety, personal performance issues
My particular approach in dealing with the stresses of the job is to focus on the reason for the investigation, namely, to answer critical questions about what happened to the individual and the cause of the individual's death. Recollection of certain cases always causes my eyes to moisten, and certainly I have had many tear-filled discussions with family members over the years. How one phrases findings certainly is very important to the next of kin. I try to be honest but considerate in answering such questions as "Did my love one suffer?". Those who know me reasonably well likely consider me a workaholic, but when I am not at work my major leisure activity is reading German, both contemporary, political and social issues, as well as literature. I never tire reading Goethe's Faust, but admit that part II is a real humdinger.

Other recollections.
Over the last nearly three decades I do specifically recognize the prosecutors of Kentucky, who have never placed any pressure on me with regard to the findings in the given investigation. Moreover, they have never attempted to discover the results of a conversation with defense attorneys. Members of the public defenders' office are to be congratulated for their yeoman's work in the face of overwhelming workloads and painfully low pay. In current times, most attorneys in civil matters are honest. Some attorneys have "stiffed" me, like so many others, by refusing after the fact to pay for consultation or investigation, with the argument that this is an official, publicly funded state autopsy and investigation.

Advice for forensic pathologist entering the field.
Like the decision for making any career choice, I recommend those interested to learn as much as one can about the field. Autopsy practice requires an alert observer and an inquisitive mind. What is discovered in a case may, to your joy, rebut the initial hypothesis and lead to insight and create reasonable certainty about a cause of death. Not only is your sense of worth fulfilled, but you have contributed greatly to the commonweal. Although you will in spite of the best intentions occasionally fail if conclusions are drawn too hastily, you will best serve your mission and justice by being excruciatingly cautious and humble. Always be a life-long learner and devote your practice to the scaffold of science. Realize that every case is unique, and that one can usually learn something of value from that case. Become keenly aware of the wide range of changes that the human body can experience under various natural and traumatic conditions, and develop a strategy personally to cope with such changes; do not fail to attend autopsies with such changes before deciding to become a forensic pathologist. Be aware that your work product will be scrutinized critically and at times unfairly by others in your specialty and by attorneys. Develop a thick skin in the sense that, for example, while testifying you may be subject to per-

sonal attacks in addition to fielding questions about your intelligence or experience. A good way to deal with some of those issues is to communicate with the attorney who called you to the court in the first place, so that attorney can take the appropriate steps during trial to counteract such offensive tactics by opposing counsel. Do not fudge findings and conclusions in order to please those who have hired you. Don't personally attack any colleagues who disagree with you for whatever reason. Irrespective of compensation, do not choose a work environment or location that you, and your family, really don't want to be a part of. Become active and participate in the organizations designed for the specialty. I have learned that the most successful offices are ones who have leaders that tend to the politics of the office every day and are successful advocates for the cause of death investigation. These leaders are able to explain to the lay politicians the value of funding for various types of operations in order to answer the questions and responsibility mandated by legislation. Even though the forensic pathologist may be considered the "Captain of the Ship" in a given death investigation, reliance on consultants and specialists from a host of fields is indispensable, and going at it alone usually results in no success.

How has forensic pathology changed during my career, for the better and for the worse?

For the most part, I believe there has been an increase in the general competence of forensic pathologists, although, unfortunately, there are people still "practicing" forensic pathology without any or only minimal qualifications, and whose poor performance has resulted in oversight of the specialty by unfriendly, outside interests. The improvements have come in spurts and sporadically over time, most notably via the establishment of accreditation for offices and standards for practitioners individually by NAME. These are certainly great strides forward, but still have yet to have wide application for various reasons. Also and in general, remuneration for many practitioners in certain jurisdictions is extremely low and inappropriate for the degree of training and expertise. It appears to be true that only when crises arise in such jurisdictions do the funding agencies eventually see the wisdom in upgrading salary, working conditions, facilities, and the like. This process has been excruciatingly slow. It is well known that many highly qualified people have chosen to pursue as a primary occupation other fields in pathology because of the question of compensation. Certainly an improvement in the field of forensic pathology is manifested in the digital age where such nearly immediate communication via the "LISTSERV" that provides opportunities for collegial discussion. Another change in the field is that virtually in any criminal case it is necessary for the defense to have an expert evaluate the materials and possibly testify at trial; in that sense there is a lot more work for forensic pathologists and, overall, is certainly a type of quality control over one's work.

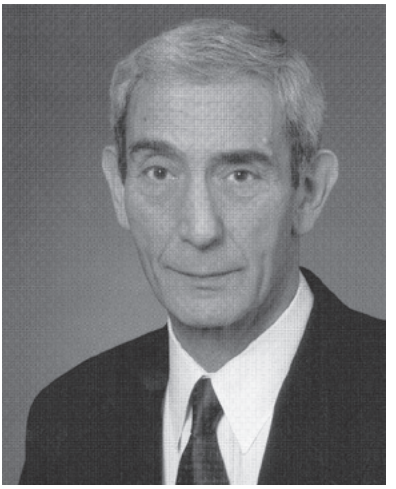
Knowing what I do now, would I "do it again" under the same circumstances when I began, or under today's circumstances?

Being a Kentuckian, I probably would, even in hindsight, have chosen to practice in Kentucky, which is a duel coroner/medical examiner system. I certainly had the opportunity to do a fellowship and work as a peer in the medical examiners office in Washington, D.C. before its collapse. That system, if properly supported and funded, is an ideal setting to practice the profession. Since I began working in Kentucky in the early 80's, there have been vast improvements in death investigation, although, as they say, there is still a long way to go, and it is an evolutionary process in engaging elective coroners in some instances to conduct proper investigations proactively.

Personal information such as family, hobbies and interests.
As I noted above, I have tended to focus too much on work and neglected family life. I have been married three times, I thank my wives for having put with me for as long as they did, and am comforted to know that they have moved on and apparently are doing well. I have one son, John IV, who is now 41 and has two master degrees, just having completed one in management of non-profit organizations at Brandeis University, Waltham, MA. I was a very active athlete in high school and college years, having played baseball at Yale and been chosen the most valuable player in my senior year, 1964. So a hobby, which is diminished over the years, is being a spectator of various sports. As noted, my primary outside interest is reading contemporary German-language books, magazines, newspapers, and journals, and German literature, including re-reading some novels, poems, and dramas first encountered during my undergraduate years.

John C. Hunsaker, III, M.D., J.D.

Charles Hirsch, M.D.



Dear Randy,

Counting fellowships in forensic neuropathology (7/1/65 to 6/30/66) and forensic pathology (7/1/66 to 6/30 67) and 2 years of active duty service in the U.S. Air Force (7/67 to 6/69), I have done forensic pathology for 45 years, full time since 7/69.

I was the Chief Medical Examiner of Suffolk County, NY from 1/85 to 12/88, and have been the Chief Medical Examiner of New York City since 1/89.

I cannot provide responses to the questions in the outline that you sent without writing a book, and I decline to do that.

With best regards for the holidays and new year.

Sincerely,

Charles S. Hirsch, MD
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(Dec 2010)

Jeffrey M. Jentzen, M.D., Ph.D.

NAME President 2008
Medical Examiner,
Milwaukee County
Wisconsin 1987-2008

Why did I Select Forensic Pathology as a Career?
I entered the anatomic and clinical pathology residency at Hennepin County Medical Center in Minneapolis with the intention of being a general pathologist in the mold of my father-in-law. Dr. John Coe was the chairman of pathology at Hennepin County Medical Center and medical examiner for Hennepin County. I was reluctant, at first, to enter the forensic fellowship; however, I changed my mind after medical reimbursements changed in the early 1980s there were few jobs available in general pathology. Coe accepted me into the forensic fellowship with the simple words, "You're tall enough!" Coe retired as medical examiner the year preceding my fellowship. During my fellowship the assistant medical examiner left the office and I was offered the position by Dr. Garry Peterson, Coe's replacement as medical examiner. I stayed in Minneapolis for six months as Peterson's assistant until I left for Milwaukee in 1987.

Places and Times I served as Medical Examiner
I became the Medical Examiner for Milwaukee County in 1987, at age thirty-three, one of the youngest medical examiners of a major American city at the time. I intended to stay in Milwaukee for a short time, but quickly fell in love with the city. I stayed in Milwaukee for twenty-one years as medical examiner before retiring in 2008. I was extremely fortunate to have a supportive district attorney, E. Michael McCann, and a number of physicians in the local Milwaukee community who understood the importance of the position. I relocated to the University of Michigan in Ann Arbor in 2008 as the Director of Autopsy and Forensic Pathology where I also act as deputy medical examiner for Washtenaw County.

Major Accomplishments as Medical Examiner
I arrived in Milwaukee to an office with a deteriorated reputation among the local law enforcement and legal community. My first accomplishment was to recruit Dr. John Teggatz, who also completed his pathology residency and fellowship training with me

at Hennepin County, as the Deputy Chief medical examiner. Because we shared the same professional objectives and philosophy such as pathologists at crime scenes, performing only complete autopsies, and investigator education, it was easy to move the office forward. Over the years we developed child death review teams, a regional medical examiner system with coroners, co-operative relationships with organ and tissue agencies, and public health authorities, and an annual two-day forensic seminar.

Efforts on Behalf of Forensic Pathology and the Forensic Sciences
I believe my most lasting accomplishments to the field have been in the area of education. Certainly the best thing I ever did professionally was to interest Dr. Steve Clark, a Ph.D in curriculum design, education, and testing, in the death investigation field. Steve and I are childhood friends; on vacation in 1995 I expressed my frustration that there were no formal measures of investigator performance and training. Steve's answer was to recruit the best death investigators in the country to Milwaukee to develop the 52 essential skills and practices of death investigators into a training curriculum. The result was a training manual and test, which eventually developed into the American Board of Medico-Legal Death Investigation (ABMDI). Since that early project, Steve has made a number of contributions to NAME and forensic medicine including: National Guidelines for Death Investigation and Crime Scene Investigation, certification examinations for the Board of Forensic Document Examiners (BFDE) and the American Board of Forensic Odontologists (ABFO), NAMUS program for missing and unidentified persons, and computerizing the NAME Inspection and Accreditation process.

The other accomplishment is a two-day seminar in forensic medicine. Patterned after the Hennepin County program, the lectures attracted large audience for over 20 years.

Finally, the many residents and fellows John Teggatz and I successfully taught over the years including: James Henry, Marie Lavin, Michele Catellier, George Mizell, Douglas Kelly, Susan Venuti, Michael Stier, Mary Mainland, Brian Mazrim, Butch Huston, Alex Milanovic, Victor Forlov, Daniel Hess, Dan Carver, Marie Olsen, Robert Stoppacher, many of whom are current chief medical examiners.

Recollections of Places I have trained and Worked
During the 1980s, Minneapolis contained one of the best groups of forensic pathologists in the country. I was fortunate to train at Hennepin County with some of the real greats in forensic pathology. Dr. John I. Coe was the medical examiner and chair of the department of pathology that gave him a lot of power in the medical center. Coe was active nationally including a past-president of NAME. He was involved in the Kennedy and King Assassination investigations. His annual conference brought the top people in the field to Minneapolis to lecture. Coe was of course known for his work in vitreous fluid analysis helped to a large degree by his access to the hospital lab and Cal Bandt. Coe published and lectured widely. Coe was especially supportive of lay death investigators and I learned a lot about training and education while at Hennepin County.

Dr. Calvin "Cal" Bandt was the unsung force behind the scenes. He was a board-certified forensic pathologist and supervised and ran the clinical labs at Hennepin County Medical Center. Cal was a great mind. He was the first to recognize the phe-

nomenon of postmortem drug re-distribution and assisted Coe with the investigations of vitreous fluid. Bandt refused to publish academic papers on his findings, leaving the chore and glory for others.

Garry Peterson MD, JD took over as medical examiner in 1984 following Coe. I was Garry's first forensic fellow and we shared interests in college hockey and books. Gary was and still is an incessant reader of fiction. The fellowship training at Hennepin was hands on, with the fellow involved in every aspect of the office. Supervision was at a distance, which allowed fellows to develop decision-making skills. Pete was an excellent teacher and friend. His law degree provided him with superior skills of deduction which he used when dissecting difficult cases. My later success in Milwaukee was to a large degree because of the almost weekly telephone conversations, "sessions" I had with Garry during the early years of my career, right out of training.

John Teggatz MD, obtained his pathology and forensic fellowship training at Hennepin County and joined me in Milwaukee shortly after my arrival. John had been a forensic investigator and autopsy assistant in the Minneapolis office and as a result knew death investigation inside and out. He was very knowledgeable about scene investigation and had seen everything related to forensics. John had a genuine passion for teaching and directed the fellowship program. His patience and understanding for residents and fellows was truly amazing and far exceeded my own. I credit John with the discovery of the "Teggatz Lesion," artefactual hemorrhage in frozen bodies as the result of postmortem trauma. John died too young of lung cancer; he was a special colleague and friend.

I spent the major part of my career in Milwaukee, the most underappreciated city in the country. The office was staffed with hard-working professionals. There was a good mix of cases. The toxicology laboratory was especially prominent. Susan Gock was the toxicologist most responsible for the excellent service and reputation of the lab. Steve Wong, Ph.D, came to Milwaukee in the mid-1990s and provided academic foundation for many of the publications and developed a forensic toxicology fellowship program. Steve developed the first forensic pharmacogenomics laboratory and did extensive work in the field. Warren Hill was a dedicated administrator and public servant with whom I worked for twelve years.

Major Controversies and Frustrations in Completing My Responsibilities
Budgets were a constant source of headache and frustration. In that the office performed 300 referral autopsies for revenue, we had a little flexibility; however, the lack of comfortable funding was always hanging over our heads. Other than budgets, personnel management was the only other frustration. Pathologists are trained to perform autopsies and diagnose cancer—not deal with the continual people problems that come with managing a large office.

Academic Involvement through Research, Education, and Training
My major areas of interest include pharmacogenomics (the study of genetic influence on drug deaths), medical history and child death investigation. I have written on the field of death investigation and initiated and created the book The Mediocolegal Death Investigator: A Systematic Training Program for the Professional Death Investigator . and development national forensic autopsy standards. While a medical examiner I obtained a Ph.D. the history of science from the University of Wisconsin. My most recent publication, Death Investigation in America: Coroners, Medical

Examiners, and the Search for Reasonable Medical Certainty is a history of forensic pathology in America published by Harvard University Press (2009).

Legislative changes in which I was involved

I have been involved in few actual legislative efforts. One was the successful defense of NAME organ and tissue procurement suits in 6th Circuit of Federal Court (2010). I tried to include statutes to require board-certified forensic pathologists as medical examiners in Milwaukee and institute therapeutic accident designation on death certificates, —Both Failed.

Difficult Cases I have Managed

The most high profile case I handled was the Jeffrey Dahmer serial killing (1991). Although it received a lot of publicity, it was really more like dismantling a museum. Although Chicago received most of the publicity related to the 1995 Midwest heat wave, Milwaukee saw the same relative number of cases. We had 100 people die overnight of heat-related deaths, which stretched our capacity. Finally, the most difficult case came after the plane carrying six members of the University of Michigan transplant team went down in Lake Michigan, a mile offshore in 50 feet of water. The medical examiner's office was the only agency without a boat, and recovery was tedious and difficult.

Advice for Forensic Pathologists Entering the Field

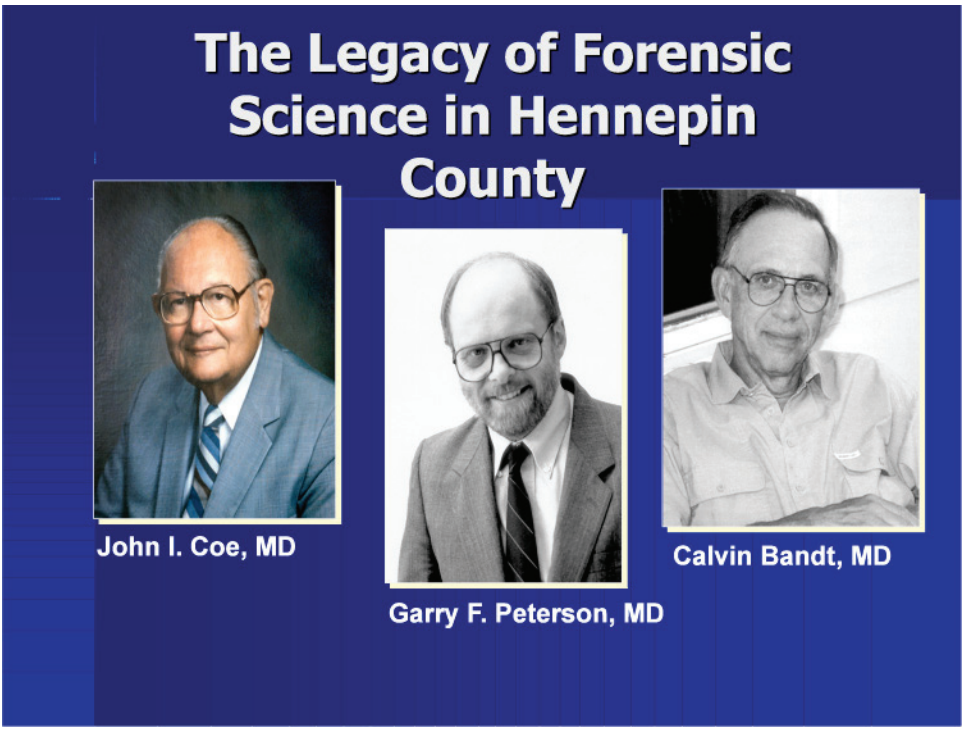
- The autopsy begins at the scene.
- No guts; no glory. (Make a decision)
- No good deed goes unpunished. (Treat everyone the same.)
- Get your butt out of bed. (Go to crime scenes!)
- The chief has to spend time in the autopsy room.
- You don't know how much authority you have until you try and use it.
- The statutes won't save you, use common sense.
- Speak to politicians like you visit with your neighbor over the back fence.
- Always do a complete autopsy.
- Specialize in something.
- If you think about it; Do it!

Knowing What I Do, "Would I Do It Again?

Looking back on my career, I realize that I was specially wired for the position of medical examiner. Medical examiners need special skills and gifts of patience, suspicion, paranoia, and common sense. They need to be public servants that know how to avoid perceptions of conflicts of interest.

Personal Information: Family, Hobbies, and Interests

I was lucky to have married my wife Dorianne, the daughter of a pathologist! This kept me out of trouble on numerous occasions. I am a sports nut, having played college football. I enjoy reading and writing history and movies.



Jeffrey M. Jentzen, M.D. Ph.D.

Larry V. Lewman, M.D.

Places and times I served as chief medical examiner
I have been with the Office of the Oregon State Medical Examiner for almost 41 years, starting in April 1971. I served as Deputy State Medical Examiner from 1971 to 1985 and a short stint as “Acting” Chief Medical Examiner for several months. I was appointed Chief Medical Examiner for the State of Oregon in 1987 and remained in that capacity until 1999 when I retired from the position. I currently work as a Deputy State Medical Examiner on a contract basis and have since my retirement.

Major accomplishments and frustration as chief medical examiner
The major accomplishment by far was the legislative transfer of the Oregon Medical Examiner program from the State Health Division to the Oregon State Police. I realize some of my forensic pathology colleagues disapprove of medical examiner programs falling under the administrative umbrella of a police department but it has worked well for us. For over 20 years, the medical examiner program was poorly supported by the Health Division. Funding for the program was viewed as “stealing from the living to serve the dead,” and there were frequent efforts to either cut budgetary support or try to get the dollars from elsewhere.

Equally frustrating was the difficulty in trying to find and fund a suitable facility in which to work. The medical examiner program was housed in a small funeral home originally built in 1924. In the early 1980s, a multi-agency investigative committee unanimously recommended that a new facility be built. Several committees were appointed and numerous recommendations were made that a modern facility be built for the medical examiner but, suffice to say, it never happened until the entire program was transferred to the Oregon State Police.

In 1994, with the help of our Medical Examiner Advisory Board, a high-powered committee including the state attorney general, chief justice of the Oregon Supreme Court, trauma physicians, district attorneys, defense attorneys, and health officials was appointed to act upon my recommendation to transfer the program from the health authorities to the Oregon State Police. This was accomplished by a change in the law in the 1995 legislative session. The medical examiner program has pros-

pered and improved dramatically since the transfer to the Oregon State Police. They provide us heat, lights, water and administrative and budgetary support when we need it. They do not interfere in our day-to-day work and we have had no problem maintaining our medical independence. This relationship has not been a problem in the political arena and has not been a problem in the courtroom. A defense attorney appointed by the governor has always been a member of the Oregon Medical Examiner Advisory Board which recommends policy for the office.

The state medical examiner has now occupied a new state-of-the-art medical examiner facility since October of 2004. A full-time state forensic administrator has been funded to aid the state medical examiner in administration of the program and is the liaison between the ME program and the State Police for administrative matters, leaving the state medical examiner to concentrate on medical direction of the program. The concept of regionalizing forensic pathology services throughout the state is now a realistic one.

I have my doubts if any of these changes would have ever been accomplished under the previous administrative setup. Much of the credit should go to my colleague, Dr. Karen Gunson, who replaced me as State Medical Examiner following my retirement and has championed improvements in the program.

Recollections of places I have trained and worked
I completed my anatomic and forensic pathology training at The Institute of Pathology at Case-Western Reserve University in Cleveland, OH. I finished my training in 1971 and moved to Oregon. Since I have only worked in one place during my entire forensic pathology career, there is not much more to say here except that I do not move around much.

Comments about people who trained me and from whom I learned
Like most of us in this field, I find forensic pathology challenging and fascinating and were I given another chance to choose a career, I would do it all over again. I am indebted to two people who encouraged me in this direction and were responsible for my training in the early years.

Lester Adelson, M. D.
As you know, Doctor Adelson (recently deceased at age 92) was one of the true grandfathers and heroes in the forensic pathology field. Doctor Adelson received his medical/legal training at Harvard many years ago and served in the Cuyhago County (Cleveland) Coroner's Office for some 40 years prior to his retirement. Doctor Adelson was not only a pioneer in forensic pathology but was one of the smartest, wittiest and yet one of the most humble figures whom I encountered along the way. He was a consummate master of the English language authoring everything from the largest tome ever written on the pathology of homicide to turning Shakespeare literature into medical/legal stories. He was an enthusiastic teacher in both pathology and life and I remember many of his "witticisms" to this day. Among them:

"Lewman, there will be many times in your life when you will be confronted with the choice between time and money. I suggest to you that when confronted with this alternative, always choose the time. You can always get more money. You can never get more time."

“Lewman, so you are leaving Cleveland to move out to OREEGUN, huh. That should elevate the standard of practice in forensic pathology in both places.”

For many years I have deluded myself into believing the latter was an example of his exceptional wit and not his observation skill.

Charles Hirsch, M. D.
The individual who probably had the most profound influence on my career was Dr. Charles Hirsch, current Chief Medical Examiner for the City of New York. Chuck is the individual who really opened my eyes to a career in forensic pathology. Pathology residents at the Institute of Pathology routinely rotated through the coroner’s office as part of their training. Doctor Hirsch, at the time, was a new member of the staff having received his training in forensic pathology and neuropathology in Baltimore. Though only a few years my senior, Doctor Hirsch was one of the most enthusiastic and excellent teachers that I encountered in any field. I learned more from Doctor Hirsch about neuropathology in a few brain cuttings at the coroner’s office than I ever did from the more academic programs at the University. Charles Hirsch is a highly intelligent organized professional and that is why he occupies the lofty position he does today.

Recollections about people you trained
All pathology residents at Oregon Health Sciences University rotate through the Medical Examiner’s Office during their pathology training. Some spent one month; many choose to spend more. The Oregon State Medical Examiner Office has not had a formal forensic pathology fellowship program primarily because of an inadequate facility and lack of a funding source. This may well change in the near future. Though I was only partially responsible for teaching the following pathologists some forensic pathology, I would like to think that I played a role in their decision to pursue forensic pathology as a career path.

1. Karen Gunson, M. D. Karen is the one individual who received her forensic pathology training in the Oregon Medical Examiner program. She joined this office in 1985. At that time, two years of full-time forensic pathology practice in this office qualified one for forensic board examination. Karen took and passed the boards the first time. She has been a member of the staff since 1985 and assumed the position as Chief Medical Examiner upon my retirement in 1999. She is nationally respected and served on the N.A.M.E. Board of Directors and on the forensic pathology test writing committee.

2. Clifford Nelson, M. D. Cliff’s initial exposure to forensic pathology was during his residency rotation through this office. He completed his forensic pathology fellowship in Atlanta and has been a member of our staff in Oregon for the last 15 years.

3. Christopher Young, M. D. Chris received his initial exposure to forensic pathology in this office, took his fellowship training in the Dallas, Texas office and has been on the staff here now for almost eight years.

4. Steve Shapiro, M. D. spent several months learning forensic pathology here during his pathology residency training, did his forensic pathology fellowship with Dr. Hirsch in New York City, and now directs the Vermont medical examiner program.

5. Alane Olson, M. D. rotated through the office as a pathology resident, did her fellowship in Milwaukee, and is practicing in Reno, Nevada.

6. Tracy Dyer, M. D. spent several months here during her pathology residency, completed her forensic pathology fellowship in Dallas, Texas, and is currently on the staff of the Dallas County Medical Examiner.

Major controversies
An Oregon Attorney General investigation of the office ended with the termination of the State Medical Examiner in 1985 and my appointment to that position.

Legislative changes
There were two major legislation issues:
1. Transfer of the State Medical Examiner program from the Oregon State Health Division to the Department of State Police discussed above.

2. The Oregon Medical Examiner's investigation of deaths of children in a religious cult that rejected medical care ultimately led to legislation which criminalized this behavior.

Activities and committees
There have been many committees over the years. I served as co-chair of the State Child Death Review Team for many years until my retirement in 1999.

I testified before subcommittees of both Houses of the U. S. Congress in Washington, D.C., twice on Oregon's statewide approach to investigation of sudden infant death syndrome and once on investigation of deaths from propoxyphene (Darvon).

Personal/Family information
Wife, child, two stepdaughters, five grandchildren, two dogs and three mini donkeys.

Joni L. McClain, M.D.

NAME President 2002
Deputy Chief Medical Examiner
(2004 – Present)

I was planning on becoming a pediatrician when I first entered medical school at the University of Oklahoma in 1979. As fate would have it, I was assigned to module 129 the pathology small study group that was taught by Dr. Fred Jordan. At that time Dr. Jordan was Deputy Chief Medical Examiner of the State of Oklahoma. He would come into the module telling us about these interesting cases. Pathology was becoming much more interesting for me because I really didn't like pharmacology. It was the year 1980.

As I began my clinical rotations, I decided to take the Forensic Pathology rotation as the first rotation of my senior year of medical school. The rotation was interesting and I learned how to perform my first autopsy from Dr. A. Jay Chapman who was Chief Medical Examiner of the state of Oklahoma at that time. He would always talk about getting all "the decomps." Whenever I do an autopsy on a decomposed individual, I remember Dr. Chapman. While at the medical examiner's office, I met individuals such as Clyde Snow, PhD. He is a renowned forensic anthropologist and was studying artifacts from Geronimo during this time. He let me help photograph these artifacts and he showed me a lot of forensic anthropology. I also met Betty Pat Gatliff who used clay to reconstruct the faces on unidentified skulls.

After medical school, I did a four- year residency in anatomic and clinical pathology at the University of Oklahoma Health Sciences Center in Oklahoma City. After completing my residency, it was time to find a forensic pathology fellowship. The Oklahoma Medical Examiner's Office did not have funding for their fellowship at that time. I asked Dr. Jordan for advice on what programs I should apply for. I applied for several programs; however, I was impressed with the first program that I interviewed at and accepted their offer.

I began my fellowship in Forensic Pathology at the IUPUI campus in Indianapolis under the direction of Dr. John Pless. The other staff pathologists were Dr. Dean

Hawley and Dr. Michael Clark. Dr. Pless did his fellowship in Oklahoma under Dr. Jim Luke who was the first chief medical examiner of Oklahoma. I thought it was only fitting that I was from Oklahoma and did my fellowship in Indianapolis. The year in Indianapolis was wonderful. The staff treated me like family. Dr. Pless would give me tickets to the symphony and other cultural events. I met Dr. Neal Haskell who was getting his PhD in forensic entomology at that time. That was where I learned how to make “maggot motels”.

After my forensic pathology fellowship, it was time to pay back the United States Air Force for my scholarship to medical school. Initially, the Air Force was planning on sending me to the Philippines to do surgical pathology. Fortunately, Dr. Michael Clark had been Chief of Forensic Pathology at the AFIP and he was able to intervene and get me stationed at the Armed Forces Institute of Pathology (AFIP) in the Forensic Pathology Division.

When I arrived at the AFIP, the Armed Forces Medical Examiner was becoming a reality. I worked under Dr. Richard Froede who was the first Armed Forces Medical Examiner. Additional colleagues included the following forensic pathologists: Dr. William Gormley, Dr. Glenn Wagner, Dr. Donald Wright, Dr William Rodriguez, Dr. Victor Weedn, Dr. Charles Springate, Dr. Jerry Spencer, Dr. Joye Carter, Dr. Carl Stacy, Dr. Jack Daniels, Dr. Deborah Kay, Dr. Art Burns and many other residents, forensic odontologists, and support personnel. Some of the major operations included “Just Cause” in Panama, the USS Iowa explosion, Desert Storm/Desert Shield, and identification of key executives of Conoco in Borneo. I was also involved in investigating numerous aircraft accidents. The Air Force also sent me to flight surgeon school at Brooks AFB, San Antonio, TX. I was glad that I had attended survival training during medical school. It is a big difference in being 23 years-old vs 35 years-old when I was in flight surgeon school. Dr. Joye Carter and I were the course directors for the Forensic Pathology Course at the AFIP. While at the AFIP, I was involved in setting up the DMORT program. I worked on the Oklahoma City bombing case through DMORT.

During Desert Storm, the Deputy Chief Medical Examiner in Dallas was called to active duty at Dover AFB. He worked under me at that time. Dallas had just appointed Dr. Jeffrey Barnard as chief medical examiner. The deputy chief told me that there would be three new openings at Dallas if I was interested. I applied and Dr. Barnard hired me. He held the position for one year until I had completed my Air Force obligations. I started my work in Dallas in June of 1992 as a medical examiner and became Deputy Chief Medical Examiner in October 2004.

During my tenure in Dallas, there have been many outstanding fellows. Among those are Dr. Karen Ross, Dr. Mark Fischione, Dr. Joe Prahlow, Dr. Susan Comfort, Dr. Nick Batalis, Dr. Leon Kelly, Dr. Frank Miller, Dr. Evan Matshes, Dr. Meredith Lann, Dr. Reade Quinton, Dr. Jill Urban, Dr. Tracy Dyer, Dr. Mary Anzalone, Dr. Darshan Phatak, Dr. Morna Gonsoulin, Dr. Kathy Haden and others whom I apologize if their names are not listed.

I became a member of NAME in 1988. The meetings are intellectually informative as well as entertaining. The group trips, scientific field trips and other social events are important ways to network among colleagues. This is what separates NAME from the AAFS. I have served on numerous committees of NAME. I have also had the

honor of being Vice-President of NAME, President of NAME, and Chairman of the Board of Directors of NAME. I served 6 years as a member of the Board of Directors. NAME has become like family. Mary Fran Ernest and Denise McNally have become friends. Both have been dedicated to NAME for many years. Mary Fran will be missed as our meeting manager.

As a medical examiner, I realize that every day is a gift. Life is short. My advice to new forensic pathologists is to tell the truth. If you don't know the answer to a question, tell the individual that you don't know. Use common sense. Remember that we speak for the dead. Never compromise your principles for money.

I have enjoyed my career as a forensic pathologist. I have traveled the world and seen things that I never would have imagined. Being a forensic pathologist is an interesting and exciting career. You will meet all kinds of people and see amazing cases. Each case is unique and I continue to learn something new everyday. Forensic pathology is never boring.

When asked if I would choose this career again, the answer is definitely YES! I continue to enjoy every day at SWIFS. It makes it especially nice to have a new building and a new office after waiting 18 ½ years.

I would also like to thank Dr. Jeffrey J. Barnard for being a great boss and friend during my 19 years at SWIFS. I would like to acknowledge the current staff at SWIFS: Dr. Jeffrey J. Barnard, Chief Medical Examiner, Dr Janis Townsend-Parchman, Dr. Lynn Salzberger, Dr. Jill Urban, Dr. Keith Pinckard, Dr. Reade Quinton, Dr. Che Gwin, and Dr. Tracy Dyer. We are a good team and we get the most unusual and interesting cases everyday.

Joni L. McClain, M.D.

Thomas T. Noguchi, M.D.

Chief Medical Examiner-Coroner 1967-1982
NAME President in 1982-1983

Introduction
The NAME Past Presidents Committee selected “MEMOIRS” as the theme for their 45th Anniversary Meeting. We hope to continue this project as a means of documenting the development of the American Medical Legal Investigative System from the viewpoints of those of us who were there. My personal career and some of the cases that I have handled have been widely publicized, due to the high public visibility of some of the deceased. In addition, I have written the non-fiction books Coroner (1983) and Coroner at Large (1985), published by Simon and Shuster, about these cases of public interest.

Why I selected Forensic Pathology as a career
My father was an otolaryngologist, practicing in Yokosuka, Japan. He had an otolaryngology clinic next door to our home. As the eldest son, I was expected to follow in his footsteps and, from time to time, show up at his clinic. One day, I noticed a commotion in the office, and I saw my father giving CPR to a young patient. Apparently, the patient had complained about a sore throat and my father had swabbed his throat with iodine - a standard treatment at the time. However, the patient suffered a seizure and expired. At the time, Japan did not have - and still does not have - an ME system. The the local prosecutor’s office accused my father of making a medical error. He requested an autopsy on the patient to clear his name. The investigation revealed that the patient had an idiosyncratic reaction to the iodine. That case directed my interest to the legal aspects of medicine.

My Educational Background
I obtained my basic education in Japan. In 1944, towards the end of Word War II, I entered pre-med studies. Japan had been at war with the US and much of the country was devastated. Significant parts of Tokyo had been destroyed by the saturation bombings of hundreds of US Air Force B29s and by the resulting massive fires. After the end of the war, I continued through Nippon Medical School in temporary quarters, since the school had been severely damaged by the US bombs. In 1951, I re-

ceived my medical degree. While in medical school, I also studied law at the nearby Chuo University. While serving an internship at the University of Tokyo Hospital from 1951 to 1952, I spent time at the US Naval Hospital Medical Library, researching the possibility of going to the US for further training. On the advice of some US Naval medical officers, I applied for internship training to about 200 hospitals in the US . I received only a few positive responses, and ultimately chose to take on an internship at the Orange County General Hospital, as it was then called. Currently, it is part of the University of California San Diego Medical School. My dream of going to the US thus materialized in 1952.

Specialty Training in Forensic Pathology
After the internship, I took residencies in anatomic and clinical pathology at Loma Linda University Medical School campus in Los Angeles. After passing the examinations for these specialty diplomas, I looked for a place to obtain residency training in Forensic Pathology. Forensic Pathology as a Certified Medical Specialty was still in it infancy and there were no organized training programs. In 1962, I obtained an appointment as Deputy Medical Examiner at the Los Angeles County Medical Examiners Office and organized my own training program. A year later, I passed the examination for Certification in Forensic Pathology.

In December 1967, upon the retirement of Dr. Theodore “Ted” Curphey, I was appointed Chief Medical Examiner – Coroner of the Los Angeles County Medical Examiners Office. I served in this Office until 1982. I then served on the teaching staff as Professor of Forensic Pathology at the University of Southern California Keck School of Medicine until my retirement in 1999. Currently, I am continuing my professional activity as Volunteer Attending Staff at the LA County-USC Medical Center and as consultant to the LA County Medical Examiner’s Office.

Major Accomplishments as Chief Medical Examiner
In 1972, the new Medical Examiner’s Facility opened. It is located on the grounds of the Los Angeles County General Hospital, next door to the University of Southern California Medical Center.

Since 1926, the Office of the Coroner had originally been located on the first floor of the old Hall of Justice in Downtown Los Angeles. Prior to 1926, from around 1880 onwards, the Administrative Office of the Coroner had been located at the old Hall of Records, across the street from the old Hall of Justice. The old Hall of Records was demolished in the 1970s. The Criminal Justice Center now occupies the site. The old Hall of Justice still stands, but it is empty.

Old Hall of Justice downtown Los Angeles where the Office stayed from 1926-1972

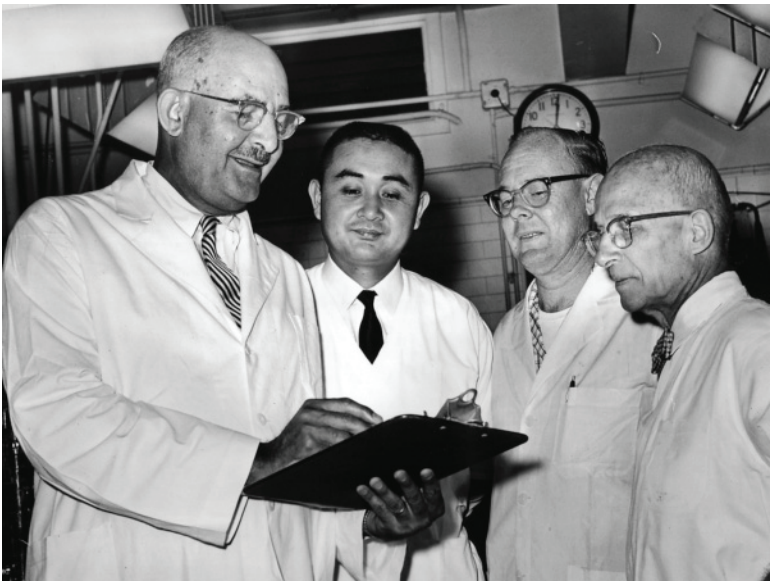
Forensic Science Center of the Los Angeles County Department of Chief Medical Examiner-Coroner's Building

History of the Los Angeles County Department of Chief Medical Examiner - Coroner

The Los Angeles County ME Office evolved from a lay coroner's system. The current ME system was established in 1957. The people of Los Angeles County had voted in 1955 to amend the County Charter to specify that the Head of the Coroner's Office must be a Forensic Pathologist. Dr. Lester Adelson was invited by the LA medical

community leaders to handle the transition from the Coroner to the ME system as Chief Deputy Coroner. He came, but after several months of trying, he declared it impossible to work in the prevailing atmosphere at the LA Coroner's Office. He advised me that this was not a good place to work and left.

Then, in 1957, Dr. Theodore J. Curphey, who had retired as Chief Medical Examiner of New York, was appointed as LA County's first Chief Medical Examiner. He was selected by a committee made up of professors of pathology at the three local medical schools: Loma Linda University, University of Southern California and the University of California at Los Angeles, which had opened its medical school just two years prior.



Photograph taken following the completion of the autopsy and toxicological examination with psychological autopsy investigation in 1962. From left, Dr. Theodore J. Curphey, Chief Medical Examiner-Coroner, County of Los Angeles, Dr. Thomas T. Noguchi, Deputy Medical Examiner, Mr. Edward Thompson, toxicologist, Mr. Raymond Abernathy, Chief Toxicologist.

Los Angeles County Department of Chief Medical Examiner presents the certificate of Appreciation to the AFIP and to three pathologists who assisted in the Robert F.

Kennedy's Autopsy conducted in Los Angeles in 1968. From left, Dr. Kenneth Earle, Dr. Charles J. Stahl, Dr. Thomas T. Noguchi, Captain Bruce Smith, Director of the AFIP, and Dr. Pierre Fink.

Psychological Autopsy

We now accept that term as a designation for an investigative technique to clarify equivocal cases as to whether the death was due to accident or suicide or other causes. The term was originally used in a USC NIH Research Grant study by the USC Suicide Prevention Center. Dr. Curphey worked with the group, studying equivocal cases among the deaths handled by the LA Medical Examiners Office. After I became Chief Medical Examiner, we began applying the technique routinely to all cases of equivocal suicide deaths.

In the 1970s, we also began looking into the application of psychological autopsies in non-suicide cases. In particular, we became interested in applying this investigative technique to a unique case: The slaying of American movie star Sharon Tate and her house guests on the evening of August 9, 1969. I asked forensic psychiatrist Frederick Hacker to analyze the crime scene and give us his opinion on the characters of the assailants. The scene had indicated that a gang of assailants was involved. However, the LAPD detectives were focusing on a drug connection in their search for the assailants. In the end, Dr. Hacker's analysis and prediction of the character of the assailants as a group of fanatics, likely on drugs, fit the actual facts perfectly. Cult leader Charles Manson and his criminal accomplices were found to be the parties responsible. This was the beginning of the FBI profiling of assailants. We now readily accept the term 'psychological autopsy' and apply the procedure to solving many other types of cases, as well as identifying and assisting in suicide prevention programs, especially in juvenile cases.

Another notable case handled by the Los Angeles County ME Office, where psychological autopsy was applied, concerned the kidnapping of Patricia Hearst, heir to the San Francisco Hearst Newspaper family. She was abducted by members of the so-called Symbionese Liberation Army and later on joined in the criminal activities of the group. The incident ended in a final confrontation with the LAPD in a house in South Los Angeles. The members of the group perished in a standoff when the house they had been hiding in caught fire. Although they had been given a chance to surrender, they refused to leave. Their bodies were charred beyond recognition. Tests indicated that Patricia Hearst was not among them. This year marks the 50th anniversary of our first use of psychological autopsy as an investigative tool in the Medical Examiner's Office.

Another area of my interest is road safety and the prevention of traffic accidents. In the early 1970s, USC received a US Department of Transportation (DOT) contract with regards to the Helmet Safety Assessment Program. Our Department participated in this project. We provided detailed autopsy reports on these cases and helped to make a determination as to whether the deceased was or was not wearing a helmet.

Promoting Professionalism of Department Personnel

When I became Chief Medical Examiner in 1967, I made it my goal to continue raising the standards of the entire ME Department staff. We began by setting up a regularly scheduled in-service training program for the Coroner-Investigators. I felt

that all Department field investigators should be qualified by taking and passing the California State Peace Officer Standard and Training (POST) examination. In the early 1970s, in collaboration with Rio Hondo College in Whittier, special classes were set up and select personnel were enrolled. We still maintain the POST program and convene annual educational seminars. The West Coast Seminar is accredited by the CME as well as POST.

Forensic Pathology Training Program
Los Angeles County was the first County in California to authorize (1955) and convert (1957) to the Medical Examiner's System. In 1962, I was the first Forensic Pathology trainee. The CME Office is currently authorized to train six (6) forensic pathologists annually. However, we currently train only one or two annually.

State Legislative Changes I was involved in
I have always been of the opinion that ineffective laws should be amended. Laws concerning Medical Examiners should be current and progressive. When I became Chief Medical Examiner of Los Angeles County, the Office was still in transition from the traditional Coroner's system to the Medical Examiners system.

First Attempt to Establish Statewide ME System
As CME of LA County, I involved myself in State legislative matters of interest to the medical community. I was Chairman of the CAP Forensic Pathology. Dr. Frank A. Dutra of Castro Valley, California, was interested in pushing State legislation to create a statewide Medical Examiner's System. In support of that, I promoted the concept of setting up three regional ME Offices with laboratories. Two in Sacramento and San Francisco to serve the Central area, and one in LA for Southern California. Opposition to the plan came from groups of pathologists servicing the current Coroner's Offices in rural areas. The State of California Department of Justice has established its crime laboratories in several regional offices.

Heart Transplant and Bioethics
In 1969, Dr. Norman Shumway, a Stanford heart surgeon, pioneered the first heart transplants in the United States. The transplants were done at the Stanford Medical Center, where donor patients were brought in, their deaths pronounced and the transplants were conducted. In the beginning, patients were declared dead twice, first in the original hospital and again at the Santa Clara County hospital where the transplant was done. In order to assist in clarifying the situation, professional experts were called by the State Attorney General to define "brain death". California law clarifying the definition of death for transplant purposes was chaptered into the Health and Safety Code in 1972. Time of death and withdrawal of the cardiopulmonary resuscitation were a major medical and legal issue in the early 1970s.

Medical Law and Bioethics
We had a case of death following withdrawal of the cardiopulmonary resuscitation device at the request of the family of a child. The child had been hit by a car and had sustained injury to the upper cervical. Despite earlier hopes and diligent medical efforts, the family had lost hope. After several months of hospitalization, the relatives requested that the doctors remove the life support system. The doctors, in this 1970s case, were reluctant to withdraw the apparatus with the EEG still registering activity. Finally, the family took the matter to court. Following a hearing, the judge ordered the removal of the resuscitating cardiopulmonary device.

The District Attorney's Office was of the opinion that removing the resuscitating device would cause death, thus the doctors and the hospital might be accused of aiding in killing. The public and the medical community were uncertain. But the Court order was carried out and the child expired a few minutes later.

As the Chief Medical Examiner, as required by law, I conducted the autopsy in the midst of this controversy and convened a Coroner's Inquest on the case. I signed the death certificate as "due to an accident" - the cause of the fatal injuries.

I set up a meeting with the Deputy District Attorney in charge of medical liaison, and together with the Chief of Forensic Medicine and the Public Information, I informed him of my final decision. I felt that the death of this child had been simply suspended by the use of modern equipment. When death finally occurred on its removal, it was due to the fatal injury sustained at the time of the traffic accident several months ago.

Some people appear to be hold on to the notion that, when a medical device is removed and the patient dies, the doctor is complicit in the patient's death. In the 1970s, no consensus existed on this controversy, so I arranged to have the Los Angeles Medical Association help us by setting up a two day hearing on the current assessment of community standards. Over 15 experts testified at the Medical Examiner's hearing on the prolonged use of resuscitation procedures. The hearing officers, aside from myself, were the ethicist Leslie Rosenberg from ULCA, as well as other experts on this matter. A decision was made to have guidelines drafted by a newly created Bioethics Committee. I was appointed Vice Chair of the Committee. At that time, there was considerable reluctance towards taking a clear and much-needed stand on this controversy. Ultimately, the Bioethics Committee established by the Los Angeles County Medical Association came up with guideline for the relinquishment of the cardiopulmonary resuscitation apparatus, published in 1973. This guideline was the first of its kind, and has assisted in the healthcare decisions leading to the Durable Power of Attorney in areas of self-determination by patients.

I feel there are many important health and healthcare issues that a Chief Medical Examiner could help clarify by participating in discussions on relevant topics of current public interest. This should be the extended work of the forensic medical specialists. In that way, I am still active in organizations dealing with bioethics and medical law.

I am currently, the President of the international organization, the World Association for Medical Law (WAML).

As Chief Medical Examiner, I pushed for Peace Officer status for the Coroner's Deputies, subject to the Peace Officer Standard with Training and certification for all the CME staff, upgrading the qualification of our staff.

In 1974, I was elected President of the California State Coroners Association, and was active in legislative matters. In this case, it did not matter whether the official title of my Department, Office of Chief Medical Examiner-Coroner, was "Coroner" or "Medical Examiner", and we needed to take a united stand on the issues. We were often in Sacramento, meeting with legislators and testifying before the Health and Safety Committee or the Judiciary Committee. We were effective. The legislators listened to us. Nationally, through the LA County Washington DC Office, I was able to meet with the FBI Directors and Congressional legislators.

Effort to Improve the Public Image of the Coroner and Medical Examiner
I often blamed the movie industry for not portraying the Coroner or Medical Examiner in a more realistic and positive way. In old black-and-white movies involving deaths, the police were always at hand, seemingly handling everything, but the coroner was usually nowhere to be seen. If the coroner did make an appearance, it was usually in a minor role. I gradually began to realized that was not necessarily Hollywood's fault. Perhaps we were not doing enough to let the public know about our work and the essential public service we continue to provide. I decided it was our duty to educate the public. Several programs were implemented.

Close Top-level Communication with the Law Enforcement Agencies
To increase awareness of our work by members of the Justice Department, I set up a monthly lunch program with the department heads. Having come to the realization that we were not doing enough to keep the public abreast, I decided to make changes in the ways we communicated. However, medical ethics dictated that certain information remained confidential. That said, I felt it was important to shed as much light on a case as possible. In my view, the public's right to know outweighed other considerations. Not everyone accepts these view. I also felt it was important to have equal levels of communication, and felt we needed to regularly meet with the County elective officers and other enforcement agencies. I regularly had lunch with the Sheriff, District Attorney, Chief of Police and FBI Assistant Director at my Los Angeles office, which increased awareness in the education of our partners in the Justice system.

Public Affair and Public information officer
I established the Public Affairs Deputy, often borrowed from the Office of Chief Administrative Office, to assist us in media relations. In Los Angeles, the central news agency was called "City News". Automatic notifications went out on a regular basis to all print and broadcast media. The Office directly dealt with the media through the Administrative Office. Our jurisdiction included Hollywood and the international entertainment community. I was very much interested in educating the public and strengthening the active participation of the investigative agencies.

I encouraged our staff to get involved with public speaking and education. I was interested in presenting our staff and our profession to the public as the agency involved in the prevention of sudden and unexpected deaths. Not so much as detectives, but, for example, in the prevention of alcohol-related traffic accidents. A Speaker's Bureau was established in the Department. All DME and investigators were asked to participate in public speaking, emphasizing the role of the Medical Examiner. Scientists were encouraged to report their findings and publish their scientific papers. In addition, I regularly received invitations to talk to public service clubs and associations' annual meetings. I generally accepted such invitations. Consider, for example, the current success of the merchandising department, a function which supports the County drunk driving prevention program. About 40 years ago, I started the sale of T-shirts. T shirts with the seal of the Department and the words "Tell like it is" became highly popular. This reflects my belief in the Office of Medical Examiner. Later, this developed into the present-day, famous LA Coroner merchandising "Skeleton in the Closet" shop.

Collaboration with the Television Industry

In 1972, we were approached by a TV production group from Universal Studios with plans to produce a television series called “Quincy”, starring Jack Klugman. The show was based on the work of a medical examiner. I responded with enthusiasm. Although I did not directly get involved in the production, two deputies were assigned in their spare time to assist in the production. Dr. Rosen, a UCLA scholar, became a consultant on the details. The six (6) advance tapings were done at our new Forensic Science Center. Normally, such shows were taped on sound stages, where three or four cameras capture the same scene from different angles simultaneously. In contrast, the actors here, “on location”, had to repeat the same scenario and same poses for different takes, so that the cameras could capture the front view, side view and close-up view. We set aside space for filming in the actual working area from 4 pm to 2 am. We began our autopsies by 6 am and worked until 3 pm. Filming took place every day, as scheduled, and lasted for several weeks. Eventually, the studio designed and built a duplicate facility. The TV series lasted seven (7) years, and has been shown many times here in the US. The series has also been shown internationally. It became a powerful positive image builder and helped promote forensic pathology as a profession, in addition to providing excellent entertainment and public education. Many of my European and Japanese colleagues have also given us credit for providing the public with positive information on forensic pathology and legal medicine.

Public education in the Work of the Medical Examiner

The LA Office has been actively involved in the orientation of Deputy District Attorneys, Sheriff and police cadets of LA County cities. Over the past two or three decades, some judges have sentenced traffic violators to spend time at the ME Office. It takes manpower to organize such educational projects. One incident involved a high-ranking university official who was involved in traffic accident with a fatality. He was assigned to the Office, where he was subsequently assigned to research traffic statistics as a part of his sentencing. The Office has always been interested in prevention of the alcohol-related fatalities, and the revenue from the souvenir department goes to the County alcohol prevention program. The Office has also participated in bringing high school students, for a one-hour presentation and lecture on how the Office contributes to the prevention of unexpected and violent deaths. As part of the public awareness program during my time, I instituted a Reserve Deputy Program. In order to maintain their active duty status, Reserve Deputy Coroners were required to spend the one weekend a month in orientation, education and working with the office. This helped created an accessible pool of qualified personnel in case of disasters or similar events. In a case of a mass disaster, we had the manpower to cover the acute shortage. In addition, Reserve Deputies were proud to work with the Department - to were our ambassadors and linkage between the communities and the Office.

International Scholarship Program

Being from Japan, I am keenly interested in a close working relationship with the Japanese Society of Legal Medicine, and have been invited to attend their meetings. Many Japanese forensic pathologists have come to the US and have attended the NAME Annual Meeting. As our Office grew in international renown, we began to receive requests by international forensic pathologists for additional education with us. We gladly tried to accommodate these requests whenever possible, offering training courses for visiting scholars for up to one year.

There are eight French professors who have rotated with the LA Office.

Publications and Public Awareness
Following a controversy, I decided to write my story. In 1983, together with Joseph DiMona, co-author of the Watergate memoir of former White House Chief of Staff H. R. Haldeman, I wrote the book Coroner. It quickly became a New York Times best-seller, selling over one million copies. It is rewarding to know that many of the students and residents who have read my books, Coroner and Coroner at Large, ended up choosing the field of forensic pathology as a life career or are showing an interest in forensic pathology and the work of Medical Examiners. The follow-up book, Coroner at Large, is based on cases that I did not handle personally. Instead, I offer my professional opinions based on available information.

Another achievement was the investigator program. It was piloted in 1965 and later established. For example, in the early 1970s, female investigators were not even thought of as a possibility. I broke new ground by appointing an African-American woman as investigator, Ms. Evelyne Butler. She was qualified and had a BA in Psychology. She served the Department until her retirement. She reminded of the opportunity I had given her and recently gave me a newspaper clipping commemorating this important personal and civil rights milestone.

Improvement of Public image of the Office and community Activities
I was the first Japanese-American immigrant to be appointed as County Department Head. So I was actively sought after for appearances in the Los Angeles Nisei Week parade, which is traditionally held in August. I was invited to ride in a parade car. For a while, I have received invitations to ride with the Chicano Parade and African American community parades, such as the Watts parade. This was all for my achievements as Medical Examiner. In 1972, I established the scanning electron microscopic laboratory, a first in the Medical Examiner's Office in Los Angeles.

Recollections of places where I have trained and worked
My pathology residency was in Loma Linda University School of Medicine. The teaching hospital for LLU was in Los Angeles. I began in 1953, and continued from 1956 to 1960. In 1960, I was appointed as Assistant Professor in charge of Autopsy Services. Oren B. Pratt, MD, Professor and Chairman of Pathology of the Loma Linda University, and neuropathologist Abraham T. Lu, MD was my instructor for the autopsy.

Following visits to many forensic pathology training programs, I finally decided to do a forensic pathology fellowship at the LA Office, later on becoming very active in the NAME and AAFS meetings. I owe a great deal to my Chief, Ted Curphey, a past president of the American Society of Clinical Pathologists. He remained active in the AAFS throughout the 1960s. An impressive academician, Dr. Curphey was interested in upgrading the LA Office to an educational institution working with USC, UCLA, and Loma Linda University. Those three medical schools, together with the LA County Medical Association, had originally invited him to take up his post as CME, and they continued to support Dr. Curphey throughout his career. Dr. Curphey was a graduate of the University of McGill, Canada, and was Chief Medical Examiner of Nassau County NY. His Chief Deputy was Dr. Leslie Lukash, who later became the Chief Medical Examiner in 1957, when he accepted an invitation to be Chief Medical Examiner – Coroner, County of Los Angeles. He was a tall man of impressive stature

and he loved his cigar. I was proud to be his resident. When we attended the AAFS meetings, he introduced me to his colleagues. In the early 1960s, I regularly saw Dr. Helpern, Dr. Lukash, Dr. Spelman, Dr. Russell Fisher, and other pioneers. He took me to the first NAME meeting which was held at the Knickerbocker Hotel in Chicago during the AAFS Meeting. The NAME originally began with Dr. Helpern's strong urge to have a organization that looks out for the Chief Medical Examiners' specific needs. Membership was limited to only Chief Medical Examiners. The first NAME meeting was more or less an organizational meeting. About 15 to 20 members were attending. At that time, the expansion of NAME membership was discussed.

Recollections about people I have trained

I am proud to mention that my Chief at the ME Office was Dr. Theodore J. Curphey, the First Chief Medical Examiner of LA County. He was interested in teaching the general pathology residents, as well as forensic pathology residents and he regularly gave lectures at the three local university medical schools - Loma Linda, UCLA and USC. As the second LA County CME, I worked to maintained this tradition of teaching our younger colleagues to be leading Medical Examiners. The LA Office began its training program in Forensic Pathology in 1962, and the program continues to this day. The Third Chief Medical Examiner was the late Dr. Ronald Kornblum. The fourth and current Chief Medical Examiner is Dr. Lakshmanan Sathyavagiswaran, who trained under me as a resident. He joined the Department in 1976, with interim time off to complete a residency in internal medicine, and became CME in 1992. He is now the longest serving CME in LA history. Dr. Christopher Rogers, now the second in command as Chief of Forensic Medicine at the LA Office, also took his residency under me. I was already at LA County-USC Medical Center, and head of the LA County Medical Examiner's Office at the Medical Center Satellite Office in the mid 1980s, where I was teaching a Forensic Pathology course for general pathology residents. Many of the forensic pathologists who currently working at the Office are my trainees. All LA County staff members, working as ME, must be Board Certified as Forensic Pathologists. Many current staff members at the LA Office were trained by me or taught by my trainees.

My Hobbies, Interests and Current Activities

Aside from serving as volunteer attending staff at LA County-USC Medical Center, I serve on the NAME Past Presidents and the International Relations Committees. I also actively run the World Association for Medical Law as current president. My main hobby can be described as "traveling internationally". My wife Hisako and I almost always attend the scientific meetings of the several national and international professional associations in which I maintain active membership. Hisako is a retired professor at the California State University at Los Angeles, following a long career of scientific research at the UCLA. She, too, is very much interested in scientific presentations. We still enjoy visiting our many old friends, as well as making new friends on our travels in various cities in the US and in different countries to attend major international and national meetings.

I am never a passive attendee. Whenever and wherever I attend meetings, I am actively involved: Reporting, making presentations, and chairing and running selected special sessions. Looking back, we have also organized world wide tours together. In 1996, we took almost 100 AAFS and NAME members to Japan to attend the Meetings of the International Association of Forensic Sciences (IAFS) in Tokyo, the

International Symposium on Advances in Legal Medicine (ISALM) Meeting in Osaka, and the World Association of Police Medical Officers (WPMO) Meeting held in Kumamoto on Kyushu Island.

In 2005, I organized a meeting of groups of AAFS and NAME members with our Turkish forensic colleagues in Istanbul. With the World Association for Medical Law (WAML) Congress Board meeting almost yearly, we met somewhere around the globe for these special sessions in the past. Today, through the use of advanced technology, we hold these meetings more frequently, electronically, sitting in our own home offices.

Pressure and Stress Release

I feel tremendous pressures at times, but I also feel very rewarded by the resulting accomplishments. I have often said that if I have a worried look, I am busy working and accomplishing my goals. Continuous activity, I feel, is the key to good health. I usually rise early and establish a list of things to do that day. I realize, sometimes, I try to do too much, not allowing myself time for relaxation. I regularly do volunteer work at the USC Medical Center as a member of the Executive Peer Review Committee at the LA County-USC Medical center, and Chair of the Trauma Center Combined Trauma Death Review Committee that issues the final quality assessment of our service based on the autopsy reports from the ME Office.

Currently, I serve as President of the World Association for Medical Law (WAML) founded in 1967 by the late Prof. Rafael Dierkens of Brussels, Belgium, whom I first met, when he came to Los Angeles in 1965. I have been a Board Member of the WAML for a long time. The WAML Board Members come from all over the world.

I found that the key to accomplishment is effective time management, balancing work you need to do with the time for things you would like to do, as well as relaxing and sightseeing in the areas around the host cities where the meetings are held.

Time with Hisako is our quality time. She has taken care of all the domestic work, shopping, cooking, washing, cleaning, etc. Even while she was working full time at UCLA, doing biomedical research or teaching at the California State University, I have never heard her complain. She had taken care of her aging parents and younger sisters, and then me. Recently, she has taken a fall, suffering an undetected hairline hip fracture, which developed into a painful major fracture, necessitating a need for hip replacement surgery. Another fall caused a fracture of her wrist. On her last birthday, a medical check up revealed that her heart was about to give up. The next day, she received a cardiac pacemaker implant.

I feel that it is now my turn to take care of our basic needs and the household chores as much as possible, and I am doing as much I can and as much as she will let me. But I still need her to go over my writings, to make sure my use of prepositions and expressions are understandable. Even though she has her own computer, she rarely uses it, except to edit my writings, transferred from my computer.

Family

We do not have our own children, but we are blessed to have looked after two girls of high school age, who came from Japan and stayed with us at different times in the late 1960s to l970s, to go to school here, whom we consider our daughters. Masako

Easton, nee Kumamoto, married Patrick Easton here in LA. His family is of Chinese ancestry but came from South Africa. She is now a grandmother of two grandchildren. For Father's Day this year, Masako organized a lunch together with all the members of the family, including her two grandchildren - our great grandchildren.

The other person we refer to as our daughter, Takako Ono, is now an MD otolaryngologist, practicing in the Tokyo area. Whenever we visit Japan, we meet with her and her son Ken. Takako became very attached to Hisako and called her "Mom". Every night while she stayed with us, she wanted Hisako to "tuck her in." It seems that both her real mother and father, as well as her paternal grandfather were very busy physicians and Takako felt neglected at home.

In addition, my work as a Medical Examiner has taught me the value of a healthy life. Prevention may not always be possible, but as part of my program to slow down the process of the aging, I think, we need to maintain our activities, both physically and mentally. So far, I have continued to enjoy my work. I do not intend to retire. At this age (84), I am beginning to experience minor aches and pains, but I remain active. Professionally, I have been very satisfied with the work I am doing and plan to continue my volunteer Attending Staff work at the Los Angeles County-USC Medical Center Department of Pathology, as well as in Emergency Medicine and Surgery. I also attend the weekly Conference at the LA County ME Office. The LA County-USC Medical Center, for the first time, recently funded the position and appointed a resident in Clinical Forensic Medicine to provide forensic services in clinical cases involving medical legal and bioethics issues.

As Chair of the Combined Trauma Review Committee, I keep myself busy. I enjoy being useful, helping people, and being involve with the NAME Past Presidents Committee work. I keep active, getting up early in the morning, but I also take naps, usually in early afternoon. Last year, USC started an International Medical Student Exchange Program with Nippon Medical School, my Alma Mater. Three medical students from Nippon Medical School came, and two students from USC went to Japan.

Artistic Pursuits

My father had artistic interests and did oil painting before he decided to enter Medical School at age 36. He became an otolaryngologist, but continued to paint in his spare between taking care of his patients. He retired from his medical practice at age 88 but continued to paint until his death at age of 92 years old.

I think I inherited his interest in artistic work. Each year, I sketch a landscape, a scene Hisako and I encountered on our travels to attend professional meetings. I then select one to use for our Christmas card for that year. I add a short explanation of the scene with a note relating to forensic pathology, legal medicine, medical law or bioethics. This is another way in which I have integrated my profession with my artistic hobby. One year, when the NAME met in San Francisco, I choose the San Francisco cable car as the central subject for my card. For my 2010 Christmas card, I chose a landscape in Zagrab, Croatia, where we attended the World Congress in Medical Law. For my 2011 card, I may choose a scene of Alaska, where the planned meeting on board a cruise will make a stop.

In 1995, at the Annual Meeting of the NAME, hosted by Dr. Brian Blackbourne in San Diego, our Past Presidents Committee hosted a Hobby Show, where members and/

or spouses displayed examples of their arts and crafts, or pictures of their hobbies and paintings. I exhibited my watercolors and oil paintings, and Hisako's crafts, hook rugs and Japanese artworks. Brian, now retired, has become a successful artist. I was happy to see that his paintings are selling and he is enjoying his second profession. At this point in my life, I wish I could spend more time for painting, oil and water colors, but for the time being, I am happy to produce my annual Christmas – New Year greeting cards with my own art work.

Gardening
Since I no longer need to be in my office from 8 am. to 5 pm., I spend a lot of time in my home office located in the back of my house, set in large garden. Whenever I need a break, I just walk out from the office, taking care of the large vegetable garden where I grow tomatoes, cucumbers, varieties of peppers, and potatoes. We also have a variety of fruit trees. In the fall, we have persimmons, tangerines and California naval oranges to harvest. Our lemons seem to grow all year. Working in my garden is my way of releasing the stress of meeting deadline after deadline of work related projects.

Computer and Internet
In order for me to be up-to-date in current internet technology, I have been enrolled in weekly lessons at the Apple School in the Farmer's Market complex. The one-to-one instruction begins at 7 am. Currently, I am studying movie editing and special effect, and placing a video onto the iDisk. I learned that I no longer need to send a big file by burning a CD or DVD. I love my MacBook and iPhone.

As President of the World Association, I often need to be at many places at the same time. Now I can record my message on video, place it on an iDisk and send it by link. Sometimes, I use PowerPoint presentations with automatic advancing and voice, so I can give my presentation without being there in person. What a great advance in technology!! There is much more I could write about, but for now, I want to try to limit my memoir to around fifteen pages. There will be more to come in the near future!

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Garry F. Peterson, M.D., J.D.

NAME President 2000
Chief Medical Examiner, Hennepin County,
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In 1965, I entered medical school at the University of Minnesota, intending at the time to become a “general practitioner”, as most primary care physicians were then called. I graduated, in 1969 and began a “rotating internship” at St. Paul-Ramsey Hospital, the city/county hospital in St. Paul, By that time I had come to the conclusion that “general practice, the field that had attracted me, either no longer really existed or was quickly becoming a thing of the past.

Early in my internship, I applied for, was accepted into, and scheduled to begin St. Paul-Ramsey’s OB/Gyn residency program. I had decided that the breadth of that specialty was the closest thing to general practice that then existed. However, I was unable to obtain a specialty training deferment from military service via the “Berry Plan”, a lottery used in those years which matched prospective residents entering medical specialty programs with the Armed Services’ future anticipated needs for medical specialists. I was instead given a one-year deferment, prior to what appeared to be certain induction into the Armed Services. Next, I would most likely be deployed to Southeast Asia where the Viet Nam War was in full swing.

So in July 1970, I decided strike out in a new direction and to begin a pathology residency at St. Paul-Ramsey Hospital. With even a single year of pathology training, I was told that I’d likely be assigned to work as a pathologist when I was drafted. I would furthermore become eligible for one year of training credit from the American Board of Pathology in recognition of my anticipated two years of service obligation. If I should subsequently develop an interest in some other specialty, many of the other specialty boards allowed credit of varying durations for prior residency training time in pathology.

St. Paul-Ramsey’s pathology program was new, and the staff comprised a dynamic young group of colleagues who had recently taken their training together at the University of Minnesota. All were outstanding pathologists, but none of them had any

special forensic pathology expertise. Their own training program had been situated in Minneapolis (in Hennepin County) where Dr. John Coe was the medical examiner. Any forensic cases at the U of M program were routinely transferred over to the Hennepin County Morgue where Dr. Coe and his staff would perform those autopsies. In those years, there was no provision for a required forensic pathology component as a part of either anatomic or clinical pathology training, as there is today.

My first rotation at St. Paul-Ramsey was a six-month assignment on the autopsy service, where there was a broad range of case material. Many were “Ramsey County Coroner’s Cases”. The staff pathologists in my program performed essentially no autopsies themselves, but supervised me, as well as a continuous steam of surgery residents who rotated on our autopsy service as part of their own training requirements. After completing their autopsy rotations, many of these surgery residents “moonlighted” at the local Ramsey County Coroner’s Office where the coroner, a general practice physician with no forensic training, delegated the autopsies to residents and to a few general pathologists from some of the private hospitals who were willing to do them for the thirty-five dollars that his office paid for them.

St. Paul-Ramsey, I had at least some supervision when I performed autopsies on difficult cases. Amazingly, I even autopsied a few homicides while I was yet a beginning resident, and would then be called to testify in the resulting trials. For a first-year resident, it was nerve-wracking. On one of my early cases (I think it was my first stabbing), my staff pathologist suggested that I call John Coe, outline the case to him and ask for any suggestions he might have. Dr. Coe had given a couple of (optional) lectures to my medical school class, and I’d found him to be a most engaging teacher. I assumed that he’d be very busy and probably not very enthusiastic about receiving a phone call from me. How wrong I was. He was cordial and extremely helpful. Furthermore, he invited me to call him whenever I had any questions or difficult cases.

This first contact with “The Professor” as Dr. Coe was called, developed into an important opportunity. Over the next few weeks, I helped initiate a monthly “Forensic Pathology Conference” at St. Paul-Ramsey. Dr. Coe, often accompanied by Dr. Calvin Bandt (the only other board-certified forensic pathologist in our part of the country) would come to SPRH. They would bring slides, both photographic and microscopic, of their recent cases. I reciprocated by showing some of the cases we’d encountered at St. Paul-Ramsey. This was the beginning of my close friendship with John Coe, a friendship that lasted until his death earlier this year.

Not long after this, the pathologists at SPRH agreed to permit me to moonlight at the Ramsey County Coroner’s Office. That opportunity only deepened my resolve to take further training in forensic pathology as part of my education. It also taught me how to perform autopsies without a “diener” to assist me. Assisting with autopsies was “not in the job descriptions” of the staff of the RCCO, and the coroner himself only came to the office a few times a month to sign death certificates. In fact, I worked on a part-time basis there for three years or so and never met the man. He never once called me for clarification of any details of any of the autopsies I’d performed for him, and I was never informed how any of my cases were signed out.

Ironically, at the end of my first year of pathology residency, I was not drafted (as I had anticipated), and instead was informed that it was unlikely that I would ever be. During the second year, I was invited by my undergraduate mentor, Professor William

McDonald, to spend six weeks with him the following summer, excavating Bronze Age skeletal material at Nichoria in Southwestern Greece. As an undergraduate at the University of Minnesota, I had majored in Classical Greek, and Bill McDonald, a noted Aegean archeologist, had been my advisor. In fact, before I finally decided to attend medical school, I had planned to enter graduate school in "The Classics" under Professor McDonald. My pathology program director was very supportive of my opportunity to do archeology, and deemed the experience to be "part of (my) autopsy rotation"!

Therefore, I spent part of the summer of 1972 at Nichoria, assisting an anthropologist from the University of Manitoba. We slowly and painstakingly excavated about a dozen skeletons that had been buried in a small "stone circle grave" during the Late Helladic Period, sometime around 1400 B.C. My companion was not, however, a physical anthropologist, and my only reference was William Bass's small paperback handbook. That intense course of self-instruction very effectively taught me an immense amount of physical anthropology and osteology. Years later, an attorney cross-examining me about an exhumed body snidely asked, "So, Doctor, what's been the longest interval after death where you've been asked to examine a human body?" Thinking back to my summer at Nichoria, I answered, "About thirty-four hundred years".

Another event that year brought about a change of direction that was pivotal in my career. It had been determined that a national shortage of forensic pathologists was hampering the criminal justice system. The Law Enforcement Assistance Administration, a federal program founded in 1968, offered grants which were to be overseen by the College of American Pathologists. Those grants offered full funding for practicing pathologists, and for pathologists in training, to receive a year of forensic pathology training in any approved program. I applied for and received one of the grants.

One of the conditions was that an applicant had to have already been accepted into a training program. Before I applied, I called Dr. Coe. He had just recently received approval for a forensic pathology fellowship, but he had not yet received any applications. At that time, in order to be eligible for approval as an FP training program, a jurisdiction was required to have a homicide rate of thirty-five cases per year. Hennepin County just barely qualified. I did briefly consider applying to a program in one of the larger jurisdictions, one with a much larger volume of cases, but I decided to stay in the Twin Cities and to train under Dr. Coe. I reasoned that the quality of the teaching I'd receive would easily compensate for any disparity in case volume.

How times have changed! Without any complicated paper work or formalities and in the course of a simple phone call, Dr. Coe accepted me as his first fellow. He then merely sent me a brief letter of acceptance to append to my grant application.

So in July 1973, I began my year of forensic pathology fellowship, even though at that time I had only completed my third of the required four years of AP/CP training. I spent that year working with Dr. Coe and Dr. Bandt and interacting with the pathology staff doctors and residents at Hennepin County General Hospital, as it was then called. By then, the Medical Examiner's Office had moved out of the old county morgue building and shared autopsy facilities with the hospital. All of the hospital's staff pathologists participated to some extent in the teaching I received.

All of them were superb pathologists, and because of their interest in both autopsy pathology and FP, it was a great place to train. Dr. Kenneth Osterberg was especially interested in physical anthropology and in the identification of human remains. He eventually qualified for FP certification on the basis of experience, and he and I both took our board examinations at the same time in 1976.

Dr. Coe took me along with him to my first national forensic pathology gathering, the joint meeting of the American Academy of Forensic Sciences and the National Association of Medical Examiners in 1974. While we were there, he kept me close by him and took every opportunity to introduce me to many of the pioneering members of our sub-specialty, Milton Helpern, George Gantner, Charles Petty, Marvin Aronson, Joe Davis, Thomas Noguchi, Michael Baden, Ali Hameli, David Wieking, Irving Sopher, Bill Sturner, Charles Hirsch, John Smialek, James Weston, Werner Spitz, Russell Fisher, and many others. The list could go on and on. All of them seemed pleased to meet me and made me feel as if I belonged along with them as part of this small but special alliance, in this tiny corner of the medical profession.

Just a few weeks into my FP fellowship, I realized that I wanted to take my final year of AP/CP training at Hennepin County General Hospital ("The Old General" as everyone called it), instead of returning to St. Paul-Ramsey Hospital, where I'd either have to endure the unsupervised world of the Ramsey County Coroner's Office or temporarily stop doing forensic cases. The pathology staffs at both hospitals agreed to the change, and I finished my AP/CP training at Hennepin County Medical Center, the hospital's new name, the following year, 1975.

I had hoped to join Dr. Coe at the Hennepin County Medial Examiner's Office, but no funding was available. I was approached by William Randall, the Ramsey County Attorney (co-incidentally one of John Coe's football teammates at Carlton College), and asked to apply for the position of Ramsey County Coroner, since the term of the current coroner was about to expire. I assumed that the Ramsey County Board would be happy to appoint me. I lived in St. Paul, and was the only person anywhere nearby with formal training in death investigation. The pathology staff at St. Paul-Ramsey Hospital were very supportive and hoped that I could gain the position and also join that department.

The Chief Investigator at the Coroner's Office, a man with deep political connections was violently opposed to my candidacy, apparently fearing that I'd update and modernize the office, and perhaps ease him out of his position of power. Perhaps he assumed that I'd require the staff to assist in the autopsy room. He assured his friends and acquaintances among the local funeral directors that I'd most likely perform an autopsy in virtually every case that fell under my jurisdiction, and urged them to intervene with members of the County Board. He was especially close to one board member, an attorney who later became a district court judge. The future judge had no understanding of the issue. I remember sitting through a meeting where, in expressing his opposition to my appointment, he said, "Well, it may be fine for Hennepin County, but we don't need a forsenic (sic) pathologist here in Ramsey County."

I lost four votes to three and the old coroner was reappointed—not bad, though, for an "out-of-towner" who'd grown up in rival Minneapolis. As a concession to the board

members who had supported me, a resolution was passed to “study” the issue for the next four years, at which time, the old coroner had indicated that he planned to step down.

I was still interested in the position, so I accepted a half-time position on the St. Paul-Ramsey staff, worked on a part-time basis for The Hennepin County ME Office, and entered night law school at William Mitchell College of Law in St. Paul while I waited.

I thought the additional credential of a J.D. degree might be of benefit in a career in forensic pathology. When I asked my wife Mary Ann what she thought of the idea, she had replied, “I worked you through medical school, but one professional school is my absolute limit. I’ll help you in every other way I can, but you’re going to have to work while you do it and still find enough time to be a father to our (three) boys.” With her support and understanding, the four years at “Mitchell” flew by.

The following year, 1976, one of my residency mates at St. Paul-Ramsey Hospital secured the pathology contract for two St. Paul hospitals, Midway Hospital and its smaller sister institution, Mound Park Hospital. He and another pathologist staffed Midway, and he recruited me to be the pathologist at Mounds Park. I left St. Paul-Ramsey to take the new position, but kept my part-time position at the Hennepin County ME Office, and plodded on in law school. Those two and a half years at Mounds Park gave me a chance to practice conventional hospital pathology, and I found that I rather enjoyed it. However, that all changed in August of 1978, as I began my final year of law school, when I received a call from John Coe.

Dr. Osterberg, an ostensibly healthy man in his forties had suffered a tragic and debilitating stroke, and Dr. Coe asked me to replace him. Half of my time was to be in the ME Office, and half to be in clinical chemistry at the Hennepin County Medical Center. I accepted immediately, and took the new position in January 1979. I became Dr. Coe’s “Assistant Medical Examiner”. I never pursued the position of Ramsey County Coroner when it later became vacant. Dr. Coe and I worked closely together, and I stayed on as his assistant until 1984, when he retired and I was named to replace him.

I was appointed to five consecutive terms and spent the next twenty years as Hennepin County’s Medical Examiner, until I retired in 2004. Over those years, I worked with so many fine colleagues, including Kathryn Berg, Jim Wahe, Mitch Morey, and Calvin Bandt. I was involved in the training of many other forensic pathologists including Susan Roe, Ruth Viste, John Teggatz, Karen Kelly, Dan Davis, Michael Heninger, Shannon Mackey-Bojack, Jerome Bond, Kenneth Gallagher, and Ray Rivera. Some of them went on to become Chief Medical Examiners themselves, including Jeff Jentzen, Lindsey Thomas, Brian Hunter, Quinn Strobl, Thambirajah Balachandra, and Andy Baker, the person who succeeded me as Hennepin County’s Medical Examiner when I retired.

I consider all of those students and colleagues to be the most enduring aspect of my career. I hope that through them and the students that they in turn teach and inspire, I might gain at least some small measure of (at least temporary) immortality. And of course, all of them taught me so much in return.

Garry F. Peterson, M.D., J.D.

John E. Pless, M.D.

Past President (1997-12/31/98)

Clyde G. Culbertson Professor Emeritus
Indiana University School Medicine

George Gantner Lecture
During the annual meeting of the NAME in 2010

One Man's Forensic Pathology Career
"… teaching them to smile openly…
…into the camera of possibility…"

Thank you for the honor of this opportunity to tell you about the uniqueness of my travels in the field of forensic pathology. I now feel much like George Goble who said…"I feel like the world is a tuxedo and I am a pair of brown shoes." The paraphrase "teaching them to smile openly…into the camera of possibility" is a quote from a poem by Jim Luke, my friend and mentor. I believe that it has a special application to my career. I would like to dedicate this lecture to my parent's 60 years of life together and my wife, Lois, lover, mother, companion, global supporter and sometime critic.

When I was 15 years old we had a family conference around the kitchen table where my parents told me that they wanted me to be a doctor. I was an only child – so I did what I was told. I actually thought that every family had such meetings during the second year of high school. My mother had trained as an LPN and had taken a job with a local GP who like to think that he was a cardiologist. She took the EKGs in his office and at the hospital. Her work provided the extra fund s for my education.

The main campus of Indiana University was just 23 miles down the road and I was lucky enough to get into Indiana University School of Medicine after three years of undergraduate school.

My goal was to return to my hometown of Bedford, Indiana to be a general practi-

tioner. My exposure to toxicology, pathology and the autopsy was unusual. Indiana University Pharmacologist, Dr. Rolla Harger had invented the Drunkometer. Indiana State Police Laboratory Director, Dr. Bob Borkenstine invented the Breathalyzer and Dr. Robert Forney along with Irvine Sunshine and Kurt Dubowski did a great deal of work establishing blood alcohol testing of intoxicated drivers. We were the first state in the nation to set alcohol breath testing in place for drivers of automobiles. I knew all of these people as a medical student and later we became personal friends.

During our sophomore year Bob Forney gave us lectures on homicidal poisoning. I wondered then what someone could do investigating such death if he was an MD. Little did I know the rarity of homicidal poisoning. I wasn't aware of the field of a forensic pathology. My first autopsy as a student was on a 14 year-old girl with hepatitis. My studies on that case led me to an article written by Alan Moritz who had been in charge of a hospital in Northern Africa. He wrote about his experiences with an epidemic of serum hepatitis apparently induced in service men from contaminated needles used to inoculate them for Yellow Fever. His work was seminal in defining hepatitis B. I had no idea that he was one of the greats in forensic pathology. My case was probably sexually transmitted.

I was lucky enough to perform autopsies on my off quarters at the VA Hospital. Pathology was important at Indiana University. Our Chairman, Dr. Edward B. Smith was secretary of the American Board of Pathology. The board examinations were often held in Indianapolis. Dr. Parker Beamer was the editor of the American Journal of Clinical Pathology with offices in the medical school building.

My rotating internship was in a large private hospital in South Bend where I discovered the very unique nature of a freestanding non-profit clinical pathology laboratory that served several communities around Northern Indiana and Southern Michigan. The South Bend Medical Foundation served 2,00 beds. Stat labs were located in all the hospitals and the main laboratory supplied all the standard tests that could wait overnight. A pneumatic tube system supplied results to the two 500 bed hospitals in South Bend. One of these tube systems had to go under the St. Joseph's River – no mean task. This sparked my interest in clinical laboratory medicine enough for me to sigh up for a residency there before I was drafted into the U.S. Army.

Again as luck would have it I was assigned to a research position at the Edgewood Arsenal (Army Chemical Center) near Baltimore, Maryland. I can admit to you now that I was asked to perform clinical pharmacology testing on human volunteers. Many of my military colleagues were giving anticholinesterase drugs (chemical warfare agents such as GB and VX) and monitoring the effects of potential treatments. The US knew what the Russians had and our task was to establish some defense against those agents. My work was with synthetic marijuana (tetrahydrocannabinol THC) produced by Roger Adams in the 1950's. The government automatically confiscated potent chemical agents that were possible chemical warfare agents. We ran full batteries of clinical laboratory tests and did complete physicals and psychological examinations on each candidate. Who were the test candidates? U.S. Army soldiers. What did the soldiers get in return? A three-day pass every weekend. It was a different day.

During my stay in Maryland I discovered that forensic pathology was being practiced in Baltimore. There were physicians who dedicated their lives to medical legal work.

It was very clear to me at that time that if I was going to do that work I needed to be trained by people who knew what they were doing in a place with some stature.

My residency was exciting and I found the performance of 250 autopsies to be great fun. I knew that all my experience had been leading me to a career in forensic pathology. We were able to perform coroner's autopsies, and that added to my experience. I testified before a grand jury in one homicide case – making every mistake in the book. I actually thought that I could remember all of the details – so I did not take the autopsy report with me. The first question was, "what was the weight of the deceased?"

Although I had a "good eye" I did not want to be a tissue mole. I wanted to go back to my hometown and be a local pathologist doing anatomic, clinical and forensic pathology for a t least 5 years – then eventually going into forensic pathology full time.

My search for a place to train in forensic path was complicated by lack of funding of fellowship training at the time. I initially applied to Miami. Joe Davis was interested in me because his toxicologist came from Edgewood Arsenal, but he had no funds. Chuck Petty was the only full time forensic pathologist in Indiana then, and he was about to leave for Dallas. He thought that it would not be wise to sign me up for a program when he could not guarantee what would be available. His advice to me was…"Don't go to a large office. It can be a factory."

Bill Sturner was in Chicago at the time and we met for lunch at the University of Chicago Hospital. He was considering going to Dallas with Petty. He recommended that look into Jim Luke who had just written an article in the Journal of Forensic Sciences entitled The Oklahoma Medical Examiner System: Semi urban – Semi rural. It described his practice of forensic pathology in a statewide system. The idea of a small program with a one to one association with a program director was very appealing.

Jim Luke enabled me to attend the AAFS meeting in Chicago in February of 1970. He introduced me to Dr. Milton Helpern and F. Lee Bailey. That was special meeting since Tom Noguchi presented the findings of the Robert Kennedy autopsy. F. Lee Bailey followed this with a discussion of the difficulty of the defense of Sirhan-Sirhan. His opening remarks were interesting. He said that this was the first time that he had experienced a case in which there was literally no question about the quality of the post mortem examination because Tom Noguchi had done such an excellent job. I had a feeling that everyone knew why he was capable of such perfection. He was an excellent pathologist and he had prepared for just such an event. That doesn't mean that he was a psychic. It was a demonstration of his extraordinary vision.

Jim Luke and I met before and after almost every case. Occasionally we would return to the morgue to review an interesting case finding first hand. He also gave me good examples of his writing. Jim wrote many letters in behalf of the specialty and he asked me to review them. It was great training.

I had this desire following my fellowship to return to Indiana, my hometown and a small group of pathologists based in Bloomington. I still had the urge to run a hospital laboratory. This was what I had trained to do and I knew that my career would not be complete without that experience. I was going to do forensic pathology part-time.

I also had this idea in the back of my head that we could change the coroner system in Indiana and replace it with a medical examiner system. The first thing that I was asked to do when I returned home was to run for coroner. I was elected in a landslide after running against the local chiropractor. It was lonely being the first and only forensic pathologist coroner in Indiana. The Indiana coroner law was unusual in that it had a very liberal definition of what could be a coroner's case. All someone had to do was to voice suspicion concerning the manner death. The there was requirement that all coroners' autopsies had to be performed by a board certified pathologist. Ed Smith had accomplished that change in 1963. That was very helpful in insuring the quality of the examination. However, these were not always complete autopsies.

I remained in Bloomington for the next twelve years. During that time I built a reputation as a forensic pathologist. I made sure that my three other partners did complete autopsies on all coroner cases. Much to their dismay. Soon I was doing about 200 cases in the Southern half of the state.

In January of 1983 Jim Benz left Indianapolis for Florida. Residents were doing most coroner autopsies in Indianapolis. By May of that year the Chairman, left with the responsibility for the forensic service was at his wits end. He had organized seven young faculty members to supervise residents in the performance of forensic autopsies. The faculty member took responsibility for testimony in all homicide cases. It only took a couple of months before they all began to wear thin. In June I received a call from the Chairman of Pathology to go to lunch. He made me an offer to become a part-time or full –time faculty member at the main campus. I was already a part-time faculty member in Bloomington. He said that I could literally name my own terms. So I left my group in Bloomington for full time position as tenured Professor in Indianapolis. This turned out to be the opportunity of a lifetime. But it was a great challenge for Lois and the children. Did I say that I would be making less money?

In six months from my hiring the Chairman asked if I would be willing to direct the two courses in sophomore pathology. I was more than willing to help. The first thing that I did was to restore the requirement that all medical students have to observe an autopsy. This turned out to be a popular addition. I also returned several exercises in the laboratory that had been removed over time adding one session on forensic pathology. The pathology scores began to climb. Pathology brought up the School of Medicine average to above the national average. At the end of the first year I was asked if I could take on the responsibility for the residency program. This was something that I wanted to do but I knew that I would be frustrated by the disinterest of a few faculty members I actually taking time to teach. I was rewarded by being given the title of Associate Chairman for Education.

In 1988, the pathologist who developed the clinical laboratories at Indiana University in 1931, Dr. Clyde G. Culbertson, decided to give the department a gift of One Million Dollars for an endowed professorship. He was so pleased with the changes that I had made that he request that the endowment go to pathology education and that I be named the recipient of the title. This came as a complete surprise tome after only being in the Department for less than 5 years creating some jealousy. The greatest compliment that we could have at Indiana University is the fact that more board certified pathologists were produced from the Indiana University School of Medicine than any other school in the United States during the 20 years from 1980-2000.

There are several things that I believe represent challenges for you all. In 1971, Dr. Leslie Lukash gave a presentation on Standards of Death Investigation. From his presentation NAME developed an inspection program in 1976. During the administration of Charlie Stahl a CAP like checklist was developed by Victor Weedn for inspection and accreditation. My office was the first to submit to that survey and the first to be accredited under the new system. When I was president of NAME it was my personal charge to increase the number of offices that were inspected by NAME following my term we went from 33 to over 50 labs inspected largely due to our work on the State of Florida. The Miami Larry Tate announced from the podium of a NAME meeting in 1979 that it was no longer adequate to do "body only" forensic autopsies. Since that time we have seen gradual inclusion of autopsy procedures in the inspection and accreditation process. In my opinion there is no place for inclusion of the term "partial autopsies" in our inspection process. Partial examinations are not autopsies. Something will always be missing in a partial examination. You can't use inadequate funding to support doing incomplete autopsies because we all know that we can spend as much time and effort doing a partial exam as a full autopsy. The autopsy is clearly an academic exercise. You must keep that in mind every time you go through the process. We have been charged with a duty that is as sacred as the profession of medicine itself.

The act of cutting another person open to expose the insides to the outside world is as old as recorded time. It must be done for more than curiosity. We must understand that analysis of the findings is more than coming to a conclusion about the cause of death. We are also charged with determining the mechanism of death and there rests the reason for an academic exercise. Anyone can speculate about a cause of death without doing an autopsy. But if your opinion is to be couched in terms of reasonable medical certainty you must open the body and your opinion must be based upon findings not circumstances.

I remember talks by Joe Davis on the importance of including information from the circumstances of death when determining the cause. This is all well and good when the autopsy is negative. But an opinion based upon circumstances is still speculation and you can't take that to a court of law. As Jim Luke taught me if you don't know the answer admit your ignorance. I was told as a resident that I shouldn't leave the morgue unless I knew what the cause of death was since it is so often evident in the gross exam. I will challenge you with fact that you should not leave the morgue without at least a clue as to the mechanism of death. Confirmation may depend upon microscopic examination.

Confirmation of the details of an autopsy is best done with microscopic examination. It is time that we require microscopic examinations in every case. A negative microscopic examination can be as important as positive findings. You should not be in the death investigation business if your primary consideration is saving your state, county or city money. Your government will never appreciate cost cutting that you might do. If you are going to cut costs don't do it by cutting out the science. Remember that the autopsy is an academic exercise where you have an obligation to do it right the first time.

"Teaching them to smile openly… into the camera of possibility."

Dr. Pless as the George Gantner Award in 2010 in Cleveland, OH

Joseph A. Prahlow, M.D.

NAME President – 2007
Forensic Pathologist,
South Bend Medical Foundation
(1999-present)

Why did I select forensic pathology as a career?
Ultimately, I chose forensic pathology as a career based on my exposure to and interactions with various forensic pathologists during my formal medical school education at Indiana University School of Medicine and my pathology residency training at Wake Forest; however, prior to that, I sort-of "backed into" pathology as a career. During the summer between my first and second years of medical school, I participated in an externship program, operated via the medical school, in which I rotated with various physicians in order to become exposed to the "real world" of medicine. It was a very eye-opening experience for me. In fact, I was advised by a majority of the physicians with whom I rotated to "get out of medicine while you can." Many of these physicians were very unhappy with their work. They had experienced medicine in the "golden age," without much of the bureaucracy and government intervention that now exists. As they dealt with this intrusion, many of them became quite frustrated. Ultimately, I stuck with it, based on some excellent advice by several individuals. As I looked back on that summer, I realized that the pathologists with whom I worked seemed to be some of the most happy in their work. As I rotated through my 3rd year rotations, I quickly began eliminating career choices. Medicine and surgery were given the "nix" almost immediately. I wasn't too keen on pathology because of a very unfortunate second year pathology course experience (the course was "taught" by a pathologist who had never taught anything…very unorganized…very frustrating for all students). Eventually, after recognizing that "pathology the course" was not equivalent to "pathology the career," I settled on pathology, because of my love of the basic sciences and my love for "problem-solving." I did a one-month rotation in forensic pathology with Dr. John Pless, Mike Clark, and Dean Hawley early in my 4th year, and I was hooked. I had the great fortune of doing my pathology residency at Wake Forest, with Pat Lantz, Greg Davis, and Don Jason, where my love of forensics was confirmed and grew tremendously.

Places and times served as chief medical examiner.
Although the term “chief medical examiner” does not exist where I am currently employed, I can be considered the “chief forensic pathologist” here at the South Bend Medical Foundation, where I have been employed since July of 1999. The South Bend Medical Foundation is a large, not-for-profit pathology laboratory in South Bend, IN, which serves many of the area hospitals and clinics, including offices/hospitals in numerous Midwestern states. We have approximately 20 pathologists. I perform a bulk of the forensic (coroner) and hospital autopsies for the local community. I also am a professor of pathology, responsible for teaching the second year pathology course, at Indiana University School of Medicine-South Bend at the University of Notre Dame.

Major accomplishments as chief
I think that providing solid, consistent, and professional forensic pathology service to the local community has been one of two major accomplishments in my time here in South Bend. The other has been developing and providing a solid foundational basic science pathology course for the second year medical students.

Efforts on behalf of forensic pathology and the forensic sciences.
I believe that many of my efforts with regard to FP and forensic sciences peaked during my year as NAME President (2007). I believe that these efforts can best be divided into two areas: education and organization. I have always been a strong advocate for teaching. Throughout my career I have devoted much of my time and energy to pathology training and forensic pathology training. While in Winston-Salem and Dallas, I thoroughly enjoyed teaching pathology residents. In my present position, I likewise enjoy teaching medical students. I have served (and still serve) on various educational committees for numerous organizations, including NAME, AAFS, CAP and ASCP. I was an associate editor for the 2nd edition of the CAP’s Handbook of Forensic Pathology, the editor of the NAME/CAP publication Basic Competencies in Forensic Pathology, and the author of Forensic Pathology for Police, Death Investigators, Attorneys, and Forensic Scientists. Regarding efforts toward organization within the field of forensic pathology, I have been a strong advocate for ensuring appropriate FP training within pathology residency programs. I have served as the AAFS Pathology/Biology section Program Chair, section Secretary, and section Chair, as well as the NAME Board of Directors, Executive Committee, Vice President, President, and Chairman of the Board. During my time within the NAME leadership, I attempted to strengthen the role of forensic pathology within and outside of the organization, and I made efforts to respond as an organization, in tangible ways, to the needs of forensic pathologists.

Recollections of places I have trained and worked.
Indiana University School of Medicine-Northwest – Where I grew to love the basic sciences (as much as that is possible).
Indiana University School of Medicine-Indianapolis – Where I discovered pathology as a career-choice, and where I first was exposed to forensic pathology.
Wake Forest University – Where my love of forensics was confirmed and grew.
University of Texas-Southwestern, Dallas – Where I completed my formal education and gained a tremendous amount of valuable experience within a very busy office, as I remained on staff for 3 additional years following my fellowship.

South Bend Medical Foundation and Indiana University School of Medicine-South Bend – Where I have been able to continue doing what I love to do, forensic pathology and teaching.

Comments about people who trained me and from whom I have learned.
I've already mentioned my mentors at IUSM (Drs. Pless, Clark, and Hawley) and Wake Forest (Drs. Lantz, G Davis, and Jason). Mentors at UTSW include Dr. Jody Barnard, Joni McClain, and Joe Guileyardo. A current mentor, colleague, and fellow forensic pathologist here in South Bend is Rick Hoover. I have many fond memories of each place. I am indebted, not only to those I've mentioned above, but also to other teachers and colleagues, including, but not limited to: Robert Prichard, Kim Collins, Karen Ross, Sheila Spotswood, Janis Townsend-Parchman, Charlie Odom, and Juan Zamora, with whom I worked during my training. Of course, there is an extremely long list of individuals with whom I have worked and learned from within NAME and other organizations. They are spread-out all over the USA and the entire globe. I count each of them as friends and colleagues, and I am honored to know them.

Recollections about people I have trained
I have played at least a small part in the education of numerous physicians and pathologists through my roles as instructor/resident at Wake Forest, assistant professor at UTSW, and associate and full professor at IUSM. The following is a partial list of FPs of whose training I am honored to claim at least a small part: F Miller, J Oeberst, A Lopez, M Gonsoulin, L Salzberger, W Kemp, S Turner, K Haden-Pinneri, N Batalis, J Clouse.

Major controversies and frustrations in completing my responsibilities as NAME President
My year as President was not a very calm year. Among other issues of importance were the following four relatively major events within the world of FP and/or NAME: Charlie Siebert's ordeal in Florida, a major effort by tissue procurement agencies to insert language into state laws that would essentially make tissue procurement equivalent to organ procurement with regard to interaction with the death investigation community, the conversion of the NAME administrative offices into a "virtual office" setting, and a major updating of membership categories within the organization (via bylaws changes), advocated for and implemented in order to ensure that NAME is truly (as now stated in the bylaws) a medical/physician organization for forensic pathologists, while maintaining (and hopefully clarifying) the acceptance of various affiliate members which had become commonplace (although somewhat haphazard) over the previous decades.

Academic involvement through research, education, and training
As mentioned above, I consider education to be a very important aspect of my work. I also enjoy presenting and publishing forensic research, most typically in the form of case reports. I also am a strong advocate of "teaching the next generation" through experience. As such, I have long been an advocate for providing publishing and presenting opportunities to those in training. When I was in Texas, pathology residents were the focus of such advocacy. Now that I am in an environment where pathology residents are few and far between, medical students are my focus. During my career, I have published 75 articles in peer-reviewed medical journals, of which 28 have

included either residents or medical students as co-authors (usually as first author). Not all of the students become pathologists, let alone forensic pathologists, but I believe each of them gains a tremendous amount of valuable experience by participating in such academic exercises. Each of the textbooks that I have been involved with, either as editor, author, or chapter contributor, has had, as its primary focus, education and training.

Legislative change in which I was involved
As NAME President, I spent a tremendous amount of time combating the language that existed within the Uniform Anatomical Gift Act model legislation. As mentioned above, the model legislation advocated making tissue and organ procurement essentially equivalent in certain important regards as they relate to death investigation. Had this language been incorporated into various state laws, medical examiners and coroners would have lost a tremendous amount of control over many cases, with the very real potential for evidence loss/compromise.

My contributions to the field of forensic pathology
See above. My hope is that I have been (and continue to be) a strong advocate for excellent education and training within forensic pathology and death investigation.

Perspectives gained
I believe that I have gained a tremendous diversity of perspective when it comes to forensic pathology practice and death investigation. I have had the good fortune of working within, or observing from the national scene, a variety of death investigation system types. As most within this line of work understand, all systems are not equivalent. At the same time, it is unwise to suggest that a certain system type, based on name alone, is superior. The best system is one that is well-funded, well-supported, well-staffed, free from undue political or other influence, functions within a NAME-accredited facility, follows NAME autopsy standards, has ABMDI-certified death investigators, and has the important decisions regarding autopsy performance and death certification carried-out by ABP-certified forensic pathologists.

Difficult cases I have managed
Too many to discuss in any amount of detail. The most difficult cases I encounter now tend to be those that I encounter via consultation where the guidelines described above (perspectives gained) were not followed.

How I deal with job-related stress, anxiety, and personal performance issues. Like many others, I suppose I haven't done the best job here. When I'm stressed, I tend to eat too much and don't find time for exercise. Ultimately, when I'm handling the stress well, it's because I don't "take my work home with me," I'm supported by a loving wife and family, I eat in a healthy fashion, I exercise regularly, and I trust in a higher power.

Advice for forensic pathologists entering the field
Be honest in all that you do. Be open to the ideas/opinions of others. Be willing to admit that you may be wrong. Don't over-commit. When testifying, pretend that there are several other FPs in the room, to guard against being too self-assured. If consulting or reviewing a case, attempt to treat the case as if it were a case in your regular daily practice.

How my work experience changed me, changed my life, and what I learned from my work.
I don't think that my work experience has changed me as much as it has confirmed for me what I already believed about life: 1) Human bodies represent physical entities…there is a spiritual component to life. When death occurs, the spiritual component is no longer present within the physical body. 2) The human being is a marvel to behold, from the grossly-visible anatomic structures to the microscopic features to the submicroscopic physiologic and biochemical processes that make-up what we know as "life." 3) It never ceases to amaze me how humans are so very similar to one another, both inside and out, and yet so incredibly unique.

How has forensic pathology changed during my career, for the better and for the worse
Better – Guidelines/standards are being advocated. NAME and other organizations are stronger advocates for FP. There's more "mainstream" knowledge about the profession. Some places are paying better.

Worse – "Mainstream" knowledge about FP has propagated and created new myths. Many places continue to underpay FPs. Recruitment of FPs has not increased as much as should be. We are limited to a great extent by the fact that our closest recruitment pool is general pathologists (or more specifically, pathology residents), many (most) of whom despise the autopsy.

Joseph A. Prahlow, M.D.
Professor of Pathology,
Indiana University
School of Medicine-South Bend

Donald T. Reay, M.D.

NAME President 1987-88
Chief Medical Examiner, King County,
Seattle, Washington 1969-1999

I had no intention of pursing a medical career in forensic pathology. When I received my draft notice to report for induction into the US Army, I was in an internal medicine program as an intern with a special interest in hematology. While in medical school, I had been performing basic research in the pathology of copper deficiency anemia in swine that required autopsies on pigs. With my draft notice, I sought a reserve commission in the USAF that allowed me to complete an AP/CP residency in pathology before active duty. Because of my research in medical school, the American Board of Pathology gave me one year of credit so I was eligible for certification after three years of pathology residency. I had a vacant year before military service and I chose to investigate what forensic pathology was all about. I sought a year of training in forensic pathology, a specialty about which I knew nothing.

There were not many programs available for training in forensic pathology, however, I was fortunate to be accepted by Dr. Lester Adelson for a year of training with him and his staff at the Cuyahoga Coroner's Office in Cleveland, Ohio. What a marvelous experience! I was totally captivated by Dr. A's intellect and dedication to forensic pathology. He had a unique perspective about the importance of death investigation and the value of good forensic pathology to the community. In addition to Dr. A, I had stimulation from my contact with Dr. Irving Sunshine who was the toxicologist at the Cuyahoga office. Oliver Schroeder, professor of law at Case Western Reserve, would occasionally drop by to kibitz with Dr. A and I relished their exchange. The year in Cleveland had transformed my perspective on the practice of pathology and remained as an inspiration for me to pursue a career in forensic pathology.

My interest in forensic pathology was further stimulated by my assignment to the Armed Forces Institute of Pathology (AFIP) when I entered active military service after leaving Cleveland. It was my good fortune to be assigned to the forensic pathology unit at the AFIP that was under the capable leadership of Dr. Charles Stahl. Although the unit was under the titular head of Colonel Pierre Fink, it was Charlie

who became my friend and mentor. Through his quiet style, Charlie emphasized the value of careful death investigation in the military and years later the Department of Defense (DOD) wised up and established the Military Medical Examiner as it exists today. It has Charlie's fingerprints all over it. I learned much from Charlie about effective administration.

As I was completing my tour at the AFIP, Dr. Richard Froede arrived at the Institute to begin his year of forensic fellowship. Dick was regular Air Force and knew much about the military. He and I became friends and he became my military advisor. Dick and his family had spent several years in England with the Royal Air Force (RAF) on an exchange program and enjoyed it. I was curious about the program and became interested since I still had my father's relatives in Durham, England where my father was born. The program sounded interesting since I had become aware that a forensic pathologist, Group Captain Ken Mason, was on staff and was involved with aircraft accident investigation. Although my duties would be those of a surgical pathologist, I welcomed the opportunity to be exposed to a new dimension of pathology. I arrived at the Institute of Pathology and Tropical Medicine in RAF Halton to do my duty for two years. Despite the culture shock, I had numerous opportunities to accompany Ken on a variety of investigations, including a hovercraft and commercial airline accident investigation. Ken was a most gracious mentor and advisor during my time in England. His dedication to forensic questions was stimulating and I was allowed to perform autopsies during many of the accident investigations for which he was responsible. This experience was most valuable.

When I returned to the U.S., I was assigned to a USAF hospital laboratory as director of laboratories. I had wondered whether I could regain my early interest in surgical and laboratory pathology. As I performed hospital pathologist duties, I became aware that I mostly enjoyed performing autopsies and, in particular, if there were forensic questions about the case. I knew then that I must search out a full time position in forensic pathology. In December of 1973, I left the USAF and my family and I set out for Seattle, WA to seek a new experience.

In 1969, Seattle-King County had converted its 1899 coroner's office into a Medical Examiner appointed by local county government. I came to Seattle naïve about creating a new agency out of embedded traditions and customs with nepotism throughout. I came to Seattle with Dr. Patrick Besant-Mathews, who was to take over the administrative/executive functions while I would concentrate my activity on autopsies and death investigation. Patrick was more naïve than I was about county government and running an agency that was tethered to the past. In 1969, there was a desire by county government to have a medical examiner and dispose of the elected coroner but this was done without enabling legislation in the county charter except that the medical examiner would be in the Department of Public Health and perform autopsies. I didn't realize that nothing had been done except change the name plate on the door. I hadn't paid attention to such issues since money had been set aside to construct a new facility at the Harborview trauma center. The School of Medicine Department of Pathology at the University of Washington had agreed to regular faculty positions for ME pathologist staff and promote resident rotations in forensic pathology. The staffing of the office was structured so that there were 22 Investigators (deputy coroners) 3 office staff, 1 toxicologist tech and 2 pathologists to perform about 900 autopsies per year. I had energy then and I was content to perform

autopsies with enthusiasm although the facility was a converted surgical suite at an old hospital. This was the time I created a rough design for roll around autopsy tables since we were using old hospital trolleys with cutting boards balanced on the body. The concept has been developed in many new autopsy facilities with roll around autopsy tables and stations. Although the conditions were primitive, I was content doing autopsies and responding to homicide death scenes.

However, things did not go well. There was staff resistance to reconfiguring office positions in order to generate quality autopsy reports and create other important administrative functions. After two years, Dr. Besant-Matthews resigned and I was left to put things together. The new facility was completed and that was a boost to morale. I was fortunate to create an administrative position that designed enabling legislation accepted by county government along with policy and procedure documents. With retirements, positions were reclassified in line with job functions and union negotiations. The process was slow but there was good support by different Directors of Public Health during my 26 years as Medical Examiner.

The state of Washington has 39 counties and Seattle-King County was the first to make the transformation from a coroner to a medical examiner system. Gradually the major population counties made the transformation much like Seattle-King County. The less populated counties have still retained the elected coroner or a coroner-prosecutor. The elected coroners were suspicious of me since there had been discussions by the state medical society of establishing a state ME like neighboring Oregon. I was less than enthusiastic about such overtures since I had become aware of political forces with which I had to deal at the county level. I had become more politically astute over the years and such issues meant money.

Because there was a desire to improve death investigation state wide, the governor established a Forensic Investigation Council and I was appointed as a member and eventually became chairman. I was very aware of what was needed to improve death investigation in Seattle-King County that would also improve death investigation throughout the State of Washington. To allay the fears of the coroners, I sought to establish a quality toxicology laboratory that would benefit all jurisdictions. Funding was accomplished by a death certificate surcharge and I offered to support the coroner's need for pathologists to perform autopsies by having our fellow available to perform autopsies when needed. Fortunately, our fellows agreed to this arrangement that required an additional year and the success of establishing the state toxicology program was done with their cooperation. I felt like the typical politician pulling this off. It was necessary to do it, if death investigation were to advance in the State of Washington. Forget the State ME. It will never happened.

We always struggled with a shortage of pathologists to perform autopsies. Fortunately the medical school pathology residency program provided residents to rotate for forensic experience. In the early eighties we applied and received approval to have a recognized fellowship training program. Over the years and until my retirement in 1999 we always had a fellow, usually from the University of Washington Medical School pathology program, who joined us for a year or sometimes two years. Many continued on in forensic pathology, and a few who have been active in NAME are John Howard (recent president) and Greg Schmunk. It was always a delight to work with the fellows since they were both challenging and a joy to see them develop fo-

rensic skills. I constantly found myself using Dr. A's aphorism that "you do an autopsy with your head and not your hands." Generally within three months you could assess whether or not the fellow understood the issues.

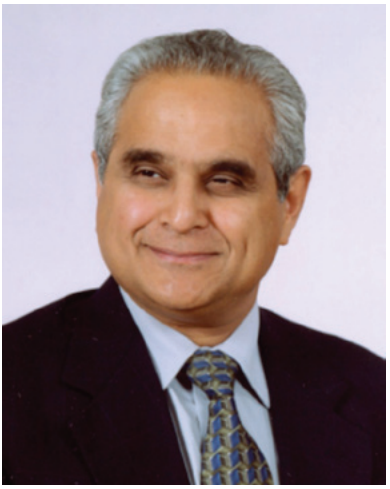
I have always had a desire for investigative work whether it is a laboratory bench or an autopsy table. As in years past, forensic pathology is unique because the autopsy dissection and interpretation still remain the same. Yet there is a need to understand and discover new information about why people die. Death in infancy is still perplexing. Deaths in custody deserve careful scrutiny. I had the occasion to study neck holds used by law enforcement as a common method of restraint. The impetus for my work to understand what happens was prompted by autopsy observations in two victims of law enforcement restraint. The benefit of having a facility in a medical center is that there are cardiologists, radiologists, anesthesiologists etc., and if approached, are willing to assist in reasonable investigative studies. We were able to design and utilize clinical instruments in our investigation of neck holds. Similarly, in evaluating the effects of hog-tied restraint we used resources borrowed from clinicians. Judicial hanging studies were performed on victims utilizing the latest radiological techniques.

In any major ME office, abundant epidemiological data is collected that can provide a wealth of information. I had the good fortune of working with a medical resident assessing the risk of firearms in the home. The study achieved national attention. In forensic pathology, funds for research are limited or none existent but autopsy observations can provide an opportunity to seek answers about what causes injury and death. I still have some studies I would have liked to have performed if animal material was available. To those beginning their career in forensic pathology, I suggest that you look first then see. There are still questions that need answering.

I end this memoir with a tribute to NAME. My association with NAME starts in the 1970s when NAME first developed Inspection and Accreditation. My memory is that the Seattle-King County ME office was one of the first offices to be officially inspected and accredited. Joe Davis did us the honors and I was pleased to have Joe spend time with us. He is one of the icons of forensic pathology. It was with Joe's encouragement that I became active in the organization. It was my good fortune since this introduced me to George Gantner, an early driving force in the organization. I was on the board of directors for about eight years and then was president-elect in 1987. Jim Bell, president at that time, died and I assumed the office of president sooner than expected. Jim was a strong advocate for Inspection and Accreditation and I am sure he would be pleased with the growth of the program. When George Gantner died in 1988, I then became pro-tem secretary/treasurer. Both Jim and George were such stalwarts in the organization and I truly missed their advice and counsel during those years. Over the years NAME has been an important organization for me since it has allowed me the opportunity to develop cherished friendships. Since retirement in 1999, I look back to my years in forensic pathology as a rewarding and satisfying experience. I would do it all over again.

Donald T. Reay M.D.

Lakshmanan Sathyavagiswaran, M.D., FRCP(C), FACP, FCAP



Chief Medical Examiner-Coroner
Los Angeles County, California
1992-president

Why did I select forensic pathology as a career?
I desired to be a medical detective and wanted to help bring closure to families.

Places and times I served as Chief Medical Examiner-Coroner
I was the acting Chief Medical Examiner-Coroner from April of 1990 to June of 1990. I was appointed Chief Medical Examiner-coroner in 1992 to the Present.

Major accomplishments as Chief Medical Examiner-Coroner
I believe my major accomplishments have reflected the many improvements in the professional image of the medical examiner-coroner office. The improvements and accomplishments include:

- Attaining and Maintaining NAME, ACGME, ASCLD (Provided support) and POST Accreditation for the office.
- Increasing the number of professional consultants (31) for the office in different subspecialties.
- Improving the Health and Safety measures of the office through implementation of policies and procedures.
- Developed and strengthened the visiting Physician-Scholar Program
- Improved relations with the County Government Administration
- Upgraded and expand the office facility with a $32 million program to refurbish and renovate the existing facility with new HVAC and body storage capacity.
- Instituted systems of automated reporting to public health authorities
- Implemented funding and planning for DNA laboratory for the ME/Coroner
- Assisted in the development of the Electronic Death Certificate System in California

Efforts on behalf of forensic pathology and the forensic sciences

- I am a co-author of the first published textbook in Forensic Neuropathology.

- I have been involved in the training and education of over 65 forensic pathology fellows, hundreds of pathology residents , medical students, emergency room, family medicine residents, Law enforcement personnel Coroner investigators, Paramedics, Public defenders, District attorneys, during my career as Medical examiner, Senior physician, Chief Forensic Medicine and Chief ME-Coroner

Recollections of places I have trained and worked.
I worked part-time at the New York Medical Examiner Office where I had the opportunity to trained under Drs. Dominick DiMaio, Devlin, Presswala, Hyland, and Michael Baden. While in the NY office, I gained valuable experience in autopsy dissection techniques, evidence collection, identification and learned the importance of toxicology testing.

Comments about people who trained me and from whom I have learned.
My medical school mentor, Dr. Ganapathy taught me the value of the autopsy in diagnosing infectious diseases and the role of the pathologist in public health.

My internal medicine program Directors Drs Harvey Chase and S. Bleicher emphasized compassionate patient care , importance of obtaining a good history, be an attentive listener and explain diagnosis to the patient and family in plain language

My Infectious disease fellowship Directors Drs Dickinson and Thadepalli emphasized the importance of the microbiology laboratory /radiology staff interaction in making a proper diagnosis and role of the ID physician infection control

My pathology residency program directory, Dr. Begg, a gracious and kind man, taught me to be open-minded and thorough. He emphasized to do the right thing, to share knowledge with others, and to never assume anything, but always ask questions.

Dr. Wisely, my forensic pathology fellowship program director instilled the need to be sensitive to families and acknowledge when you are wrong. I learned the value of the scene investigation as a part of good training in forensic pathology.

Dr. Noguchi, my former boss and former Chief Medical Examiner-Coroner, taught me that the family, next-of-kin, and the public have a right to know the facts of the case. He also instilled in me the importance of giving back to one's medical community through the Visiting Physician Scholar Program.

Dr Choi, my former supervisor in the Los Angles Medical Examiner Office fine-tuned my approach to handling forensic cases

Finally, the late Dr. Ronald Kornblum, my other boss who followed Dr. Noguchi, gave me valuable management skills and taught me to be broad-minded and the value of establishing policies and procedures.

Recollections about people I have been involved in training in the field of Forensic Pathology
I have trained many fine forensic pathologists. A few have become chiefs medical examiners: Dr. Greenwald-Maine , DR Landron-LANDRON, Virgin Islands, and Dr Marzouk, Senior Forensic Pathologist at the AFIP.

Major controversies and frustrations in completing my responsibilities
Inadequate budget and constant staffing issues, along with the need for a new Forensic science center have mostly have been addressed during my tenure. Also, handling high profile trials/major disasters all have been a constant source of frustration but have also added immensely to my overall professional experience.

Academic involvement through research, education, and training
I graduated from medical school from Madras University in India. I have been affiliated with the Los Angeles County Coroner's Office for over thirty (30) years and was appointed as Chief Medical Examiner-Coroner for Los Angeles County in 1992 by the Board of Supervisors. The office is the only Coroner's Office for Los Angeles County and serves an area of 5,000 sq. miles, 88 cities, and interacts with 52 different law enforcement agencies.

I am board-certified in 6 medical specialties including Anatomic, Clinical & Forensic Pathology, Internal Medicine, Infectious Disease, and Geriatrics. I am is also certified in pathology by the Royal College of Physicians and Surgeons of Canada. I am a Clinical Professor both at USC-Keck School of Medicine and at UCLA, Geffen School of Medicine.

I addition to my own abstract presentations, journal articles, and book chapters, I have been a supporter of publications by staff and fellows in the medical examiner-coroner office. We have improved the continuing medical education program through video conferencing and enhanced mode conference formats along with the use of the psychological autopsy.

Legislative changes in which I was involved and provided input
a) AB777- Establishes procedure for cases where ME /Coroner is considering withholding permission for organ procurement

b) AB 275 – Requires California Coroners to collect DNA samples from unidentified decadents and submit to DOJ for identification

My contributions to the field of forensic pathology
- Development of a business Continuity plan for Department of the Coroner (DOC) with division chief
- Development of strategic Plan for DOC to improve service to public
- Develop a policy/procedure for handling High profile /media interest cases.
- Practiced Cost effective Forensic Medicine and Pathology without sacrificing Quality
- Coordinated development of a large teaching collection data base from ME/Coroner case material for DOC staff use
- Enhanced the use of the psychological autopsy process by developing a consent form for the process

Perspectives I gained as a medical examiner/ How my work experience changed me, changed my life, and what I learned from my work

- Do the right thing and you sleep well at night
- Team work is the Key.
- Do not Attack, Belittle or Criticize (The ABC's of Sure Failure).

- Acknowledge other peoples expertise, build relationships, and develop cooperative ventures (the ABC's of Guaranteed Success)
- Always listen to families. Families know the decedent better than you--Listen to the families and communicate with them in a compassionate manner
- Apologize when you have made a mistake. Take corrective action plans to prevent it happening in the future.
- Acknowledge your limitations and be bold to say "I don't know."
- Be Truthful to the media. But NOK/family comes first

Difficult High-Profile cases I have managed
During my career at the Department of Coroner he has responded to several disasters. These have included a wide variety of environmental, man-made disasters, as well as the deaths of high-profile persons.

1986: The Cerritos air crash
1991: LAX US Air crash and Whittier earthquake, Brad Davis
1993: Nicole Brown Simpson, Ronald Goldman
1992: Los Angeles Riots
1994: Northridge Earthquake
1995: Linda Sobek
1996: Korean Air Flight 801 – Guam – (Assist/DMORT), Sandra Orellana, Don Simpson, Haing S. Ngor, Ray Combs, Margeaux Hemingway
1997: Christopher "Notorious B.I.G." Wallace, Brian Keith, Emil Matasareanu/Larry Phillips (North Hollywood Shootout)
1998: Angel of Death – Glendale (20 exhumations)
1999: Nerine Shatner
2000: Steve Allen, Christopher Antley
2001: Bonnie Lee Blakely
2002: Teresa Graves Glenn Quinn Robin Crosby Dee Dee Ramone Yolanda, Schlessinger, Irv Rubin
2003: Nell CarterLana ClarksonLynne ThigpenMichael JeterTrevor GoddardJohn Ritter Fred Berry Elliott Smith Willie Shoemaker Jonathan Brandis Kellie Waymire
2004: Robert Pastorelli Rick James
2005: Glendale Metrolink multiple fatality train incident, Matthew McGrork
2006: Chris Penn, June Pointer, Michael Gilden
2007: Richard Jeni Benjamin "Bob" ClarkChad Butler (Pimp C) Donda West
2008: Chatsworth Metrolink train accident (25) and handled several high profile cases and Christmas/Santa Shootings – Covina (9), Porter Ranch Family Shootings – Porter Ranch (5), Long Beach Homeless Encampment Shootings – Long Beach (5), Christopher Bowman Maila Nurmi Brad Renfro Scott Ruffalo Christian Brando Paula Goodspeed David Foster Wallace
2009: Marilyn Chambers, Michael Jackson, Gene Barry, Ricardo Montalban, Brittant Murphy E. Lynn Harris Felicia Tang Lily Burk Amy Farris Jeffrey Tidus Wilmington Family Shootings – Wilmington (7)
2010: Willie Davis Corey Haim Merlin Olsen Robert Culp Teena Marie Simon Monjack Roni Chasen Michael Blosil Bryan Casey Johnson Peter Lopez Sally Menke Mitrice Richardson Lynsie Ekelund (Orange County case)

Acton Air Crash – Agua Dulce – (3)
Grim Sleeper Investigations – (10 +)

2011: Monte R. Talbert (M Bone), Yvette Vickers, Jeff Conaway

How I dealt with job-related stresses, anxiety, personal performance issues?
I have a great wife and daughter who always stood beside me in all challenges in my career

Other recollections.
My visiting physician scholars whom I have trained over the years from Asia/Europe/North America/Middle East.

My medical examiners/consultants/and all other Coroner's staff – very supportive of me and Department of Coroner mission.

Always had the support CAO/CEO and Board of Supervisors of LA County

Advice for forensic pathologists entering the field.
Be passionate on what you want to do.

How has forensic pathology changed during my career, for the better and for the worse?
I think it has made me a better man; I am humbled every day.

Knowing what I do now, would I "do it again" under the same circumstances as when I began, or under today's circumstances?
Yes.

Personal information such as family, hobbies and interests.

I love movies and Broadway shows. I also enjoy travel with my family. My hobbies include: numismatics and philately and I love to walk.

Lakshmanan Sathyavagiswaran, M.D

Charles J. Stahl, III, M.D.

NAME President 1993-94
Medical Examiner, Office of the Armed Forces
Medical Examiner 1992-1996

After graduating from Ursinus College, Collegeville, PA, in 1952, I went to The Jefferson Medical College of Philadelphia. When I received the Doctor of Medicine degree from Jefferson in 1956, I became a rotating intern at U. S. Naval Hospital, Philadelphia, where I began clinical clerkships in 1954. After completion of the rotating internship in 1957, I became a resident in anatomic and clinical pathology at USNH, Philadelphia, where I stayed until 1962 when I was assigned to the Armed Forces Institute of Pathology, Washington, D.C. for special training in forensic pathology. After completion of the year as a resident, I was assigned to USNH, Guam, as Chief, Laboratory Service, and Deputy Medical Examiner, Government of Guam, 1963 – 1965.

I was assigned to the Armed Forces Institute of Pathology, as Chief, Forensic Pathology Branch, and remained there until 1975 when I was Chairman, Department of Forensic Sciences. After AFIP, I was assigned to the National Naval Medical Center, Bethesda, MD, as Chairman, Department of Laboratory Medicine. I was also Acting Director of Clinical Services and Acting Commanding Officer several times during the period 1978 – 1980. I remained in the position of Chairman, Department of Laboratory Medicine until I retired from the U. S. Navy in 1980 after 25 years service. Although I had been encouraged to become a Rear Admiral, Medical Corps, I turned down the position which would require frequent travel and change in assignment since I wanted to remain as a forensic pathologist.

I went to Johnson City, TN, as Chief, Laboratory Service, Veterans Administration Medical Center, and began my career with civil service. While I was there, I accepted the assignment of Assistant Chief Medical Examiner in 1983 and remained in this position until 1986 when I was assigned to the VAMC, Dayton, OH, as Chief of Staff. I also served frequently as Acting Director. Finally, I was assigned as Deputy Medical Inspector, Veterans Health Administration, Department of Veterans Affairs, Washington, D.C. and retired from the Department of Veterans Affairs on 31 August 1992.

My last position as Chief Medical Examiner, Office of the Armed Forces Medical Examiner; Member, Graduate Education Committee; Director, Residency Program in Forensic Pathology; and Distinguished Scientist, American Registry of Pathology, Armed Forces Institute of Pathology, Washington, D.C., as well as Member, Department of Defense Forensic Science Advisory Committee.

During my residency in anatomic and clinical pathology at U. S. Naval Hospital, Philadelphia, 1957 – 1961, Russell S. Fisher, M.D., Chief Medical Examiner, State of Maryland, travelled to identify a serviceman who had died. Subsequently, I passed the boards in Anatomic Pathology and Clinical Pathology and I attended the Forensic Pathology Course at Armed Forces Institute of Pathology, which reinforced my interest in the subspecialty. From 1962 – 1963, I completed the requirements to take the boards in this subspecialty at the Armed Forces Institute of Pathology, Washington, D.C., under the direction of Colonel Edward Johnston, but I was assigned to U. S. Naval Hospital, Guam, Marianas Islands, from 1963 – 1965. I took the boards in this special field in 1964, and I became one of the first 100 pathologists to become certified by the American Board of Pathology in Anatomic Pathology, Clinical Pathology, and Forensic Pathology.

I was Chief, Forensic Pathology Branch, Military Environmental Pathology Division, Armed Forces Institute of Pathology, 1965 – 1970. During this time I had the opportunity to participate in the medicolegal investigation and autopsies of Astronauts Grissom, White, and Chaffee following the Apollo disaster in Florida, and in the investigation and autopsy of Senator Robert Kennedy following his assassination in California. I was Chief, Military Environmental Pathology Division, AFIP, from 1972 – 1974, then Chairman, Department of Forensic Sciences, AFIP, from 1974 – 1975. During this time, I conceived the Office of the Armed Forces Medical Examiner which was published in United States Navy Medicine 61:20-27, 1973: Forensic Sciences at the Armed Forces Institute of Pathology – Its Role in Military Medicine. I turned down the appointment as the first Chief Medical Examiner after the role was approved in 1988 – 1990, because I was serving as Chief of Staff, Veterans Administration Medical Center, Dayton, OH. I subsequently became the Chief Medical Examiner of the Armed Forces Medical Examiner System , 1992 – 1996.

Major Accomplishment as Chief Medical Examiner - Development of the Armed Forces Medical Examiner system.
Efforts on Behalf of Forensic Pathology and Forensic Sciences - I became interested in tear gas guns and published numerous articles in medical journals during the period 1968 - 1975. Subsequently, I was interested in drowning. I published 68 articles in medical journals, textbooks, and manuals from 1965 – 2003.

Recollections of Places I have trained and worked?
I spent 1957 – 1961 at U. S. Naval Hospital, Philadelphia, which has since been demolished. It was an interesting place. Subsequently, I was assigned to AFIP for training in the special field of forensic pathology and I had the opportunity to work with Russell S. Fisher, M.D., Chief Medical Examiner, State of MD. After returning from Guam to the AFIP, I trained numerous people in forensic pathology.

Comments about people who trained me:
Bruce H. Smith, M.D. was the Chief of Laboratory Service at USNH, Philadelphia where I was trained in Anatomic Pathology and Clinical Pathology. He became Direc-

tor, AFIP, as Captain, MC, USN. Colonel Edward Johnston, MC, USA, and Russell S. Fisher, M.D. were responsible for my training in Forensic Pathology.

Recollections about people I have trained:
I trained numerous people in the special field of forensic pathology including Richard C. Froede, M.D., who was a Colonel, MC, USAF and Flight Surgeon.

Academic involvement through education, research, and training - I have served as Assistant Instructor in Pathology and Fellow in Pepper Laboratory of Clinical Medicine, University of Pennsylvania, Philadelphia, 1960; Lecturer in Homicide Investigation, Dept. of Public Safety, Government of Guam, 1965; Director, Postgraduate Course in Forensic Pathology, AFIP, 1966 – 1970; Program Director, Residency in Special Field of Forensic Pathology, AFIP, 1966 – 1974; 1992 – 1996; Instructor, Basic Course for Special Agents, Naval Investigative Service, Arlington, VA, 1966 – 1969; 1970 – 1971; 1973 – 1974; Faculty, Homicide Investigation, Metropolitan Police Dept., District of Columbia, 1969 – 1973; Professorial Lecturer in Forensic Science, The George Washington University, 1972 -1976; Faculty, Seminar in Forensic Pathology, College of American Pathologists, 1972, 1973, 1974; Medical Director, Medical Technology and Medical Laboratory Technician Schools, Naval Health Sciences Education and Training Command, Bethesda, MD, 1975 – 1980; Professor of Pathology, George Washington University School of Medicine and Health Sciences, 1975 – 1980, Georgetown University School of Medicine, 1976 – 1980, and Uniform Services University for the Health Sciences, 1976 -1979; Program Director, Residency in Anatomic and Clinical Pathology, National Naval Medical Center, Bethesda, MD, 1975 – 1980; Professor of Pathology, Quillen College of Medicine, East Tennessee State University, Johnson City, TN, 1980 – 1986; Professor of Pathology, East Tennessee State University School of Graduate Studies, Johnson City, TN, 1982 -1986; Assistant Dean for Veterans Affairs and Professor of Pathology, Wright State University School of Medicine, Dayton, OH, 1986 – 1991. I worked closely with the Federal Bureau of Investigation, U. S. Department of Justice, during the period 1992 – 1996.

Contributions to the field of forensic pathology:
Consultant in Forensic Pathology, Professional Division, Bureau of Medicine and Surgery, Department of the Navy, 1970 – 1975; Member, Test Committee for Special Examination in Forensic Pathology, The American Board of Pathology, 1973 – 1975; Guest Examiner, Special Field of Forensic Pathology, The American Board of Pathology, 1972 -1975; Consultant in Laboratory Medicine, Bureau of Medicine and Surgery, Department of the Navy, 1975 – 1980; Member, Technical Advisory Committee for Firefighter Autopsy Protocol, United States Fire Administration, Federal Emergency Management Agency, 1993 – 1995; Member, PL 103-160 Review Board, Office of the Inspector General, Department of Defense, 1996; Member, Working Group on Scene Investigations, U. S. Department of Justice, 1994 – 1996.

Difficult cases I have managed:
Temporary duty at Harman Air Force Base U. S. Air Force Hospital to perform medicolegal autopsies on two servicemen who died at Thule, Greenland, and one who died a Keflavik, Iceland, 1963; medicolegal investigation and autopsies of Astronauts Grissom, White, and Chaffee following Apollo disaster at Cape Kennedy, FL, 1967; medicolegal investigation and autopsy following assassination of Senator Robert Kennedy and consultant to Chief Medical Examiner – Coroner, Los Angeles, CA;

exhumation, investigation, and autopsy of serviceman at San Diego, CA; consultant in forensic pathology to Civil Rights Division, U. S. Department of Justice to conduct exhumation, investigation, and autopsy of man killed in Puerto Rico, 1974; consultant in forensic pathology, Naval Investigative Service, to participate in the investigation of the death of a military dependent, 1977.

Job related stresses, anxiety, and personal performance issues:
I tried not to bring these home to my wife and children and as a military man and civil servant I was always in charge of my own performance.

Advice for forensic pathologists entering this field:
Work hard. Remember that each case requires a pre-autopsy analysis including circumstances of death, medical and social history, and environmental factors, followed by autopsy, when indicated, including microscopic examination of tissues, laboratory tests for chemical agents, toxins, infectious agents, and drugs, and review of any photographs obtained at the scene of death or during autopsy. Determine that the death was caused by accident, homicide, suicide, or natural causes, the time of death if indicated, and the information which must be placed on the death certificate.

Has forensic pathology changed?
Although the training programs have improved during the years, the number of autopsies performed by hospital pathologists continues to decline from 80% in military hospitals to less than 5% in hospitals today. We still have a mixed bag as far as the coroner system and medical examiner system are concerned, and this has affected the need for increased numbers of forensic pathologists. In fact, some people serving as Chief Medical Examiner are not board certified!

Personal information:
My wife, Ellen, and I married in 1954. We had three children, Charles, IV, Marcia, and Kim. When we met, Ellen was a RN at Jefferson. We liked to go camping, including our honeymoon and later distant places such as Nova Scotia, Prince Edward Island, the outer banks of North Carolina, and the far west. Later, Ellen and I visited most countries in Europe, as well as Australia, New Zealand, China, Japan, Russia, Finland, Turkey, Greece, Italy, etc. By this time our children had married and had two children for each family

Would I become a forensic pathologist again?
Yes. I had an interesting career in the Navy, Department of Veterans Affairs, and Armed Forces Institute of Pathology.

Charles J. Stahl, III, M.D.

William Q. Sturner, M.D.

President 1978-79
Chief Medical Examiner,
State of Rhode Island 1974-1992
Chief Medical Examiner,
State of Arkansas 1992-2004

I chose Forensic Pathology as a career very early in Medical School at St. Louis University. A strong pathology department with a helpful faculty, along with staff members taking students to observe local medico-legal autopsies, played a significant role in my decision. There I met Dr. Rudy Gradwohl, the founder of the American Academy of Forensic Sciences. My mentors during residency for the next three years were Dr. John P. Wyatt, Chairman of Pathology, and a friend of the English forensic pathologist Donald Teare. They shared forensic positions at Queens Square Hospital in London; but more about him later. Other faculty included Dr.Henry Pinkerton and Dr. Drummond Bowden, a pediatric pathologist who was Director of laboratories at Cardinal Glennon Hospital. The staff also included Eugene Tucker, M.D., John Pfaff M.D. and George Gantner,Jr.,M.D. a long time member of N.A.M.E. and the head of laboratories at Firmin Desloge Hospital. He was especially helpful to me in early research projects. One of the highlights of my residency was a visit by Dr. Lester Adelson, the chief of forensic pathology in Cleveland, Ohio. He lectured on infant and childhood murders, the precursor to " battered children." His article published in The New England Journal of Medicine in 1961 was entitled in part " The Slaughter of The Innocents." This work predated " The Battered Child Syndrome" literature by one year. My encounter with Dr. Adelson laid the foundation for my future research in the forensic field involving infants and children.

My fourth year of residency was as a Fulbright Scholar in forensic pathology at the University of London, England. My mentors were Professor Keith Simpson of Guy's Hospital and Professor R. Donald Teare of St. Georges Hospital. Professor Teare first described (and named) "Asymmetric Hypertrophy " in 1958. The deputy pathologist at Guy's Hospital was Dr. Keith Mant and the assistant at St. George's was Dr. David Bowen. Both were very supportive during my stay in London as I continued my research in vitreous humor analysis and began measuring glucose in deaths

of young diabetics. I also served a one month rotation at the Scotland Yard Police Laboratory in order to round out my training and experience. The year in London provided me with a unique dimension to my overall education in forensic pathology.

I returned to the University of Kentucky in Lexington for a fifth and final year of training with Dr. Rudolph J. Muelling. His unique training in chemistry and toxicology along with a medicolegal background made him a mainstay at the new medical school in Lexington. My rotation was partly in pathology and partly in toxicology and clinical pathology. Among many interesting studies that we con- ducted was the testing of “moonshine” for toxins, including lead and arsenic, in addition to methyl alcohol. This experience fore- shadowed my growing interest in toxicology throughout my career, which began in 1964.

My first staff position was at the Office of Chief Medical Examiner in New York City with the renowned Dr. Milton Helpern. My title was “ Junior Medical Examiner “ and the starting salary was $9,000 per year! However, it became a most enjoyable experience in my young career. Other staff physicians included Dr. Henry Siegel, Dr. John Devlin and Dr. Michael Lyons. Residents in training included Dr. James Luke and Dr. Michael Baden. Dr. Helpern usually made his rounds in mid-morning when autopsies were underway, with homicides being a priority and therefore done first. When leaving the autopsy room for the day, I saw a stretcher left in the hallway containing a blood stained female exhibiting many neck wounds and with a scissor blade lodged into the front of her neck. I had seen her earlier in the day and assumed that this was a homicide. When asking about the delay, I was told that the case was a suicide! History indicated that this young Asian woman had been distraught as her husband had left her, and I later learned that self-inflicted multiple sharp instrument wounds were common in her culture. Many of these wounds were superficial, and the total number- all in the neck - approached 60! A lesson was learned in the hallway that day.

Sometime later, I examined a young man who had died suddenly during a retrograde cardiac catheterization at a nearby hospital. I performed a complete and (I thought) a thorough autopsy, and found a “ blood clot “ obstructing an otherwise normal coronary artery. This seemed to me an adequate cause of death. Dr. Helpern came over to my table and inquired about my findings; however, after I told him, he immediately asked “ where did the clot come from? “ and suggested that I open the thigh and examine the femoral vessels. I then discovered a thrombosis to be present, thus the clot appeared to have originated from this location. More importantly, it was evident that both catheterizations had taken place at the same site with a 30 min. interval creating an ongoing repair process at the insertion site of the blood vessel. The tip of the catheter had loosened and detached a portion of the thrombus which then had passed up the femoral artery and into the coronary circulation. The findings in this case helped to change the procedures governing catheterizations, including banning sequential insertions at the same site, and coating all catheter tips with heparin-like medication.

Because of the many homicides, automobile accidents, and other conditions resulting in exsaguination, we began testing for alcohol in vitreous humor and any blood that was available. My colleague Dr. Richard Coumbis, a toxicologist, and I published the first study shooting comparable levels in both fluid specimens and paved the way for other substances to be similarly measured and compared.

One of the most interesting cases that I experienced during my stay was the shooting death of Malcom X. Following a speech from an auditorium stage to a large crowd., three adults rushed to the stage and opened fire with a shotgun and two handguns, he was instantly incapacitated and rushed to a nearby emergency room but was shortly pronounced dead, Large wounds of the chest an hear suggested buckshot ammunition had been used. Several hours later, the body was autopsied by Dr. Helpern, and I was his assistant. Close to dinner time, he suggested that we stop for the day. The next morning we were able to concentrate on the handgun wounds, apparently from .38 and.45 caliber weapons. Some of the bullets entered the bottoms of the feet and were recovered in the upper legs and pelvic area. The interpretation was that he was lying on the stage floor after the initial shotgun wounds to the thorax. There were 40 pieces of metal, including fragments, recovered during the autopsy. Subsequently when asked in court why he brought only 39 pieces as evidence, he said that his grandson had dropped a fragment behind his desk drawer and that nobody had been able to find it. This provided a lighter moment in an otherwise somber trial which some of the doctors, including myself, were privileged to attend. After the prosecution rested, one of the three defense attorneys stood up and loudly asked: " Dr. Helpern, you don't know who killed Malcolm X, do you? " The Chief stared at him and replied somewhat indignantly: " I don't know and I don't care; I'm interested in what did it, not who done it! " At that moment, I understood the role a doctor ought to assume in court- one of independence and impartiality. It was something that I always kept in mind during the rest of my career.

In early 1967, I ventured from the east coast to the Midwest. Chicago had at that time a large coroner system that was housed in the Cook County Hospital, and the Chief of the Coroner's Laboratory was Dr. Jerry Kearns I had hoped to have an opportunity to make a difference there, but I soon discovered that the training I had received in New York City was of little use in an office that was bent on following old-fashioned procedures. This office stood in contrast to the vibrant and highly respected pathology department at the University of Chicago Medical School, whose chairman was Dr. Robert Wissler. As an assistant professor in this department, I was able to collaborate with other staff members including Dr. John Esterly, a pediatric pathologist, who became a valued colleague and co-author.

At the end of two and a half years, I accepted an invitation from Dr. Charles Petty to join him in Dallas. Dr. Petty organized and created the Southwestern Institute of Forensic Sciences by merging the Criminal Investigation Laboratory with the Medical Examiner's Office at Parkland Hospital. We began training several young doctors including Dr. Faye Spruill, Dr. Larry Simson and Dr. Larry Minette. Our staff added Dr. Walter Hofman, and later, Dr. Vincent Di Maio. The toxicology section, headed by Dr. Morton Mason, soon added Dr. James Garriott, who became one of my constant collaborators, in several research projects, including fatalities from the use and abuse of propoxyphene (Darvon®).

In 1974, following five productive years in Dallas, I accepted an offer to become the Chief Medical Examiner of Rhode Island. I was also appointed Professor of Pathology at Brown University. A medical examiner law had been in effect for many years, and Dr. Harold Beddoe as well as Dr. Joseph Palumbo were two physicians who had worked in the system. When I arrived, I began appointing young forensic pathologists to the staff, and the first to arrive was Dr. Faye Spruill. Autopsies at that time were

performed at the old morgue which was located in the General Hospital area, several miles south of Providence. However, administration activities were undertaken at the newer Health Department building in town. During my stay, a new centralized facility was erected near the Health Department, which housed the medical examiner's office and the division of laboratories. It provided adequate refrigeration, a histology laboratory, secretarial offices and an increased storage capacity. This new facility was conveniently located close to Brown University and its "Program in Medicine." The Dean of medicine was Dr. Stanley Aronson, who originally was from New York and who also knew Dr. Helpern. He was a neuropathologist by training and was a strong supporter of academic pursuits. Together with Brown University, our office was able to organize and support one of the annual meetings of The National Association of Medical Examiners (NAME) at Newport, and we also formed the New England Society of Forensic Pathologists with our nearby colleagues. Soon we began collaborations with some of the excellent physicians and scientists at Brown and elsewhere. One of my research interests was in sudden infant death (SIDS), and that project took me to the Massachusetts Institute of Technology where Professor Richard Wurtman worked. He and I both thought that melatonin, a hormone related to sleep, may have played a role in this condition.

We developed a series of evening lectures during the spring semester in "Forensic Medicine" with help and support from William J. Curran, Professor of Legal Medicine at Harvard. He usually gave the introductory lecture, and we occasionally finished with a "Mock Trial." One of our many students was Dr. Wayne Carver, Chief Medical Examiner of Connecticut. At the same time, we were training residents including Dr. Loren Mednick, Dr. Mary Ann Clayton and Dr. Richard Callery. Other staff additions were Dr.Arthur Burns, Dr. John Grauerholz, Dr. Kristin Sweeney and Dr. Frank Garrity. Dr. Frank Peretti, a native of Rhode Island, was a scene investigator as part of his experience to become a forensic pathologist.

Eventually, a " budget crunch " forced us to cut staffing, and it became more difficult to function as we had in the past. Moreover, the political environment continued to be unfavorable, and after 17 years of service, I decided to resign my Rhode Island position. Subsequently, I moved to Arkansas, where I became Chief Medical Examiner as well as a Professor of Pathology at the Medical School.

When I arrived in early 1992, I replaced Dr. Fahmy Malik, who left the previous year. After he resigned, autopsies were performed mostly by part time pathologists. Our working space was extremely small, but portions of the basement morgue, autopsy areas, business offices, histology and DNA laboratories were eventually modernized. The Director of the State Crime Laboratory was Jim Clark, a member of the law enforcement community, and a statutory Board, which had been responsible for hiring the Chief Medical Examiner, each provided oversight in the daily functioning of the office.

During my tenure of nearly 13 years, other experienced forensic pathologists joined our office, including Dr. Frank Peretti, and Dr. Charles Kokes who became the Chief when I retired in 2004. Both doctors had significant training and experience in the Baltimore Maryland Medical Examiner's Office. Dr. Stephen Erickson, a graduate of the Arkansas Medical School and their Pathology training program, our staff after a fellowship year with Dr. Vincent DiMaio in San Antonio. The number of cases and

autopsies increased over the next several years, but staffing remained essentially the same. The pathologists were often burdened by having to travel long distances in order to provide expert court testimony, which sometimes could take a full day. A similar situation existed for the morgue staff, which had to provide transportation of decedents back to the Crime Laboratory in Little Rock. Police departments were generally proficient, and Arkansas State Police were always available to assist in suspicious cases and potential homicides.

One of the outstanding consultant groups supporting our office was the Arkansas Children's Hospital, which included our consultant pediatric pathologist, Dr. David Parham. A monthly conference was organized to discuss and resolve interesting and difficult cases. Together, we published individual case reports as well as group fatalities. Other doctors lending support were Dr. Jerry Jones, an expert in child abuse, and Dr. Jimmy Valentine, an expert in Pediatric Toxicology. We all enjoyed the interchange of ideas in the pediatric population.

One of the compelling reasons for my attraction into forensic pathology was the opportunity to practice medicine in an exciting and unusual way, and be able to benefit society by contributing to the administration of justice. My desire to perform individual and collaborative research could be fulfilled in unique ways at many levels. The publication as author or co-author of many scientific articles over a 45 year span represented exciting travels into the scientific unknown (or misunderstood) as well as feelings of accomplishment that were rewarding and long lasting. Public Health issues were always addressed following specific forensic findings and investigations. We also shared concerns with physicians in other fields which took place on a regular basis. Collegiality in an academic setting should be one of the cornerstones of any medical practice, especially as a forensic pathologist.

William Q. Sturner, M.D.

Original text was typewritten copy, scanned by Character recognition software on June 24, 2011 by Tom Noguchi

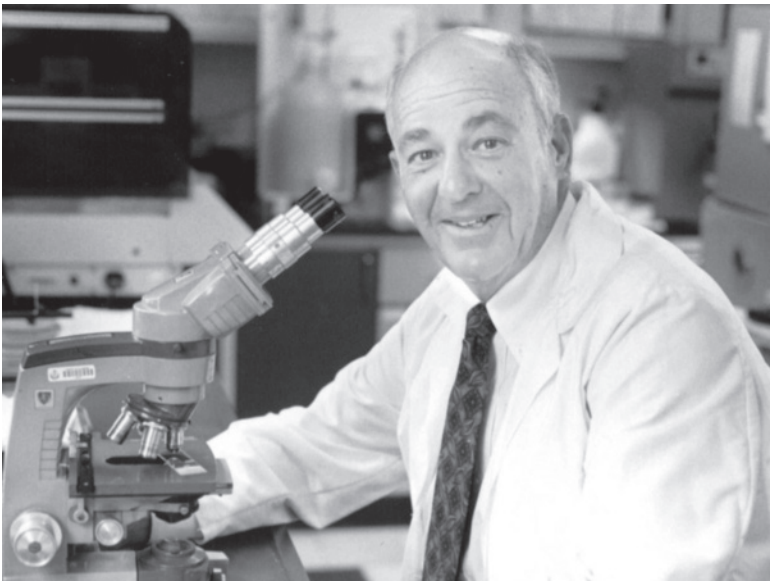
From the left, Dr. John Devlin, Dr. Michael Baden (in street clothes with back to camera) , Dr. William Q. Sturner and Dr. Milton Helpern (1960s)

William Q. Sturner, M.D. in the Office of New York City Chief Medical Examiner (1960s)

Dr. John Devlin, NYC (1960s)

In 1974, I accepted an invitation from Dr. Charles Petty to join him in Dallas. Dr. Petty organized and created the Southwestern Institute of Forensic Sciences by merging the Criminal Investigation Laboratory with the Medical Examiner's Office at Parkland Hospital.

Cyril H. Wecht, M.D., J.D.



The numbered responses below relate to the twenty questions set forth by Dr. Randy Hanzlick and Dr. Tom Noguchi for the compilation they are preparing for NAME.

1. Why did I select forensic pathology as a career?
In my junior year of medical school, I made a decision to obtain a law degree following graduation from medical school and internship. I did not want to simply be a general practitioner in both law and medicine and thought of an appropriate medical specialty that would have significance and frequent interplay with law. I quickly came to realize that the specialty most frequently involved with legal matters was forensic pathology.

2. Places and times I served as Chief Medical Examiner:
I was the Coroner of Allegheny County (Pittsburgh and surrounding communities) for twenty years, 1970 – 1980 and 1996 – 2006. I had been Chief Forensic Pathologist in that office for four years from 1966-1970. As Coroner, I functioned essentially as a Chief Medical Examiner. The office was officially converted to a Medical Examiner's Office as of January 1, 2006, and I was appointed as the first Chief Medical Examiner of Allegheny County on January 1, 2006.

3. Major accomplishments as Chief Medical Examiner:
I developed a complete forensic scientific operation with a Ph.D. forensic epidemiologist, a forensic neuropathologist, and four full time Board Certified forensic pathologists, and a complete forensic toxicology program headed by a Ph.D. forensic toxicologist. I established academic programs in forensic pathology, forensic science and legal medicine at the University of Pittsburgh and Duquesne University.

4. Efforts on behalf of forensic pathology and the forensic sciences:
I established a four year bachelor of science program at Carlow University for the training of students to become Autopsy Technologists with a forensic scientific background. To my knowledge, this is the only such program anywhere in the world.

I have contributed extensively to the literature and lectured thousands, of times to students from elementary to post-graduate school level, as well as to all kinds of community, professional, business, governmental, and other organizations in my community and throughout the United States and in several foreign countries.

5. Recollections of places I have trained and worked:
I did my training in forensic pathology at the Office of the Chief Medical Examiner of Maryland under Dr. Russell Fisher, 1961 - 1962. I returned to Pittsburgh and became an Assistant District Attorney and Medical-Legal Advisor to the District Attorney of Allegheny County, 1964-65. I then became Chief Forensic Pathologist in the Allegheny Coroner's Office in January 1966.

6. Comments about people who trained me and from whom I have learned:
I trained under Dr. Russell Fisher. His top assistant was Dr. Charles Petty. The Forensic Neuropathologist was Dr. Richard Lindenberg, and the Forensic Toxicologist was Dr. Charles Freimuth.

7. Recollections about people I have trained:
I established a fellowship in forensic pathology at the Allegheny County Coroner's Office that was visited and approved by Dr. Alan Moritz in 1971. During my 20 years as Coroner, several people trained with me who went on to become medical examiners in various jurisdictions throughout the United States.

8. Major controversies and frustrations in completing my responsibilities:
Major controversies have included conflicts with the District Attorney's Office which was unhappy with my conducting Open Inquests in all police-related deaths. For the most part, I did not encounter any other significant controversies or major frustrations. I was always able to obtain funds for all my budgetary needs from the County Commissioners and County Executive.

9. Academic involvement through research, education, and training:
I hold several academic positions. Two faculty positions at the University of Pittsburgh, three at Duquesne University, one at Carlow University, and one at Aristotle College of Law. 2007-Present – Adjunct Professor of Forensic Science, Medicine, and Pathology, Lagos State University College of Medicine, Ikeja, Lagos State, Nigeria 2011-Present – Adjunct Professor of Forensic Science, Medicine, and Pathology, Nnamdi Azikiwe University 9UNIZIK), Awka, Anambra State, Nigeria. I have engaged in numerous research projects. Several have resulted in published papers.

10. Legislative change in which I was involved:
As President of the American Academy of Forensic Sciences, I testified before the United States Congress, Pennsylvania State Legislature, and other governmental bodies. I was also on a special committee to select a Chief Medical Examiner of New York City following Dr. Milton Helpern's death, and I served on a similar committee for the selection of the first appointed medical examiner of Cook County (Chicago). I played a role in legislative changes pertaining to organ transplantation in my state (Pennsylvania), and I contributed through testimony and communications my numerous comments and professional experiences that served as part of the basis for the National Academy of Science Report in February 2009 relating to the need for forensic scientists to be independent of prosecutorial offices.

11. My contributions to the field of forensic pathology:
My contributions to the field of forensic pathology have been set forth in previous answers. I have been the author or co-author, editor or co-editor of numerous books in the fields of Forensic Pathology, Forensic Science and Legal Medicine. I have also written many papers that have been published in national and international journals dealing with these fields of professional endeavor.

12. Perspectives I gained as a medical examiner:
As a coroner and medical examiner, I learned a great deal about the needs of hospitals, physicians, law enforcement, attorneys, public health agencies, and other segments of the community in relationship to the work performed by medical examiners and coroners.

13. Difficult cases I have managed:
Among the most difficult cases I have managed are those relating to positional asphyxiation deaths associated with police restraints. Jonny Gammage and Charles Dixon can be googled for more details.

14. Other recollections:
Among cases in which I have played a significant role as a consultant in different capacities have been the JFK, RFK, and MLK assassinations, the death of Mary Jo Kopechne, Elvis Presley, Klaus Von Bulow, Jean Harris, Capt. Jeffrey McDonald, Vincent Foster, Ron Brown, Waco Branch Davidian fire, OJ Simpson, JonBonet Ramsey, Lacy Peterson, Phil Spector, Anna Nicole Smith and her son Daniel Smith, Jean Harris, Carole Gottbaum and others.

15. Advice for forensic pathologists entering the field:
My advice for forensic pathologists entering this field of endeavor would be to maintain independence and scientific objectivity, and not allow yourself consciously or subconsciously to be utilized as a part of the prosecutorial team. Forensic pathologists are scientists and not prosecutors or homicide detectives.

16. How my work experience changed me, changed my life, and what I learned from my work:
I would also advise forensic pathologists to learn something about civil and criminal legal processes. This does not require going to law school and obtaining a law degree. It can be acquired through appropriate contacts at the local law school, and by working with knowledgeable, experienced plaintiff and defense attorneys in civil cases, and prosecution and defense attorneys in criminal cases, and judges.

17. How has forensic pathology changed during my career, for the better and for the worse?
Forensic pathology has played a significant role in my career. As a medical-legal consultant in all kinds of cases, I am able to utilize my knowledge, experience and expertise as a forensic pathologist in analyzing all kinds of civil and criminal cases, and providing opinions and conclusions that lead to the resolution of the majority of cases prior to controversial trials.

18. Knowing what I do now, would I "do it again" under the same circumstances as when I began, or under today's circumstances?
Yes, I would do all of this again. I cannot think of any other medical specialty that I

would prefer. I very much enjoy working at the interface of law and medicine, and there is no better vehicle for doing this than the practice of forensic pathology.

19. Personal information such as family, hobbies and interests (optional):
The most important thing in my life is my family. I have been married for 50 years. I have four children and their spouses along with eleven grandchildren.

I enjoy traveling to all parts of the world, and I maintain a keen interest in national and international political matters.

If you desire any further comments or personal reflections, please let me know.

Very truly yours,
Cyril H. Wecht, M.D.

Ronald K. Wright, M.D, J.D.

I first attended a NAME meeting in Atlanta in 1969. It was an Academy meeting and NAME meeting, and I believe it was the first to not be in Chicago.

George Gantner was there. I did not list George as one of my mentors, but I worked for him as the Deputy Chief of Clinical Chemistry from 1967 through 1971. I joined NAME in 1972 as I recall when I went to work for Stan Harris in Vermont.

I liked the University-ME Office concept that Weston and Gantner had popularized. So in 1980 I had the opportunity to start such a program in Broward County with the University of Miami School Of Medicine. It worked pretty well, but I really aggravated a prominent plaintiff's attorney who vowed he would see that I was not re-appointed by the governor, and he succeeded. I have been told he spent .25 M $ in public relations to get rid of me. The University-ME Office died when I was not re-appointed by the infamous ME Commission of the state of Florida. Josh Perper was also recommended for the position and the Governor choose Josh. Josh was removed in the same process in 2012.

I trained
Larry Tate
Charles Diggs
Stan Kessler
(While director of Dade ME Education Program)
Mike Bell
Dan Selove
Steve Nelson
(At Broward)

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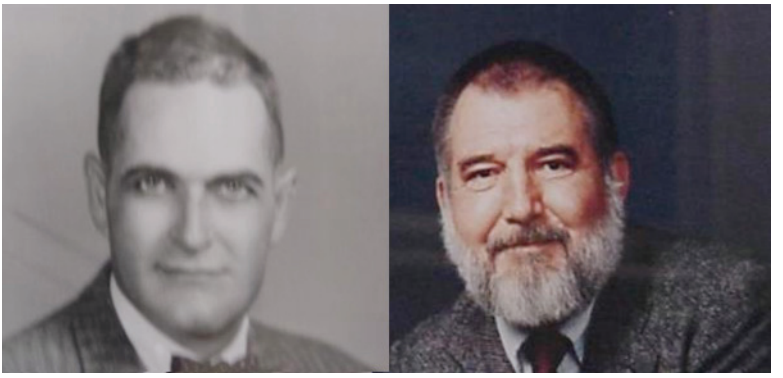
Section II
History of the Offices of Medical Examiners

History of the Fulton County Medical Examiner and Georgia Death Investigation Pre-1970

Randy Hanzlick, MD March 2012

Brief Fulton County Medical Examiner History
Prepared by Randy Hanzlick, June 2011, Updated March 2012.



The Steiner Building on Butler Street near Grady Hospital was the first home of the Fulton County Medical Examiner. The Medical Examiner was located there from 1965, when the coroner's office was abolished and the Medical Examiner established, until 1974. Thomas Dillon (left) was the first Medical Examiner, then Robert Stivers (right) became Chief in 1970 after Dillon died. Stivers served as Chief in the Steiner Building until the new facility was opened in 1974.

At 50 Coca Cola Place SE, still only a block from Grady Hospital, the 9000 square feet, two story building opened in 1974. The offices were upstairs and the morgue was downstairs. Robert Stivers (left) served as Chief in this building from 1974-1988 when he retired. Saleh Zaki (middle) served as Chief from 1988 through 1997 when he retired. Randy Hanzlick (right) served as Chief in this building from July 1998 until April 1999 when the newest of the Fulton County Medical Examiner buildings was opened, where he remains Chief today. Eric Kiesel served as Acting Chief in the time between Zaki's retirement and Hanzlick's appointment as Chief.

In the 1980s, the medical examiners were Robert Stivers (top photo left; photo taken in the early 1980s in the Coca Cola Place building), John Feegel (top photo, right), and Saleh Zaki (lower photo taken in 1997 just before his retirement).

Other staff medical examiners who worked in the Coca Cola Place facility were:

- Gerald Gowitt, now Chief ME in adjacent DeKalb County
- David Rydzewski, now in Carrolton, GA
- Steven Dunton, went on to DeKalb County and now Buffalo, NY.
- Thomas Young, left to work in the Kansas City area
- Cliff Nelson, now with State Medical Examiner in Portland, OR
- Frederick “Rick” Hellman, now in the general Philadelphia area
- Mark Koponen, went to GBI and now in North Dakota
- Anthony Clark, went to GBI and now in Tallahassee, FL
- Kris Sperry, now Chief ME for the GBI Medical Examiner System
- Geoffrey Smith, went to GBI and now back at FCME
- Michael Heninger, remains at FCME
- Carol Terry, now Chief ME in nearby Gwinnett County
- Eric Kiesel, now in the Tacoma, Washington area

Some of the above staff were paid by the GBI via a contract with Fulton County, and the staff did autopsies for both GBI and FCME. In 1997, the GBI went to having its own medical examiner staff. Hellmann, Koponen, Clark, Smith, and Sperry left FCME and went to work in the GBI system. Thus, in 1997, the following remained at FCME:

- Saleh Zaki
- Eric Kiesel
- Michael Heninger
- Carol Terry

Photos of previous staff are shown later in this report.

1997 Ground breaking for the new FCME facility to be built at 430 Pryor Street SW, Atlanta. Saleh Zaki (third from right) wields a shovel at the ceremony.

33,000 square feet, 3-building Fulton County Medical Examiner's Center which opened in April of 1999. Randy Hanzlick has been the only Chief ME to serve in this facility.

Current forensic pathologists at the Fulton County Medical Examiner's Center. From left, Randy Hanzlick (Chief ME), Deputy Chief Medical Examiner Michele Stauffenberg, and Associate Medical Examiners Geoffrey Smith, Michael Heninger, and Karen Sullivan. Kim Collins, not pictured, provides part-time services on some weekends.

Smith trained at FCME and returned to FCME from the GBI when Carol Terry left FCME to work in DeKalb and Gwinnett Counties. Heninger trained in Minneapolis (Hennepin County) and has worked at FCME since 1995. Stauffenberg trained at FCME (2001) and remained on staff. Sullivan trained at FCME (2002) and continued to work part-time, then returned full time when Eric Kiesel left for Tacoma.

Previous FCME Forensic Pathologist Staff: 1985 – 2011

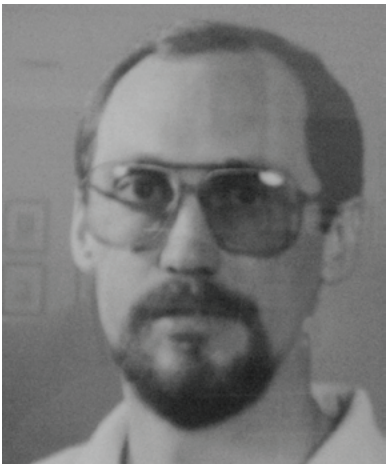
Gerald Gowitt did his forensic pathology fellowship in 1986. He remained on staff until the mid 1990's when he went to work in adjacent DeKalb County, where he later became Chief ME. His forensic pathology group has, and still does serve several other counties in Georgia which still have coroners in the greater Atlanta Metro Area. He, along with Steve Dunton, Thomas Young, and Randy Hanzlick, were the first of the Fulton County Medical Examiners to perform autopsies for the GBI, beginning in 1989.

Thomas Young trained at FCME in 1988 and stayed on staff until 1995 when he went into forensic pathology practice in Kansas City, Missouri.

David Rydzewski began his fellowship at FCME in 1988 and he remained on staff until 1990 when he moved to Carrolton, Georgia where he practices forensic pathology.

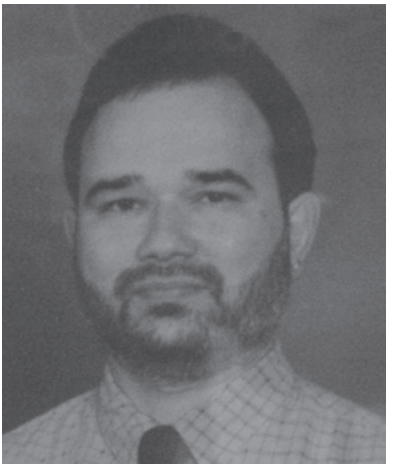
Steve Dunton, shown here in the obviously cramped facility at 50 Coca Cola Place, trained at FCME in 1989 and stayed on staff until 1996 when he went to work in adjacent DeKalb and Gwinnett Counties. Recently, he has continued his forensic pathology practice in Montgomery, Alabama. Dunton, along with Gerald Gowitt, Randy Hanzlick, and Tom Young were the first FCME medical examiners to do autopsies for the GBI, helping with the GBI's efforts to cease the performance of autopsies by non-physicians.

Kris Sperry trained and worked in Albuquerque, then joined the FCME staff in 1990. He remained on staff at FCME until 1997 when he became Chief Medical Examiner for the GBI Medical Examiner system. He still holds that job today.



Mark Koponen started his FCME fellowship in 1990. He remained on staff until 1997 when several FCME medical examiners (Sperry, Hellman, Koponen, and Smith) were hired as medical examiners in the GBI Medical Examiner System. Mark has now returned to his home state of North Dakota where he continues to practice forensic pathology.

John B. Parker trained in Dallas and then joined the FCME staff on a part-time contract basis in 1990, and he worked with FCME until 2004. He then moved to Boston where he works in the Medical Examiner's Office.

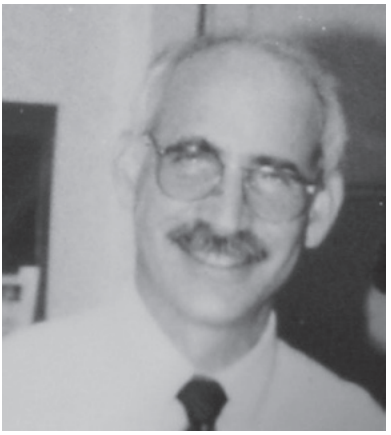


Anthony “Tony” Clark trained at FCME in 1991 and stayed on Staff until 1994 when he went to work for the GBI Medical Examiner system. He worked at the branch lab in Moultrie, GA for many years and then joined a hospital-based pathology group in Tallahassee, Florida.

Cliff Nelson came to Atlanta from Oregon to do his fellowship at FCME in 1993. He remained on staff until the end of 1994 when he returned to Oregon where he now works for the State Medical Examiner in Portland.

Carol Terry started her forensic pathology fellowship at FCME in 1995. She remained on staff at FCME until 2004, when she went to work in nearby DeKalb and Gwinnett Counties. She now is Chief ME for Gwinnett County.

Fredrick “Rick” Hellman trained in Philadelphia and joined the FCME Staff in 1996. In 1997, he was one of the forensic pathologists to leave FCME and work with the GBI. He later returned to the Philadelphia area.



Eric Kiesel trained in Seattle, practiced forensic pathology in Washington state, then joined the FCME staff as Deputy Chief ME in 1997. He served as Acting Chief Medical Examiner in 1998. Eric left FCME in 2007 when he returned to Washington state (Tacoma).

FCME Pathologists of the 70s

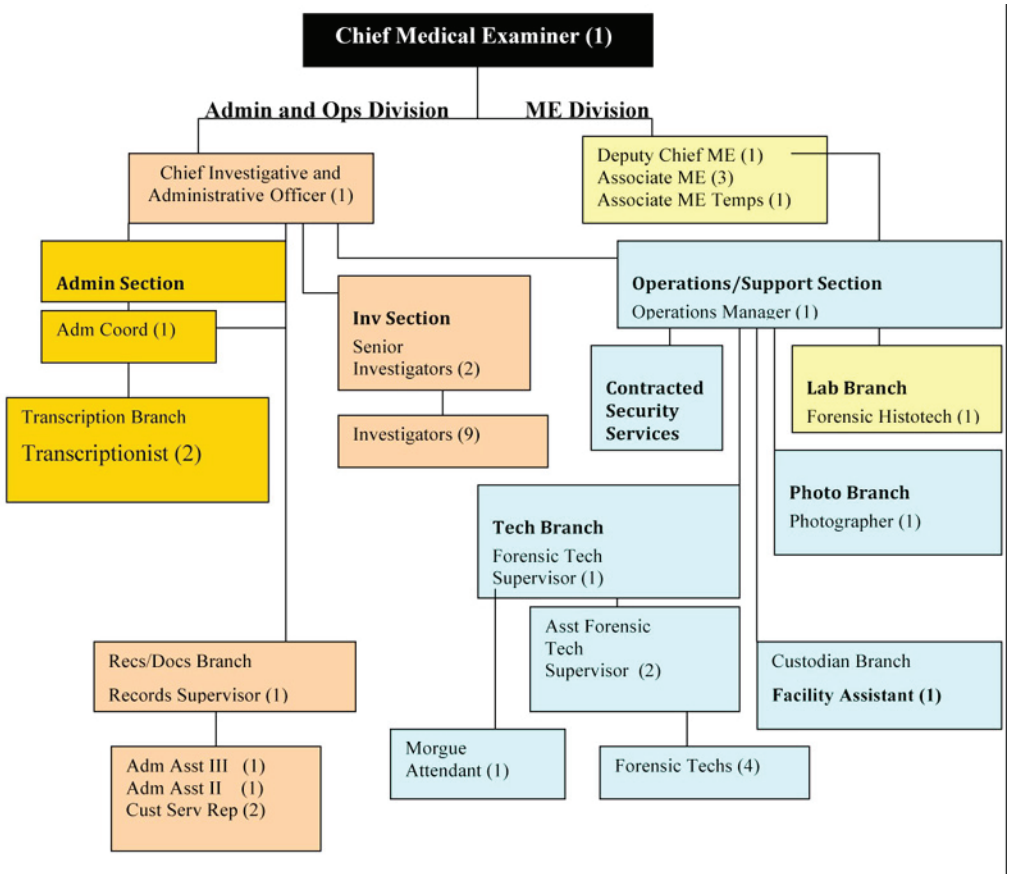
In reviewing old log books, it appears that the following were among pathologists who did autopsies for the Fulton County Medical Examiner during the 1970s:

- Robert Stivers (deceased)
- Saleh Zaki
- Lawrence Alligood
- Eugene McNatt
- Joseph L. Burton (late 1970s)
- Jack Bechtel
- Charles P. Garrison (late 1970s)
- Steve Phillips (late 1970s)

None of the above practice forensic pathology today, except for Joseph Burton who does private consulting. Among the above, Stivers, Zaki, Alligood, and Burton did the most autopsies. Zaki and Phillips are board certified in forensic pathology.

The “Wall of Fame” at the Fulton County Medical Examiner’s Center bearing photographs of the nearly 40 people who have trained formally or informally in forensic pathology at FCME since 1979. James Metcalf was the first official fellow in 1979.

Fulton County Medical Examiners Center
Organizational Chart 2012



Based on the model:
Center
Division
Section
Branch

36 Full-time employees, 1 temporary employee.
1 Forensic Pathology Fellow (not shown) paid for by Emory School of Medicine

Other Information

Forensic Pathology Fellows
James Metcalfe, MD, Signal Mountain, TN (1979-80)
Randy Hanzlick, MD, Atlanta, Georgia (1982-1983)
Larisa Reifman, MD (1983-84)
Wayne Ross, MD, Bethlehem, PA (1985)
Beyla Galanter, MD (1985)
Donna Franco Jove, MD
Gerald Gowitt, MD, Atlanta, GA (1986)
Janet Pillow, MD, Leesburg, FL (1987)
Keith Norton, MD, Columbus, OH (1987)
David Rydzewski, MD, Carrolton, GA (1988)

Thomas Young, MD, Kansas City, MO (1988)
Steven Dunton, MD, Montgomery, AL (1989)
Mark Koponen, MD, Grand Forks, ND (1990)
Anthony Clark, MD, Moultrie, GA (1991-92)
Brenda Reames, MD, Bossier City, LA (1991-92), (Deceased 1999)
Cliff Nelson, MD, Portland, OR (1993-94)
Tom Parsons,MD, Washington, DC (1994-95)
Carol Terry, MD, Atlanta, GA (1995-96)
Geoffrey Smith, MD, Atlanta, GA (1995-96)
Delbert Van Deusen, MD, Houston, TX (1996-97)
Cameron Snider, MD, LaFayette, LA (1997-98)
Mario Mosunjac, MD, Atlanta, GA (1998-99)
Keith Lehman, MD, Atlanta, GA (1998-99)
Joyce deJong, DO, Lansing, MI (1998-99)
Kris Podjaski, MD, Leesburg, FL (1999-2000)
John Younes, MD, Winnipeg, Canada (1999-2000)
Kay Fellows (2000-2001), Palatka, Florida
Allan Bennett (2000-2001), Charleston, South Carolina
Christie Elliott (2001-2001), Reno, Nevada
Michele Stauffenberg (2001-2002), Remained on staff at FCME
Steve Sgan (2002-2003), Tallahassee, FL
Karen Sullivan (2002-2003), Atlanta, GA
Eric Eason (started July 2003), Atlanta, GA
Susan Lee Anne Martin, MD (Started August 2004), Birmingham, AL
Jason K. Graham, MD (2005-2006), New York, NY
Stacey L. Smith, MD, (2006-2007), Houston, TX
Steven P. Atkinson, MD (2007-2008), Atlanta, GA
Stacey Tate, MD (2008-2009), Atlanta, GA
Kelly Rose, MD (2009-2010), Newberry, SC
Rhome Hughes, MD (2010-2011), San Antonio, TX
Anindita Issa, MD (2010-2011), Atlanta, GA
Jennifer Gardetto, MD (2011-2012) Tucson, Arizona
Emily Gorman (Birmingham, AL) will begin July 2012

Office Information

Fulton County Medical Examiner's Center
430 Pryor St SW
Atlanta, GA 30312

Phone: 404-613-4400
Fax: 404-730-4504

Website: www.fcmeo.org or http://www.fultoncountyga.gov/me-home

Fully Accredited by NAME since 20002.
Population served = 1,000,000
2012 Annual Budget = $3,784,793

Historical Office case Load Information				
Year	Homicides	Suicides	Traffic Fatalities	Other Accidents
1988	243	76	147	182
1989	275	98	149	193
1990	252	85	130	159
1991	237	87	104	161
1992	219	105	109	156
1993	244	86	128	171
1994	233	86	151	170
1995	211	78	124	171
1996	235	99	139	190
1997	185	81	122	170
1998	188	73	157	222
1999	183	100	127	207
2000	172	76	143	192
2001	171	87	125	265
2002	203	83	125	221
2003	181	79	113	276
2004	159	90	137	240
2005	145	78	130	262
2006	149	77	132	245
2007	182	86	121	275
2008	156	84	119	255
2009	129	86	111	233
2010	146	101	80	266

* Indicates on-site scene investigation

**Indicates cases in which body was examined by an investigator and/or medical examiner

Procedural Statistics						
Year	Total Cases	Certified	Autopsies	External Exams	Scenes*	Total Bodies
Examinied**						
1997	2109	1380	812	160	776	1180
1998	2234	1497	966	248	888	1424
1999	2199	1407	885	304	842	1357
2000	2098	1349	784	331	832	1331
2001	2014	1361	831	355	885	1406
2002	2063	1326	843	302	930	1322
2003	2298	1312	860	412	960	1554
2004	2254	1324	874	310	883	1312
2005	2171	1322	887	369	896	1427
2006	2212	1401	921	436	890	1495
2007	2238	1403	1002	365	921	1482
2008	2271	1386	940	303	894	1420
2009	2371	1418	893	456	856	1441
2010	2477	1416	910	367	848	1414

* Indicates on-site scene investigation

**Indicates cases in which body was examined by an investigator and/or medical examiner

Georgia Death Investigation History Pre-1970
-Randy Hanzlick, MD

February 2002

NOTE: The history presented here is derived in part from documents but much of it is based on the memories and words of others. This history is provided as part of a NAME project to document the history of death investigation in each state prior, and up to the establishment of NAME in 1966.

Introduction and Pre-Georgia History

In reading Georgia's first Constitution of 1777, it seems clear that the term "coroner" was already quite familiar and in general use in Georgia. Article XI states "In case of absence of the chief-justice, the senior justice on the bench shall act as chief-justice, with the clerk of the county, attorney for the State, sheriff, coroner, constable, and the jurors." This is the only mention of the coroner in that Constitution. "Coroner" is not defined, nor are the job duties associated with that position. Thus, one would surmise that everyone already knew what a coroner was and what the coroner did. Indeed-- that is the case—and here's why.

Remember that James Oglethorpe was English and arrived in 1733 in what is now known as Georgia. Already, when Oglethorpe arrived in what became Savannah,

“coroners” had existed in England for more than 600 years. They were “old hat” in England and part of English common law. In 1194, the Articles of Eyre required that 3 knights and a clerk in each district attend each death in the district. These elected agents were referred to as “custos placitorum coronae,” or “keepers of the pleas of the crown.” They were called “crowners,” and the term “coroner” obviously grew from the Latin word “coronae.” The crowners had several missions. One was to determine how the death occurred. A second had to do with investigating possible suicides, which were prohibited and resulted in forfeiture of assets to the Crown. A third task was to serve in a fiduciary capacity to appropriately dispose of assets of the estate. They could hear and try pleas of the Crown.

21 years later in 1215, however, the Magna Charta restricted coroners and other individuals from holding pleas of the Crown. In 1276, the Parliament’s Statute de Officio Coronatoris described coroner’s duties to “enquire when anyone dies in prison, or comes to a violent or sudden end, and by what manner he came to his end.” These provisions continued to be regarded as common law. By the 1400s, justices of the peace had assumed the fiduciary duties formerly conducted by coroners. So, 332 years before Oglethorpe left England to head toward North America, coroners were defined, their duties were known, and their efforts were concentrated on death investigation. The colonists brought these concepts to New England in the early 1600s, and Oglethorpe followed suit in his trek to Georgia in 1732-33. By the time Oglethorpe arrived, autopsies had already been performed in New England, such as an autopsy in Hartford, Connecticut in 1632 to determine whether a young child may have died from witchcraft.

Early Georgia

From the time Oglethorpe founded Savannah in 1733 under the Charter granted by King George II, through the time Oglethorpe had his final departure back to England in 1743, and further still while Georgia was a Crown Colony and the British withdrew in 1782, Georgia followed English Common law. Thus, coroners probably existed during all these times, and almost assuredly after 1755 when the Royal Government was established in the Crown Colony. An Act of April 11, 1768 describes the fees allowed for the coroner for holding inquests. In 1784, it was reaffirmed that the common laws of England that were in force in Georgia in 1776 were still in full force and that coroners were governed by the common law of England. However, good documentation of the English common law and statutes was hard to come by, and in 1823, the Georgia General Assembly enacted legislation which set forth the duties and functions of the coroner. Such provisions carried forth in all revisions of Georgia Code into the 20th Century.

The only time the word “coroner” appears in any of the 10 Constitutions of Georgia that have been in effect since 1777 is in the original Constitution as discussed above. Coroners in Georgia have not been considered constitutional officers. Rather, they have been regarded as public officers. Coroners did have judicial-like authority. They could hold inquests, impanel a jury, compel the presence of witnesses, examine witnesses under oath, issue warrants for arrests of alleged perpetrators of homicides, and require witness to appear at criminal trials.

Of course, as the English settlers came to Georgia and other parts of America, they didn’t all just stay here. Some went back and forth, and emerging concepts in Eng-

land came back with them. In England, for example, changes to coroner laws in 1836 and 1887 improved coroner death investigations by providing for a physician's presence at inquests and allowing for the coroner to order an autopsy. Such concepts were brought to New England and other colonies. These were important events because it was recognized that death and dying involve medical issues, and medical professionals were brought into the death investigation processes of coroners. It is important to realize that there was no requirement for coroners to have medical training. This is still true today in Georgia and in some other parts of the United States. In Georgia, specifically, it was not until the mid-1900s that medical doctors began to be more involved in death investigation, and it was not until the late 1980s the medical doctors trained in death investigation began to play a significant role in state-wide death investigation in Georgia.

When the original Georgia Constitution went into effect in 1777, there were 8 counties. Through the 10 different Georgia Constitutions, 159 counties have emerged. The Constitution of 1877 allowed for no new counties. An amendment of 1904 limited the number of counties to 145. Additional amendments in 1906 and 1912 added 3 more. The current Constitution defines a ceiling of 159 counties which is how many there are today. Georgia has more counties than any other state except Texas. That means Georgia also has more coroners than any other state except Texas. At virtually every county courthouse in Georgia stands a historical marker which explains for whom the county was named, other famous locals, and important public officers including the name of the coroner when the county was established. This tells us that coroners have been ingrained in Georgia county government for a long time and are important. It makes sense. After all, dying is one of the only things that all people do, and somebody needs to address the issues when a death occurs.

Preparing a complete report of all coroners in all counties since each county was formed would be an almost insurmountable, if not impossible task. The State of Georgia has not kept state records on these positions and necessary records may not even exist in many of the counties, especially back to the beginning of county history. An account of each coroner, their background, main occupation, and interesting death investigations would probably be enjoyable reading, but collecting the necessary information would probably fall upon county historical societies which may have other interests, different priorities, and insufficient resources to find and report this information. Just think about it. There are 159 counties. Many have existed for more than 100 years and some for more than 200 years, and a coroner's term has typically been 2 to 4 years. It's conceivable that there have been 2000 to 4000 coroners or more in Georgia's history. What a biography and historical account that could be!

As previously mentioned, the Georgia Constitutions have not specifically defined coroners or their duties. However, the Constitutions, such as the 1877 version, do define certain criteria for county governments, including provisions that there be certain county officers, and that there be uniformity in the types of county officers from one county to another. The nature of these county officers is, according to the Constitution, determined by the Georgia General Assembly (Legislature). The legislature has enacted laws that require certain county officers in each county such as sheriff, tax collector, coroner, and others.

Today, in Georgia, 154 of the 159 counties still have the elected office of coro-

ner. Coroners serve 4 year terms and may be re-elected without term limitations. Requirements are minimal. One must be a registered voter and live in the county where the office is being sought, be at least 25 years of age, possess a high school diploma or equivalent, have no felony convictions, complete a basic training course, file an affidavit attesting that qualifications have been met, and attend yearly update training courses. In Georgia, deaths occurring in counties having a coroner are first reported to the coroner. The coroner then notifies the medical examiner system operated through the Division of Forensic Sciences (DOFS) within the Georgia Bureau of Investigation (GBI; see below), and arrangements are made for transport and postmortem examination, if needed. In the past, a high portion of coroners in Georgia have been funeral directors. With time, however, the percentage of funeral directors has decreased and the office of coroner is held by more and more people in other disciplines such as paramedical ones. Coroners are required to complete a 40 hour training course upon election and then attend additional 32 hours courses each year while in office.

The 20th Century

For the first 53 years of the 20th century, coroners continued to operate under the principals of English common law as clarified and set forth by the General Assembly's act of 1823, and as codified several times after that date including Georgia Code 21-2 as established in 1933. When coroners needed a physician to perform a postmortem examination, they would have to rely upon whomever was willing and available to perform such examinations. Often, perhaps, medical examinations just didn't take place. The laws did not provide specifically for physicians to assist in death investigations. It occurred mainly by happenstance.

It was not until 1953 that the first major change in death investigation occurred in 20th century Georgia. In that year, Code Section 21-2 was repealed. In its place, a new Code 21-205 was enacted and titled "The Georgia Postmortem Examinations Act." It was substantially similar in many respects to the 1954 "Model Postmortem Examinations Act" put forth by the National Commissioners on Uniform State Laws. Obviously, Georgia had gotten early wind of the Model Act and was timely in including some its provisions, which concentrated on a move toward so-called "medical examiner systems" which could be developed in place of the time-honored coroner systems. By 1954, some regions of the country had already abolished the office of coroner and established a system in which physicians were appointed as "medical examiners," New York City being one example and having done so in 1918. Such systems spread in the mid-20th century, especially in the northeastern United States.

The 1953 Georgia Postmortem Examinations Act did not dramatically alter the law related to coroners. What it did do, however, was establish law for a system that would improve death investigation services state wide by providing for more organized availability of postmortem examinations. It also provided, in conjunction with other state laws, that a county could abolish the office of coroner and establish in its place a county medical examiner system. County medical examiner systems are discussed in more detail below. Presently, the improvements having state-wide implications will be discussed.

Many things were happening in the 1950s in Georgia as far as death investigation is concerned. We need to take a step back for a moment to lay a foundation for discus-

sion.

In the late 1940s, Dr. Herman D. Jones was asked by the Fulton County Police Chief to establish and direct a Crime Lab for Fulton County, which he agreed to do. The lab opened in June 1947. Dr. Jones had the same viewpoint that many have today, and that is that a crime laboratory should be independent of politics. He had declined a former invitation from Governor Arnall in the 1940s for fear of political interference. Dr. Jones was not a medical doctor. He went to college at Auburn University and Vanderbilt University and had received a doctorate in physical sciences from Columbia University. He had worked in Alabama's toxicology laboratory until 1942 when he moved to Atlanta as Professor of Biochemistry at Oglethorpe University. He left that position to start up the Fulton County Crime Lab in 1947. There was a Fulton County Coroner at that time.

In 1951, Governor Tallmadge asked Dr. Jones to set up a State Crime Laboratory and promised him that such a crime lab would be free of political influence. In 1952, the Georgia General Assembly worked with the City of Atlanta and Fulton County and they agreed to transfer the Crime Lab to the Department of Public Safety and make it a State Lab. This was accomplished in 1952. At first, the state lab was a three-man operation, but it grew in subsequent years. Operations were housed at the Old Confederate Soldiers Home on Confederate Avenue.

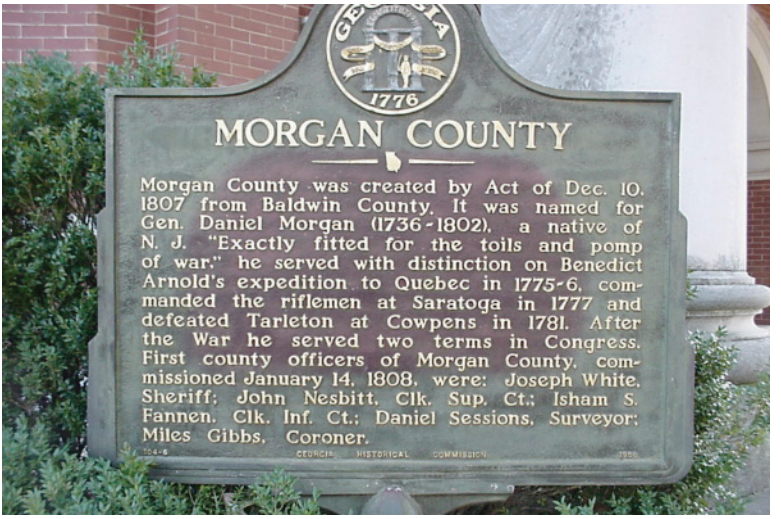
Around and prior to 1953, concern had arisen about the quality of death investigation and in 1953, the General Assembly enacted the Georgia Postmortem Examinations Act. The Act, among other things, established the Director of the State Crime Lab (Dr. Jones) as Georgia's Chief Medical Examiner and authorized the State Crime Lab to provide and conduct postmortem examination services. It is important to remember that Dr. Jones was not a medical doctor. He did, however, learn how to perform autopsies and did them as Chief Medical Examiner. Dr. Jones retired in 1969. He had been the mainstay of medical examiner services for the State for nearly two decades. During his watch, a new GBI Crime Lab was built in 1957 on Confederate Avenue on the site where the Confederate Soldiers Home had stood. . This facility housed the Crime Lab until the current State Crime Lab was opened on Panthersville Road in Decatur in the Fall of 1984.

The Georgia Postmortem Examinations Act of 1953 was a pretty good one. It described the types of deaths that needed to be investigated by coroners and medical examiners; provided for the Director of the Division to serve as the State's Chief Medical Examiner; detailed the requirements to run for the office of coroner; described procedures for coroner's inquests and the other duties coroners could perform; detailed the roles and interactions of the coroner, medical examiner, law enforcement agencies, and DOFS; and included provisions for counties that wished to abolish the office of coroner and establish a medical examiner system. The Act was originally Code Section 21-205, was modified slightly through the years and was renumbered Georgia Code Title 45 where the death investigation laws reside today. Georgia Code 45-16-1 began with the laws related to coroners, and section 45-16-20 began the section formally titled "The Georgia Postmortem Examinations Act" which described all the specific of death investigation procedures in Georgia. Today, the law is called "The Georgia Death Investigation Act."

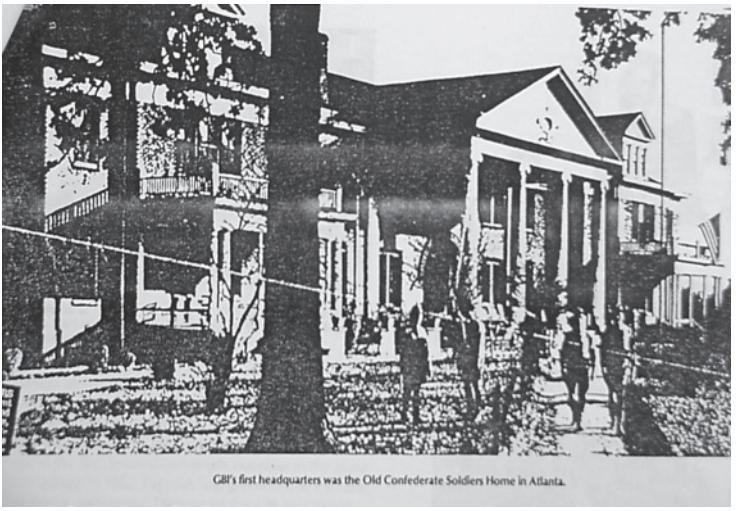
In the late 1950s, Tom Compton was the elected County Coroner for Fulton County.

He was an attorney who worked with the State Court. The Coroner's Office was on the 9th floor of the County Courthouse. In 1960, Tom Dillon, MD, originally from Georgia, and a medical examiner in the Boston area, was recruited and returned to Georgia to work in the Fulton County Coroner's Office as a coroner's pathologist. Tom Compton himself recognized that the needs of the county were outgrowing the abilities of the coroner system and he not only advocated a switch to the medical examiner system as had occurred in other major cities in the United States, it was basically his idea. Thus, the non-physician coroner advocated change to a medical examiner system. Most assuredly, Dr. Dillon's experience played a facilitating role. Tom Compton had been critically involved in getting the first facility built for coroner's operations in 1961, in the renovated basement of the Steiner Building near Grady Hospital. It had been an animal research lab prior to that time.

The Office of Coroner was abolished at the end of Tom Compton's terms and Dr. Dillon became the first Fulton County Medical Examiner in 1965, one year before NAME was established. Two younger physicians, Dr. Snell, and Dr. Robert Stivers, worked with Dr. Dillon. Dr. Snell was drafted, and Dr. Stivers continued to work there while in medical training. Upon Dr. Dillon's death, Dr. Stivers became the next Medical Examiner for Fulton County (1970). The conversion to a medical examiner system was accomplished via state laws that allowed counties with a population of 100,000 or more people to abolish the office of coroner by referendum.



Typical County Historical Marker in Georgia, describing the formation of each county and including the name of the original coroner.



Home of the original Georgia Bureau of Investigation at the Old Confederate Soldiers Home, prior to 1957.

Home of the Georgia Bureau of Investigation Crime Lab on Confederate Avenue, Atlanta, between 1957 and 1984.

History of Forensic Pathology in Indiana 1779-2012

John E. Pless - Joseph A. Prahlow, M.D.

Indiana, the pocket shaped Hoosier State, was literally created by the borders of Ohio and Illinois on the East and West, respectively, as well as Lake Michigan and the Ohio River on the North and South, respectively. Vincennes Indiana was the capital of the Northwest Territory established in 1779, including the present-day states of Wisconsin, Michigan, Ohio, Indiana and Illinois. The territorial government adopted the death investigation laws of Virginia that included a Coroner System, but the verbiage of this law limited investigation to deaths due to casualty, i.e. homicide, suicide or accident until 1963. There was no mention of sudden unexpected deaths or those occurring in suspicious or unusual circumstances.

The original coroner's statutes were adopted from the territorial constitution until 1852 when the same laws were inserted in the first Indiana constitution developed in a convention during that date. Payment for autopsies was not included in the law until the 1930's.

The first trained anatomic and clinical pathologist in Indiana was probably Virgil Moon who came to Indiana University School of Medicine with William Emerson from Johns Hopkins when Emerson became Dean in 1911. He set up a clinical laboratory at the Indianapolis City Hospital (now the Wishard Hospital) and started performing coroner's autopsies. There were no clinical laboratories at the University Hospital until 1931 because Dr. Emerson insisted that doctors should do their own laboratory work on the wards. The University Pathologists were morbid anatomists and they did not do coroner's autopsies.

The only well recorded forensic examination in the early years occurred in 1925 when David Curtis (DC) Stephenson, the Grand Dragon of the KKK in 22 states, was accused of killing a young secretary, Madge Oberholtzer. He apparently raped her and severely mutilated her with bite marks in his private railroad car on the way to Chicago. She subsequently went to a drug store in Hammond, IN and purchased bichloride of mercury, apparently as an abortifactant. Distraught over the humiliation

of the act and suffering the pain of the bites, she reportedly took the poison by mouth instead of using it as a douche. She became ill immediately, and the Stephenson people took her back to Indianapolis where D. C. Stephenson had an apartment above his garage. She remained there about a week and then was taken to her parent's house just a block away.

Madge Oberholtzer died a month later, after giving an affidavit concerning her attack. The Indianapolis Times was a prodigious critic of the KKK and took up her cause with the local prosecutor. The autopsy was performed by Dr. Virgil Moon and certified by the Marion County Coroner, O. D. Robinson, MD, who was a member of the KKK. Rolla Harger, PhD did the toxicology and he testified that Madge died from bichloride of mercury poisoning. Dr. Robinson listed mercury poisoning as the cause of death and suicide as the manner. Dr. Moon testified that the mechanism of death was pneumonia from the infected traumatic bites. He classified the death as a homicide. He reasoned that although she had damage to her kidneys from the mercury, she had survived over a month from that insult, so the mercury was not an issue in her death. A guilty decision and the national publicity of the rape and molestation destroyed the KKK in America. The organization went from a membership of 3,000,000 in 1924 to less than 3,000 by 1930.

Dr. Moon received several death threats and eventually had to leave Indiana for Pennsylvania where he became Chairman of Pathology at the Hahnemann Medical College. He was one of the first pathologists to become board certified in pathology in 1938. Autopsies for the coroners in Central Indiana continued to by done by pathology residents at City Hospital in Indianapolis following the loss of Dr. Virgil Moon.

The first board certified forensic pathologists in Indiana were Dr. Louie Sneider in Fort Wayne and Dr. William McFadden in Lafayette. Both were certified by the "grandfather rule" but both did take the national examination set forth by the American Board of Pathology in 1959. That examination was held at Indiana University because Dr. Edward B. Smith was the secretary of the American Board of Pathology. Dr. McFadden did a good number of coroner's autopsies in Lafayette and surrounding counties until his death in 1991. Dr. Sneider did most of the autopsies for Allen County until his death in 1992. Dr. Scott Wagner, who did a forensic fellowship with Dr. Pless at Indiana University in Indianapolis, replaced him.

Over the years, autopsy centers developed as various modern clinical laboratories developed in large communities around the state. Residents at the South Bend Medical Foundation did autopsies in South Bend and surrounding counties. This began in the 1930's when Dr. Gerald Giordano established a central not-for-profit laboratory that did clinical laboratory procedures for hospitals in South Bend, Mishawaka, Elkhart, and Goshen, Indiana as well as Three Rivers, Dowagiac and Niles, Michigan. The first forensic pathologist there came in 1984: Dr. Rick L. Hoover, who trained at the Southwestern Institute for Forensic Sciences in Dallas, TX with Chuck Petty. Dr. Joseph Prahlow, who also trained in Dallas (under Dr. Jeffrey Barnard) joined Dr. Hoover and the South Bend Medical Foundation in 1999.

Dr. Lall Montgomery started the clinical laboratory at Ball Memorial Hospital. Ball pathology residents did most of the coroner's autopsies in Muncie and several surrounding counties. Since 2002, Dr. Paul Mellen, a board certified forensic pathologist who trained in Philadelphia, now supervises the forensic autopsies in Muncie.

Dr. Philip Adler, based in Columbus, was the first board certified anatomic pathologist in Southern Indiana, arriving shortly after WWII. As an itinerant pathologist, he literally served most counties between Indianapolis, Louisville and Evansville. He had no formal forensic training.

Dr. Anthony Pizzo began his practice in Bloomington, replacing Dr. Adler in 1951. He covered hospitals in Bedford and Bloomington. He and his partners did most of the coroner's autopsies in South Central Indiana until the arrival of Dr. John Pless in 1971. Dr. J. Michael Jacobi in Bedford became board certified in forensic pathology in 1992 on the basis of experience. He continues to serve much of South Central Indiana, including Evansville.

Pathologists at the Clark County Hospital in Jeffersonville served the Jeffersonville and New Albany areas of the Southern Counties along the Ohio River. The two pathologists there, Drs. L. C. McCloud and Francis Masser were both certified in forensic pathology on the basis of experience and work that they did at the Kentucky State Medical Examiner's office in Louisville, KY across the river. Walter Jones, MD also board certified in the same way continues to serve the counties along the river. The Kentucky State Medical Examiner now performs many forensic autopsies for Southern Indiana counties in Louisville (under the direction of Chief Medical Examiner Tracy Corey).

Evansville has always had a problem getting adequate forensic post mortem examinations. For many years a non-certified anatomic pathologist traveled around Evansville doing inappropriate examinations. This finally ended in 1984. A new morgue facility was built in 1988 and a board certified forensic pathologist, Dr. John Heidingsfelder, became the first full time coroner's pathologist. He continued in good stead until about 2000 when he had to leave the country because of problems with his federal income taxes. Dr. J. Michael Jacobi currently serves Evansville.

Dr. Jack Weinstein served Terre Haute throughout the 1960's and 70's until his untimely death in 1984. He was replaced by Dr. Roland (Rick) Kohr who became certified in forensic pathology by experience in 1994. Dr. Kohr serves most of the southwestern part of Central Indiana, including Bloomington.

In 1959, Dr. Edward B. Smith, Chairman of Pathology, at Indiana University wrote an article in the Indiana Medical Society Journal entitled "Indiana; One of the Best States to Commit Murder". In this article he deplored the status of death investigation claiming that non-physicians were doing autopsies and untrained coroners were missing proper investigations. This was very true and one of the worst offenders was the head the State Police Laboratory, Ed Davis, who was a trained police officer with literally no training in medicine. He would conduct examinations of bodies found dead especially if the body was found in a remote area and decomposed. He used the services of a physical anthropologist at Indiana University in Bloomington to back him up. That anthropologist, George Newman, PhD was later discredited on the basis of his findings in Native American Indians. Ed Davis wrote a contradictory article in the Indianapolis Star that emphasized the importance of the State Police in acting when no local expertise or facilities were available.

As a result of this controversy, thanks to Dr. Edward Smith, the State Legislature passed changes in the coroner statutes in 1963 that required that only a board certi-

fied anatomic pathologist be allowed to examine a dead human body. It was also stated that investigation of death should be done on all sudden unexpected deaths as well as those occurring under unusual and suspicious circumstances. There was also an effort to pass a law that would do away with the coroner system. It passed the legislature on two terms by 1972 and was included as a referendum in the 1973 election, but the inclusion of the elimination of the surveyor without providing alternatives for either position (coroner and surveyor) complicated the matter.

During this legislative effort, it was decided that Indianapolis and the State of Indiana needed a Forensic Pathologist, Chief Medical Examiner. Dr. Charles Petty was hired from the Maryland Medical Examiner System in 1968. He arrived about the same time that Dr. James Benz was returning from 6 years in the Air Force. Benz was stationed at the Armed Forces Institute of Pathology where he was responsible for setting up the Aircraft Accident Investigation Division. Dr. Benz was hired to be the Chief of Pathology at the Marion County General Hospital (formerly Indianapolis City Hospital). This is where Dr. Petty set up a new morgue for doing forensic autopsies. Dr. Petty trained Jim Benz, who was subsequently certified in forensic pathology by the ABP in 1969.

Unfortunately, a new coroner was elected in Marion County in 1970. He was determined that residents at Methodist Hospital would continue to do coroner's autopsies. Meanwhile, Dr. Petty was invited to move to Dallas, TX in order to head up a new forensic pathology institute. They built him a new building and gave him support through a law giving him complete control over death investigation in Dallas County and serving as a resource for several counties in central Texas.

Jim Benz continued as the forensic pathologist in Indianapolis and in the 1970's he set up a training program. Dr. James Swinehart was his first trainee. Dr. Swinehart had trained in general pathology at Indiana University, but following his forensic training, he returned to his hometown of Fairfield, Ohio. Dr. Benz also trained Higenio Esparza in 1970. Esparza became board certified in forensic pathology in 1972. Unfortunately, Dr. Esparza died in 1976 when the office assumed responsibility for doing all the medical legal autopsies from Lake County Indiana. Following the death of Dr. Esparza, Dr. Benz hired Jesse Aguilar from Cyril Wecht's fellowship program. Dr. Aguilar created much legal and social controversy after less than two years and ultimately left the state for Alabama. John Eisele, who trained in Cleveland with Charles Hirsch, came to Indiana in 1978 and remained until 1981. He went to Seattle where he made an excellent review of the Mount St. Helen's disaster. Jim Benz continued to use residents to help him perform autopsies until February of 1983, when he left for Florida.

As the 1970's developed, two centers became important: Indianapolis and Bloomington. Dr. John Pless, a graduate of the South Bend Medical Foundation and the Oklahoma Medical Examiner System under the direction of Dr. James Luke, located in Bloomington in 1971. He did most of the forensic autopsies in Southern Indiana until he moved to Indiana University in Indianapolis in 1983 following the relocation of Dr. James Benz to Fort Lauderdale Florida and District #15.

In August of 1983, Dr. John Pless reorganized the forensic program at Indiana University. He immediately set up a forensic fellowship and Dean A. Hawley, MD was his first graduate in 1984. Dr. Hawley continues at Indiana University in Resident Train-

ing today. The second trainee was Dr. David Gauger, 1986. He was a graduate of the University of Iowa Pathology Residency and had been in the private practice of pathology. He continues in private practice today in Cedar Rapids, Iowa.

During Dr. Pless' time at Indiana University School of Medicine-Indianapolis, he trained a total of 14 forensic pathology fellows (see Table 1). Other forensic pathologists who assisted with autopsies and in the training of fellows, residents, and medical students, include the following: Dean Hawley, Michael Clark, MD, PhD (years of employment: 1987-2002, graduate of Ohio State University medical school, residency and FP fellowship via the AFIP and Baltimore), Richard Harruff (years of employment: 1990-1993, medical school: IU, residency: Baptist Hospital in Memphis, forensic training with Jerry Francisco in TN).

During a several year period in the 1990s, there was quite a bit of tension within the Marion County (Indianapolis) Coroners Office, with the coroner ultimately believing that the coroners office should exert more "control" over the forensic pathologists. This tension ultimately resulted in the county severing official ties with the Indiana University forensic pathologists for the performance of autopsies for a period of approximately 18 months. During that time, the coroner hired several pathologists, one after the other, in order to attempt to perform the Marion County coroners autopsies. The reality of the situation was that too few pathologists, several of whom were not sufficiently qualified, were attempting to match the expertise that had, for years, been provided by the forensic pathologist staff at Indiana University. At least one of the pathologists was not even licensed to practice medicine in Indiana. It soon became evident to most individuals that the coroner had made a terrible mistake in severing ties with Indiana University. With a newly-elected coroner, Marion County renewed its relationship with Drs. Pless, Clark, and Hawley, where they continued serving Marion County and other counties for several more years. Dr. Clark died in 2002. Following Dr. Clark's death, in 2002, IUSM hired Dr. Steve Radentz, who had trained and worked at the Maryland State Medical Examiners Office in Baltimore. Dr. Pless retired in 2003.

Some additional important notes of interest concerning Dr. Pless' tenure in Indianapolis include the fact that he held the prestigious Culbertson Chair of Pathology within the Department of Pathology of Indiana University School of Medicine, he served as President of the National Association of Medical Examiners (NAME) from September of 1997 through January of 1999, he served as Chairman of the Board for NAME in 1999, and he hosted the NAME Annual Meeting in 2000.

Following Dr. Pless' retirement, there was more turmoil in Indianapolis, but this time, not only did it involve the relationship between IUSM and the coroners office, but it also affected the relationship between the forensic pathologists and IUSM. The ultimate outcome was that IUSM no longer provided FP services for the county, and the long-standing official relationship that existed between the FPs and IUSM was also severed. No longer were the FPs considered faculty members within the Pathology Department. As a result of this change of direction, Dr. Dean Hawley, who was a tenured professor at IUSM, remained on faculty and currently continues as a professor of pathology and is involved in residency training. Drs. Steve Radentz and Michelle Catelier initially continued to perform cases for the coroner, but this arrangement only lasted for about a year. The current group of the forensic patholo-

gists in Indianapolis has a less formal affiliation with IUSM, and performs autopsies for the Marion County Coroners Office, as well as numerous surrounding Indiana Counties. Dr. Joye Carter (fellowship training in Baltimore, Md, former Chief ME in Washington, D.C., and Houston, TX) is the chief of the group (hired in late 2006). Assisting Dr. Carter on a part-time basis when she first began performing autopsies for Marion County were pathologist Allen Griggs and forensic pathologist Kent Harshbarger. In 2008, Dr. Harshbarger's contracting firm brought 2 additional FPs (trained in Cincinnati) in on a part-time basis, with Dr. Carter remaining as the full-time FP and serving as chief. The FP fellowship was revived in 2009. The first fellow trained under Dr. Carter was Dr. Thomas Sozio, DO. Dr. Carter's company (J and M Forensic Consulting) took over as the full-time contractor with Marion County in 2009 and hired Dr. Sozio, as well as John Cavanaugh (trained at IU under Dr. Pless, and formerly serving in Lake County, IN). Jolene Clouse (medical school: IUSM, residency: Ball Memorial, fellowship: Wake Forest), who had worked in Marion County via Dr. Harshbarger's group, was hired as a part-time FP in 2010. Dr. Clouse has since moved to Muncie, where she teaches at the IUSM-Muncie campus and practices FP. Dr. Michelle Elieff (trained by Dr. Pless) joined Dr. Carter's group on a part-time basis, and plans to join full-time in 2012. J and M Forensic Consulting covers autopsies for Hamilton, Boone, and Marion County coroners offices. Besides Dr. Sozio, other FP fellows who have been trained under Dr. Carter's leadership include: Dr. John Daniels (2010-11) (now working in Columbus, OH), and Dr. Den Obenson (2011-12) (plans to return to his native Canada following training). Prospective fellows have been accepted through the year 2014.

Over the years, the Marion County autopsies, as well as many coroners autopsies from several surrounding Indiana counties, were performed in a variety of locations. Foremost amongst these locations were the basement morgue housed in the basement of the Marion County Jail in downtown Indianapolis, the Pathology Department morgue in the medical science building on the Indiana University School of Medicine campus, and a renovated building south of downtown Indianapolis that houses the Marion County Coroners Office and the morgue. The latter facility continues to be used today for coroners autopsies, under the direction of the Dr. Joye Carter.

Lake County, Indiana, which encompasses "the Region" of northwest Indiana encompassing Gary, Hammond, and several other communities, represents an area of the state that has always had a great need for forensic pathologist services. For many years, pathologists with no formal forensic training provided the only coroners autopsies. From September, 1988-August, 1992, Dr. Elliott Gross taught at IUSM-Northwest and provided part-time local FP expertise. John Cavanaugh, trained by Dr. Pless, became the area's first fulltime fellowship-trained, board-certified forensic pathologist. Dr. Cavanaugh provided FP autopsy performance services for Lake County and some surrounding counties for several years from the late 1990s into the 2000s, before returning to Indianapolis, where he currently works with Dr. Joye Carter. Currently, Lake County is without a fulltime FP. Most cases in Lake County are again performed by a non-forensically-trained pathologist.

As mentioned previously, the pathologists at the South Bend Medical Foundation have provided coroner autopsies for many decades. Dr. Rick Hoover (MD at Indiana University School of Medicine; residency at SBMF; FP training in Dallas with Charles Petty) returned to the SBMF as the area's first Board-certified FP in 1984. Joseph

Prahlow joined Dr. Hoover in 1999, after completing his FP training in Dallas under Dr. Jeffrey Barnard. Dr. Prahlow now performs a bulk of the coroners autopsy for the area. Following in Dr. Pless' footsteps as a Hoosier forensic pathologist in a national leadership role, Dr. Prahlow served as President and Chairman of the Board of the National Association of Medical Examiners in 2007 and 2008, respectively.

Although not organized at the state level, there are several "regional centers" around the state that currently offer forensic autopsies for county coroners in Indiana. Many of them are staffed by Board-certified forensic pathologists. Unfortunately, some are not.

Indianapolis (Marion County) – Joye Carter
South Bend – Joseph Prahlow
Fort Wayne – Scott Wagner
Muncie – Paul Mellen; Jolene Clouse
Terre Haute – Roland Kohr
Southeastern Indiana (Louisville, KY area) – Tracy Corey (Louisville)
Evansville – Michael Jacobi
Lake County –

Despite the presence of several "regional centers" that offer forensic autopsy services throughout the state, the reality of the current state of affairs in Indiana is two-fold:

1) Even when a regional center has a Board-certified forensic pathologist, not every center has only Board-certified forensic pathologists. In other words, if a coroner sends a case to certain regional centers, there is no assurance that the autopsy will be performed by a forensic pathologist.

2) Many coroners utilize non-forensic pathologists to perform many of their autopsies.

List of Fellows Trained in Forensic Pathology at Indiana University (Under Dr. John Pless, 1984-2003; Dr. Steve Radentz, 2004; Dr. Joye Carter, 2006-present)

Dr. Dean A. Hawley, 1984 – Indiana University Department of Pathology
Dr. David Gauger, 1986 – private practice, Cedar Rapids, Iowa
Dr. Joni McClain, 1988 – Associate Medical Examiner, Dallas, Texas
Dr. Jesse Giles, 1989 – Chief Medical Examiner, Jacksonville, Florida
Dr. Scott Wagner, 1992 – Chief Forensic Pathologist, Fort Wayne, IN
Dr. Amy Llewellyn, 1993 – Medical Examiner, Reno, NV
Dr. John Cavanaugh 1997 – Medical Examiner, Lake County Indiana
Dr. Romeo Pineda 1998 – General Practitioner, Indianapolis, Indiana
Dr. Jessica Bowman 1999 – Forensic Pathologist – Bloomington, IL
Dr. James Luter 2000 – General Practitioner, Indianapolis, Indiana
Dr. Donna Smith 2001 – General Practitioner, Indianapolis, Indiana
Dr. Dzuy Nguyen 2002 – AFIP - Armed Forces Medical Examiner
Dr. Mark Peters 2003 – Medical Examiner, Rockford, Illinois
Dr. Michelle Elieff 2004 – Medical Examiner, Colorado
Dr. Thomas Sozio 2009 – Indianapolis, IN
Dr. John Daniels 2011 – Columbus, OH
Dr. Ken Obenson 2012 - Canada

List of “forensic pathologists” in Indiana:

Name Location Dates Certification location of training
William McFadden* - Lafayette – ’59-90 - experience – 2 wks in Baltimore
Louis Sneider* - Fort Wayne – ’59-92 - experience – 2 mns New York
Charles Petty* - Indianapolis – ’68-’70 - experience – 12 years in Baltimore
James Benz* – Indianapolis – ’70-’83 - training – 6 yrs at AFIP – one yr Indy
John Pless – Bloomington/Indy – ’71-’03 - training – 1 yr Jim Luke – Oklahoma
Higenio Esparza*–Indianapolis –’72-76 – training – 1 yr Jim Benz Indianapolis
Jesse Aguilar – Indianapolis – ’76-’80 – training – 1 yr. Cyril Wecht – Pittsburg
John Eisele*–Indianapolis –’77-’82 – training – 1 yr. Charles Hirsch - Cleveland
Richard McClure – Noblesville – ’78-’05 – training – 1 yr. Charley Petty - Dallas
Dean Hawley – Indianapolis – ’84-present - training – 1 yr. John Pless – Indianapolis
Albert Kaltenthaler* - Lafayette – ’86-’09 – experience – 1 month - Cleveland
Michael Clark* – Indianapolis - ’87-’02 - training – 1 yr. Russell Fisher – Baltimore
Richard Harriff – Indianapolis – ’90-’94 – training – 1 yr. Jerry Francisco - Memphis
Rick Hoover – South Bend – ’90-present – training – 1 yr. Charles Petty – Dallas
Scott Wagner – Fort Wayne – ’92-present – training – 1 yr. John Pless – Indianapolis
John Heidingsfelder - Evansville – ’93-’04 – experience – 12 yrs practice in Louisiana
J. Michael Jacobi – Bedford – ’94-present – experience – two weeks - Indianapolis
Michelle Catellier – Indianapolis – ’90-’07 – training – 1 yr. Jeff Jentzen – Milwaukee
John Cavanaugh – Evansville, Lake Co., Indianapolis – ’97-present – training – 1 yr. John Pless – Indy
Roland Kohr – Terre Haute – ’98-present – experience – two weeks, Indianapolis
Ruth Kohlmeier – Angola – ’99-present - unknown
Joseph Prahlow – South Bend – ’99-present – training – 1 yr. Jody Barnard – Dallas
Paul Mellen – Muncie – ’02-present – training – 1 yr. Haresh Mirchandani - Philadelphia
Steve Radentz – Indianapolis – ’02-present – training – 1 yr. John Smialek – Baltimore
Jennifer Swartz – Indianapolis – ‘03-’06 – training – 1 yr. David Fowler – Baltimore
Jolene Clouse – Indianapolis – ’09-’11; Muncie, IN – 2011-present – training - 1 yr. Pat Lantz – Wake Forest
Joye Carter – Indianapolis – ’06-present – training – 1 yr. John Smialek – Baltimore
Elliott Gross – Lake County – 1988-1992 – experience - NYC
Kent Harshbarger - Marion County, 2006-2008 – training – 1 yr. Dayton, OH
Dr. Thomas Sozio – Indianapolis, 2009-present – training – 1 yr. Joye Carter - Indy
Dr. Michelle Elieff – Indianapolis, 2011-present – training – 1 yr. John Pless - Indy

Prepared by:

John E. Pless, M.D.
NAME President 1997-12/31/98

Joseph A. Prahlow, M.D.
NAME President – 2007 Forensic Pathologist,
South Bend Medical Foundation (1999-present)

IOWA OFFICE
of the
STATE MEDICAL EXAMINER

The Mission of the Iowa State Medical Examiner

To establish credibility in death investigation in a system
that will operate efficiently and serve the needs
of the citizens of Iowa.

HISTORY

In the late 1950s, several individuals got together and decided deaths would be better investigated if the persons determining the need for an autopsy and completing death certificates were local physicians. This idea prompted legislative action to replace coroners with county medical examiners in 1961. The original proposed bill (House File 260) also created the position of State Medical Examiner. However, the bill was amended before leaving the legislature returning all power back to the counties, and no State Medical Examiner position was created, essentially, creating a county medical examiner system.

The law passed by the legislature in 1959 required each County Board of Supervisors to appoint a county medical examiner whose term would begin January 2, 1961. The appointed person had to be a physician who was responsible for investigating deaths that occurred in their county, and the death had to fall under medical examiner's jurisdiction. The county medical examiner determined if an autopsy was necessary, and if not, certified the death by gathering information from the scene and medical history. The 1959 legislation established examination certificate fees on a county level: $15.00 per certificate plus expenses. Until the late 1980s, when an autopsy was needed, the county medical examiner arranged for a local pathologist or the University of Iowa to perform the autopsy.

In 1970, the Iowa legislature repealed the 1959 law and passed Senate File 585, establishing a State Criminalistics Laboratory and creating the position of State Medical Examiner. As stated at the time in Iowa Code Chapter 1280:

"SEC. 5. ...The state medical examiner shall be a physician and surgeon or osteopathic physician and surgeon and be licensed to practice medicine in the state of

Iowa, and possess special knowledge in forensic pathology. The state medical examiner shall be appointed by and serve at the pleasure of the governor. The state medical examiner may be a faculty member of the college of medicine or the college of law at the university of Iowa, and any of his assistants or staff may be members of the faculty or staff of the college of medicine or the college of law at the university of Iowa.

SEC 6. The duties of the state medical examiner shall be:

1. To provide assistance, consultation, and training to county medical examiners and law-enforcement officials.
2. To keep complete records of all relevant information concerning deaths or crimes requiring investigation by the state medical examiner.
3. To promulgate rules and regulations pursuant to chapter seventeen A (17A) of the Code regarding the manner and techniques to be employed while conducting autopsies; the nature, character, and extent of investigations to be made in cases of homicide or suspected homicide necessary to allow a medical examiner to render a full and complete analysis and report; the format and matters to be contained in all reports rendered by medical examiners; and all other things necessary to carry out this Act. All county medical examiners and peace officers shall be subject to such rules and regulations."

The position of State Medical Examiner remained vacant, however, until 1983 when Thomas L. Bennett, M.D., began his term as the State Medical Examiner. Except for an approximately 1 1/2 year period in 1985 1986, Dr. Bennett remained in this position until 1997,. Autopsies were performed at Broadlawns Medical Center in Des Moines, Iowa, and at other locations throughout the state. Until the mid 1990s, there was no provision for a salary for the State Medical Examiner, Dr. Bennett received payment on a fee-for-service basis from the counties. On July 1, 1996, the State Medical Examiner became a full-time salaried employee of the Department of Public Safety, and at that point, the State Medical Examiner needed to be a forensic pathologist and became directly responsible for forensic autopsies.

Thomas L. Bennett, M.D.

When the office of State Medical Examiner was established, it was administered under the Iowa Department of Public Safety. Despite repeated requests for funding,

staffing, and a better facility, little changed until controversy occurred in the State Medical Examiner's office in 1997. At this time, a serious effort was made to look at the needs of the state office. The National Association of Medical Examiners (NAME) was asked by Paul Wieck, Iowa Public Safety Commissioner at that time, to perform a consultative evaluation of Iowa's medical examiner's office.

Broadlawns Medical Center

The NAME conducted a review of the State Medical Examiner's Office in 1998. Their recommendations included:

- Moving the office from the Department of Public Safety so it would stand alone, or to another department.
- Change the existing law to give subpoena power to the State Medical Examiner.
- Increase the budget.
- Noted the need for a facility.

The report produced by NAME is an important document and a milestone in the development of the Iowa Office of the State Medical Examiner (IOSME). NAME cited in their report that having the IOSME administrated under the Department of Public Safety, an arm of law enforcement, gave an appearance of bias toward the prosecution. To address this concern, Governor Thomas J. Vilsack signed a bill on May 27, 1999, moving the office from the Department of Public Safety to the Department of Public Health, and creating the State Medical Examiner Advisory Council and the Interagency Councils.

When Julia C. Goodin, M.D., was hired as the Chief State Medical Examiner in December 1999, there was only one other employee, an office worker, The office had no supplies, no instruments, and only rented morgue space. Over the last twelve years, the office has grown to a staff of 12 full-time employees and 31 part-time employees, including 4 full-time forensic pathologists. The office performs approximately 750 autopsies per year and reviews the reports from all cases that occur throughout the state. Not all autopsies within the county medical examiner jurisdiction, however, are performed by the state office. Some autopsies are still performed by local pathology groups and the pathologists at the University of Iowa. Dr. Gregory

Schmunk, the Polk County Medical Examiner, also provides autopsies for Polk County.

Julia C. Goodin, M.D.

The State Medical Examiner was given subpoena power by Senate File 2302 during the 2000 Legislative Session. The same Senate File gave the State Medical Examiner additional power to adopt rules relating to the duties, responsibility, and operations of the state office and the county medical examiners.

Dennis F. Klein, M.D., was brought on as Deputy Chief State Medical Examiner on August 1, 2000.

In 2008, the Iowa Office of the State Medical Examiner achieved accreditation by the National Association of Medical Examiners.

In 2001, funding of $51 million was appropriated to build a new facility to house four separate laboratories, including the State Medical Examiner's Office. The original estimated cost was $62 million. The firm of Henningson, Durham and Richardson (HDR) was contracted to perform the architectural engineering and design work of the entire complex, including the 24,000 square feet, $11 million medical examiner's section.

House File 2453, passed by the 2002 Legislature on March 18, 2002 and signed by Governor Vilsack on April 9, 2002, made autopsy reports confidential. An amendment was made to Iowa Code

House File 2453, passed by the 2002 Legislature on March 18, 2002 and signed by Governor Vilsack on April 9, 2002, made autopsy reports confidential. An amendment was made to Iowa Code Chapter 22.7(41) requiring release of only cause of death and manner of death to the public, and only if doing so will not hinder an ongoing investigation. Administrative rules were written to determine which cases needed to be autopsied, and to establish responsibilities and qualifications for county medical examiner investigators.

The Iowa Office of the State Medical Examiner (IOSME) serves a population of 3,062,309 (2011 census). There are 99 counties in Iowa, and currently there are 105 appointed county medical examiners, with some larger counties sharing duties between two or more county medical examiners. Assisting them are 218 deputy county

medical examiners and 243 county medical examiner investigators.

All county medical examiners and deputy medical examiners are physicians. County medical examiners (CME) are appointed for a two-year term by their respective county's Board of Supervisors per Iowa Code 331.321. The appointed CME may appoint deputy medical examiners and county medical examiner investigators, who must be approved by the IOSME.

Dennis Klein, M.D., Julia Goodin, M.D., Michele Catellier, M.D., Jonathan Thompson, M.D.

FIRST STATE MEDICAL EXAMINER

Dr. Thomas Bennett

served as State Medical Examiner of Iowa from 1983 to 1997, with a short break in service between 1985 to 1986, when he served as Mississippi's State Medical

Examiner.

Dr. Bennett received his B.A. in Biology from Drake University. Following medical school at the University of Iowa College of Medicine in Iowa City, Dr. Bennett completed his a residency in Anatomic and Clinical Pathology at the Institute of Pathology, University Hospitals of Cleveland. After completing his fellowship in Forensic Pathology at in the Office of the Chief Medical Examiner in Chapel Hill, NC he completed additional a residency training in Clinical Pathology at Royal C. Johnson Veterans Administration Hospital in Sioux Falls, SD.

Dr. Bennett is certified by the American Board of Pathology, is licensed in the States of Montana, Wyoming and Iowa, and is currently affiliated with Pathology Consultants, P.C. in Billings, Montana. He is a member of the American Academy of Forensic Sciences (AAFS), the National Association of Medical Examiners (NAME), the American Society on the Abuse of Children (APSAC), the College of American Pathologists (CAP), the Montana Medical Association (MMA), and the American Medical Association (AMA).

During his time as State Medical Examiner, Dr. Bennett authored the original Iowa County Medical Examiners Handbook, which with revisions and updates is still in use today providing consistency in death investigation throughout the state.

Dr. Bennett led the forensic team that autopsied the 111 victims of the United Airlines DC-10 crash at Sioux City Airport in July 1989.

United 232 Air Disaster

On July 19, 1989, Iowa experienced its worst air disaster with the crash of United Airlines flight 232. On board were 285 passengers and 11 crewmembers; 110 passengers and 1 flight attendant died in the crash. Investigation of the accident revealed that a cracked fan disc in the tail-mounted engine of the DC 10 aircraft fragmented, causing damage to the hydraulic mechanisms that resulted in complete loss of control of all the flight control surfaces. Captain Alan Haynes, with the assistance of his crew and a flight instructor who happened to be riding as a passenger, improvised a method to control the plane by varying the thrust to the two wing mounted engines. The crew aligned the aircraft for landing and nearly made the approach when the right wing suddenly dipped causing the plane to skid, and the cabin to break up, invert and catch on fire. To this day aviation experts are unable to repeat in simulators what the United 232 crew was able to accomplish for 40 minutes in the air before the crash. Dr. Thomas Bennett, State Medical Examiner, and Dr. Dennis Mallory, Tama County Medical Examiner, along with assistance from the Division of Criminal investigation and the Iowa National Guard responded to the mass disaster, ensuring victims of the accident were properly identified. Dr. Bennett also determined that approximately half of the deaths were caused by smoke inhalation and half were due to blunt force injuries. Survivors of the accident credit their survival to the skills of the flight crew and to the Sioux Gateway Airport and surrounding communities, which had in place and practiced emergency plans.

CURRENT STATE MEDICAL EXAMINERS

Dr. Julia Goodin began her duties as Iowa Chief State Medical Examiner on De-

cember 13, 1999. She is Associate Professor of Pathology with the University of Iowa and Adjunct Associate Professor with Des Moines University.

Julia C. Goodin, M.D.

Dr. Goodin received her B.S. in Biology and Chemistry from Western Kentucky University and an M.D. from the University of Kentucky in Lexington. She trained in both anatomic and clinical pathology at Vanderbilt University Medical Center followed by a one-year fellowship in forensic pathology at the Office of the Medical Examiner for the state of Maryland (Baltimore).

She was Assistant Medical Examiner, Office of the Chief Medical Examiner in Baltimore, Maryland; Assistant Medical Examiner and later Acting Chief Medical Examiner, Office of Chief Medical Examiner in Nashville, Tennessee; Associate Medical Investigator, State of New Mexico, Health Sciences Center; and a State Medical Examiner, Alabama Department of Forensic Sciences, Mobile Regional Lab, Mobile, Alabama.

Dr. Goodin is board certified by the American Board of Pathology in Anatomic, Clinical and Forensic Pathology. Dr. Goodin is an active member of the National Association of Medical Examiners and the American Academy of Forensic Sciences. She served six years on the Board of Directors for each. She is also a member of the Association of Military Surgeons of the United States and the Iowa Medical Society, and served on their board of directors for three years. She is a Captain in the Navy Reserve. She has a special interest in Cardiovascular Pathology and Sports Related Sudden Deaths.

Dennis F. Klein, M.D.

Dr. Dennis Klein began his duties as Iowa Deputy State Medical Examiner on August 1, 2000. He is Adjunct Clinical Assistant Professor with the University of Iowa School of Medicine and Adjunct Associate Professor of Forensic Pathology with Des Moines University in Des Moines.

Dr. Klein completed his fellowship in forensic pathology at the Office of the Medical Investigator in New Mexico on July 31, 2000. He received his B.S. in Chemistry, cum laude, from Bowdoin College in Maine and his M.D. from the University of Vermont College of Medicine. Dr. Klein completed a one-year internship in Internal Medicine and a four-year residency training program at Beth Israel Deaconess Medical Center. He completed a one-year fellowship in forensic pathology at the Office of the Medical Investigator, State of New Mexico. Dr. Klein is certified by the American Board of Pathology in Forensic Pathology, and Anatomic and Clinical Pathology.

Dr. Klein is a member of the IOSME Interagency Council. He was involved in developing and implementing specialized training for Iowa county medical examiners and county medical examiner investigators. He is the Program Director for the Iowa Association of County Medical Examiners Fall Meeting.

Michele J. Catellier, M.D.

Dr. Michele Catellier began her duties as Associate State Medical Examiner at the Iowa Office of the State Medical Examiner on October 2, 2006. She is a Clinical Assistant Professor with the University of Iowa Carver College of Medicine and an Adjunct Assistant Professor of forensic pathology with Des Moines University.

Dr. Catellier received her B.S. from Indiana University in Occupational Therapy. She received her M.D. from Indiana University School of Medicine. She completed a five-year residency in anatomic and clinical pathology at Methodist Hospital of Indiana and also completed a one-year fellowship in forensic pathology at the Milwaukee County Medical Examiner's Office in Milwaukee, Wisconsin.

Following her training, she worked in general pathology for approximately ten years at Winona Memorial Hospital in Indianapolis, where she was Medical Director of the Laboratory. Prior to arrival in Iowa, she worked in the field of forensic pathology in Indianapolis, Indiana. Dr. Catellier is certified by the American Board of Pathology in Forensic, Anatomic and Clinical Pathology.

Dr. Catellier is a member of the Strangulation Task Force and Child Death Review Team.

Jonathan G. Thompson, M.D.

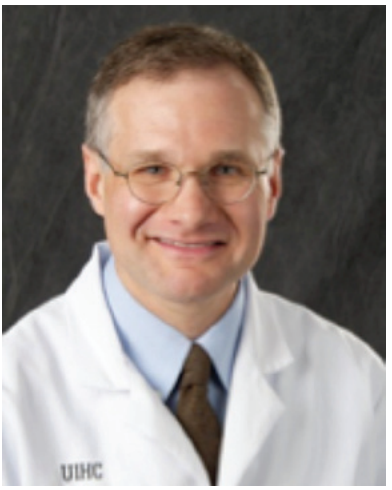
Dr. Jonathan Thompson began his duties as Associate State Medical Examiner at the Iowa Office of the State Medical Examiner on December 12, 2008. He is an Associate Professor of Pathology with the University of Iowa and an Adjunct Assistant Professor of Forensic Pathology with Des Moines University.

Dr. Thompson received his B.S. from the University of Iowa in Exercise Science. He received his M.D. from the University of Iowa School of Medicine. His four-year residency training took place at the University of Minnesota Medical Center and his fellowship in forensic pathology was done at the Hennepin County Medical Examiner's Office. Dr. Thompson is certified by the American Board of Pathology in Forensic Pathology, and Anatomic and Clinical Pathology.

Prior to Iowa, he was Assistant Medical Examiner with the Hennepin County Medical Examiner's Office in Minneapolis, Minnesota.

Dr. Thompson coordinates medical students on rotation at the IOSME.

ASSISTANT STATE MEDICAL EXAMINERS AT UNIVERSITY OF IOWA



Marcus B. Nashelsky, M.D.

Dr. Marcus Nashelsky has served as Assistant State Medical Examiner providing autopsies at the University of Iowa in Iowa City since 2009, and as Johnson County Deputy Medical Examiner since 2011. He is a Clinical Professor of Pathology at the University of Iowa Hospitals and Clinics in Iowa City.

Dr. Nashelsky received his B.A. from the University of Wyoming and his M.D. from the University of Nebraska-College of Medicine. He completed a five-year residency at the University of Missouri-Columbia Hospitals and Clinics, followed by a one-year fellowship in forensic pathology that took place at the University of New Mexico School of Medicine. Dr. Nashelsky is certified by the American Board of Pathology in Forensic Pathology, and Anatomic and Clinical Pathology.


Dennis J. Firchau, M.D.

Dr. Dennis Firchau has served as Assistant State Medical Examiner since 2010 and as Johnson County Deputy Medical Examiner since 2010. He is a Clinical Assistant Professor of Pathology at the University of Iowa Hospital and Clinics.

Dr. Firchau received his B.S. from Michigan State University. He earned his M.D. at Wayne State University of Medicine and completed his residency in pathology at the Medical College of Wisconsin. His fellowship in forensic pathology was completed at the Hennepin County Medical Examiner's Office, and an additional fellowship in cardiovascular pathology took place at Mayo Clinic. Dr. Firchau is certified by the American Board of Pathology in Anatomic and Clinical Pathology, and Forensic Pathology.

PREVIOUS IOSME FORENSIC PATHOLOGIST STAFF

Jerri L. McLemore, M.D.

Dr. Jerri McLemore served as Associate State Medical Examiner from 2003 to 2010.

Dr. McLemore received her B.A. from the University of Kansas and graduated with Honors in Human Biology and with Highest Distinction. She received her M.D. from the Kansas University School of Medicine. Her five-year residency training took place at the University of New Mexico Health Sciences Center in Albuquerque, New Mexico as did her fellowship in forensic pathology. She was an instructor in surgical pathology and cytopathology at the University of New Mexico Health Sciences Center before beginning her fellowship in forensic pathology. Dr. McLemore is certified by the American Board of Pathology in Forensic Pathology, and Anatomic and Clinical Pathology.

While at the IOSME, Dr. McLemore was a member of the Child Death Review Team and coordinated the Des Moines University medical student rotations.

Dr. McLemore is currently an Assistant Professor at Wake Forest School of Medicine, Department of Pathology.

History of the Jackson County Medical Examiner's Office Kansas City, Missouri and Missouri Death Investigation

Mary H. Dudley, MD.
August, 2012

JACKSON COUNTY MEDICAL EXAMINER'S OFFICE
I: Office Information:
Jackson County Medical Examiner's Office
660 E. 24th Street
Kansas City, Missouri
(816) 881-6600
(816) 404-1345 fax
Website- http://www.jacksongov.org

Mary H. Dudley, MD.

Chief Medical Examiner
January, 2007 to present

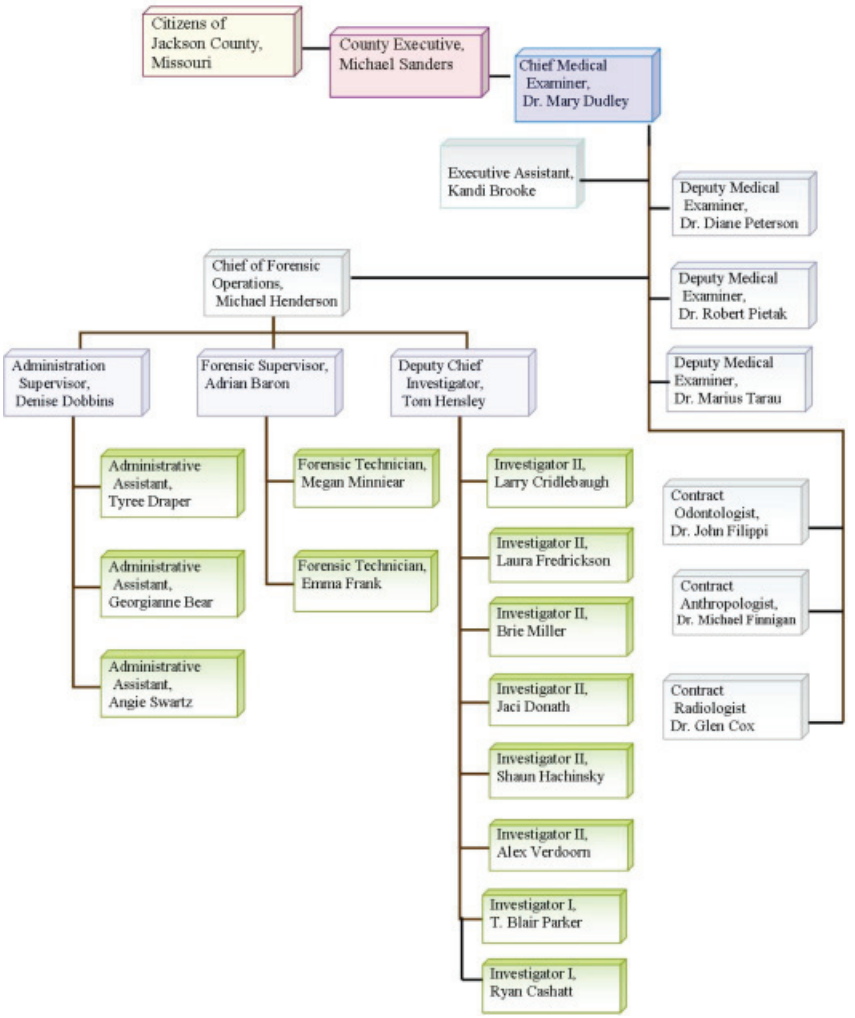
The Jackson County Medical Examiner's Office (JCMEO) current jurisdiction includes Jackson County, and the surrounding contract counties of Platte, Cass and Clay.

Population of jurisdiction covered:
Jackson – As of 2010, the population was 674,158
Cass – As of 2010, the population was 99,478
Clay – As of 2010, the population was 221,939
Platte – As of 2010, the population was 89,322
Total population coverage: 1,084,897

2012 Annual Budget, approximately - $2.7 million

- Fully Accredited by National Association of Medical Examiner's (NAME) -1999 Reaccredited 2004 and 2009
- The Accreditation Council for Graduate Medical Education (ACGME) – 2002 Reaccredited – 2011

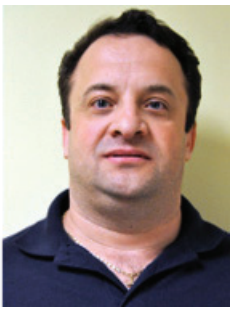
Jackson County Medical Examiner's Organizational Chart II. Personnel:



II. Personnel:
Total of 23 full-time employees: 4) Full Time Board Certified Forensic Pathologists, 1) Chief of Forensic Operations and Investigations, 1) Deputy Chief Investigator, 8) Full Time Medical Legal Death Investigators, 1) Forensic Supervisor, 2) Full Time Forensic Technicians, 4) Full Time Administrative Staff, 1) Executive Assistant to the Chief Medical Examiner, 1) Forensic Pathology Fellow (vacancy)

4 Full Time Board Certified Forensic Pathologists
- Dr. Mary H. Dudley, Chief Medical Examiner
- Dr. Diane Peterson, Deputy Medical Examiner
- Dr. B. Robert Pietak, Deputy Medical Examiner
- Dr. Marius Tarau, Deputy Medical Examiner



Mary H. Dudley, MD. • Diane Peterson, MD. • Robert Pietak, MD. • Marius Tarau, MD.

10 Full Time Medical Legal Death Investigators
- 24/7 telephone coverage for reported deaths.
- Prepares intake form on reported deaths.
- Conducts scene investigations, documenting circumstances of death through photographs, diagrams, narrative, and witness interviews.
- Acts as family liaison.
- Reports findings to the Forensic Pathologist to assist in determining the cause and manner of death.
- Documents injury and natural disease.
- Attends all death scenes.
- Involved in mass fatality preparedness.

3 Full Time Forensic Technicians
- Assisting with Forensic Autopsy
- X-Rays
- Collection of evidence
- Collection of toxicology, histology and microbiology specimens
- Documentation of clothing and property
- Release of body to funeral home

4 Full Time Administrative Staff

1 Executive Assistant to the Chief Medical Examiner

- The five administration personnel in this division of the Jackson County Medical Examiner's Office are responsible for the forensic administrative functions of the office. Our personal staff prepares payroll, maintain account payables and receivables, releasing information to families, agencies, hospitals. The transcriptionist types all autopsy reports for the Medical Examiner and staff by transcription and dictation. Personnel also send autopsy reports to law enforcement agencies, families and attorneys, and perform filing and receptions duties. Personnel perform data entry into the computer of information from the investigator's intake form, the doctor's information, death certificate, autopsy and drug and alcohol findings on each case. The receptionist provides information to callers or visitors regarding office policies and procedures, death certificate and burial handling. Additional duties include making notification of Child Fatality Review Board and to Kansas City Health Department on heat related deaths. Prerequisites for forensic administration include forensic and medical terminology, clerical typing skills and ability to handle distraught families with compassion and empathy.

Duty and Authority of the Medical Examiner:

The medical examiner has direct jurisdiction for Jackson, Cass, Clay and Platte Counties and is empowered by Missouri State Statutes #RSMo 58.720 to investigate deaths as a result of:

1. Violence by homicide, suicide, or accident;
2. Thermal, chemical, electrical or radiation injury;
3. Criminal abortions, including those self-induced;
4. Disease thought to be of hazardous and contagious nature or which might constitute a threat to public health;
5. Any person dies suddenly when in apparent good health;
6. When unattended by a physician, chiropractor, or an Accredited Christian Science Practitioner, during a period of thirty-six hours immediately preceding death;
7. While in custody of the law, or while an inmate in a public institution;
8. In any unusual or suspicious manner;
9. All child deaths, involving individuals below the age of eighteen years

III. Cases:

Case Load				
Year	Homicides	Suicides	Traffic	Accidents
2007	133	148	131	453
2008	160	163	145	371
2009	138	156	105	386
2010	149	156	124	363
2011	143	184	99	353

Procedural Statistics				
Year	Total Cases	Autopsies	Ext Exams	Scenes
2007	2312	560	489	733
2008	2351	521	518	766
2009	2324	653	392	1147
2010	2217	569	464	1223
2011	2195	502	466	1255

IV. Office Accomplishments:

- In 2011, the new forensic database program, VertiQ and electronic death certificate system, Missouri Electronic Vital Records (MoEVR) systems were implemented.

- The Jackson County Medical Examiner's Office (JCMEO) has teamed with the Mid America Regional Council (MARC) in an effort to raise efficiency in response to mass fatality events and received approximately $148,000 from MARC for the purchase of mobile morgue equipment, as well as a customized 53 foot refrigerated trailer necessary for temporary storage of decedents. With the joint effort of the Mid America Regional Council, at little cost to the Medical Examiner's Office, our office is capable of responding to a mass fatality event with less assistance from federal agencies.

- Four members of the DMORT 7 team received Certificate of Recognition for their assistance in the recovery efforts in Joplin, Missouri to assist in identification of the tornado victims.

- Our office assisted in creating a regional 11 county team, Kansas City Regional Mortuary Operational Response Group (KCRMORG), to train and prepare for mass fatality events.

- The JCMEO is very supportive of organ and tissue donation and aims for zero denial rate.

The Jackson County Medical Examiner's Office (JCMEO) was recognized by the Midwest Transplant Network (MTN) for their efforts in tissue donation. Chief Medical Examiner Dr. Mary Dudley and members of her staff received the "Outstanding Achievements in Tissue Donation" award at the Medal of Honor Hospitals and Donation Champions in both 2010 and 2011.

V. Publications/Research/Presentations:

- Dudley, MD, Carson, HJ, Lingamfelter, DC, Hensley T, Frank, EL, Tarau, M; Leptospirosis Presenting as Presumptive Pandemic Influenza a (H1N1) Infection; National Association of Medical Examiners, Baltimore, MD. Nov. 2012

- Frazee C, Uttam G, Peterson D, Pietak R, Dudley MH; “Bath Salts: Observations and Results from Eight Cases poster presentation; The Society of Forensic Toxicologists” annual meeting. July 2012, Boston, MA

- Dudley MH & Chapman B, et al. “Death of a Six-Year-Old Boy with Mental Retardation: Accident versus Child Abuse” Journal of Forensic Science, July 2012

- Peterson D, Frazee C. Garg U., Dudley MH, “Case Report of a Death Involving Methylenedioxypyrovalerone (MDPV) from Bath Salt Use” poster: February, 2012 American Academy of Forensic Science Conference Atlanta, GA.

- Jares, Morgan, Reiner, Dudley, Herrera, Hensley, Lane, Minniear; “What Medical Examiners, Coroners, and Forensic Pathologists Think About Tissue Donation: A Survey”; AATB 35th Annual Meeting Scottsdale, AZ. Sept. 8-12, 2011

- Dudley MH, Hensley T, Morgan C., Lane S., Minniear M. “A Review of Coroner and Medical Examiner Opinions Regarding Tissue Donation Issues in the United States” poster presentation; National Association of Medical Examiners Conference Seattle, WA. August, 2011

- Dudley MH, Hensley T, Cai J, Hoff G, Edwards JM, Haldiman L; “Infant Death and Sleep Environment” poster presentation. National Association of Medical Examiners Conference Seattle, WA August, 2011;

- Dudley MH, Fleming S, et al. “Fatality Involving Complications of Bupivacaine Toxicity and Hypersensitivity Reaction: A Case Report” Journal of Forensic Sciences; April, 2011

- Dudley MH, Carson H, et al. “Severe Leptospirosis Similar to Pandemic (H1N1) 2009, Florida and Missouri, USA.” CDC Publication June, 2011 17:6

- Dudley MH, Fleming S., et al. “Marcaine” poster presentation; February 2011; American Academy of Forensic Science Conference Chicago, IL.

- Dudley MH, Knoblauch J, et al. “Psilocin Related Accidental Death: A Case Study”. ToxTalk Publication June/July 2011

- Dudley, MD & Fleming S., et al. “Anaphylaxis: Fatal Hypersensitivity Reaction to Carboplatin”; National Association of Medical Examiners, Cleveland, OH Oct 2010

- Frazee, Dudley, MD, Fleming, Garg, Lingamfelter and Sabharwal; “Huffing: Two Deaths Involving 1,1-Difluoroethane” Poster presentation, SOFT Annual Meeting Richmond, VA. Oct 2010

- Dudley M.H, Pons-Sepsis, A. “Expanding the Scope of Practice: The Forensic Nurse’s Administrative Role in a Medical Examiner’s Office”; International Association of Forensic Nurses Pittsburgh, PA Oct 2010

- Dudley MH, Parker A; “Fatal Fall of a Nine-Month- Old Infant” American Society of Forensic Pathology Check Sample No. FP 10-8 (FP-359) May 2010

- Carson HJ, Knight LD, Dudley MH, Garg U, et al. “A fatality involving an unusual route of fentanyl delivery: Chewing and aspirating the transdermal patch” Legal Medicine 12 (2010) 157-158
- Carson HJ, Dudley MH, et al. “Severe Leptospirosis with Presentations Similar to Pandemic (H1N1) 2009 Florida and Missouri “USA Emergency Infectious Diseases-10-0980 Jun 2010

- Dudley MH, Fleming SW, Porter WR, Frazee III CC, Garg U, Gidwani RM, and Sabarwal KD. Anaphylaxis: Fatal Hypersensitivity Reaction to Carboplatin: A Case Study. Forensic Pathology Check Sample, FP 10-7. Chicago, IL: ASCP; 2010

- Dudley, Fleming, Frazee, Garg, Knight, and Young; “Deadly Ingestion Involving Zolpidem, Clonazepam And Ethanol: A Case Report” poster presentation; 2009 Annual Society of Forensic Toxicology meeting, Oct 18-23, 2009, Oklahoma City, Oklahoma

- Dudley M. H., Hensley S. T.; “Management of Multi-Vehicle Accident with Multiple Fatalities Single Vehicle MVA-Determining Cause & Manner of Death” National Association of Medical Examiner’s Annual Meeting, San Francisco, California, Sep 11-16, 2009

- Knight, Dudley, Fredrickson, and Stueve; “Young Drivers Over-Represented In Traffic Fatalities In Missouri: Retrospective Review Of Young Driver Deaths In A Large Metropolitan Jurisdiction, 2006-2008, With An Eye Toward Prevention”; Poster presentation, Annual Meeting of the National Association of Medical Examiners, San Francisco, California, September 11-16, 2009

- Dudley, M.H.; “Role of the Coroner/Medical Examiner, Mass Fatality, Crime Scene to Trial- a Quadruple Homicide Case Study (Carr Case)”, National Academy of Sciences Report, SUIDI; Wisconsin Coroner Medical Examiner Association Conference; June 8, 2009; Au Claire, Wisconsin

- Fleming S, Frazee III CC, Garg U, Dudley M, Knight L, et al “Deadly Ingestion Involving Zolpidem, Clonazepam and Ethanol: A Case Report” ToxTalk. 33(4): 15-17, 2009

- Dudley, Goldschmidt, and Hensley; “Commotio Cordis: A Forensic Science Perspective”; AAFS Annual Meeting, Denver, Colorado, Feb 16-21, 2009

- Dudley MH, “Application of Lean Quality Management Theory to Forensic Autopsy Service” poster presentation; National Association of Medical Examiners annual meeting September, 2008 Louisville, KY

- Fleming S, Frazee CC, Garg U, Johnson, Dudley MH, et al; “Toxicological Findings of Dicyclomine and Morphine in a Deceased Cancer Patient” Tox Talk, Spring 2008, Vol 32, Issue 1

- Dudley, M.H., Fredrickson, L; An Example of the Importance of Scene Investigation by a Medico-legal Death Investigator in Providing Clues to the Cause and Manner of Death, National Association of Medical Examiners Annual Conference, October 2007; Savannah, Georgia

- Dudley, M.H., Hensley, S.T.; Cold Case Serial Murders, National Association of Medical Examiners Annual Conference, October 2007; Savannah, Georgia

- Dudley and Sciotto "Mitial Valve Prolapse and Promyelocytic Leukemia Associated with Fatal Stroke" Check Sample ACSP, Aug 2007

VI. Forensic Pathology Fellowship:
Since 2002, Jackson County Medical Examiner's Office has offered a 1 year ACGME accredited forensic pathology fellowship. The program's first fellow was Dr. Miguel Laboy in 2005. In 2007, Dr. Laboy was hired at JCMEO as a Deputy Medical Examiner. Dr. Laboy currently serves at Medical Examiner for Forensic Medical Management Services in Davidson County, Tennessee. In 2009, Dr. Harry Carson attended the fellowship program; he currently serves as Anatomic & Clinical Pathologist at Mercy Hospital in Iowa City, Iowa. The program received ACGME re-accreditation in 2011.

Miguel Laboy, MD. 2005 - 2007 • Harry Carson, MD. 2009 - 2010

VII. Pathology Residents Rotation:
We offer one-month forensic pathology rotation to in the training of University of Missouri-Kansas City (UMKC) and The University of Kansas Medical Center (KUMC) residents in Pathology, Children's Mercy Hospital Fellows in Pediatric Pathology and Child Abuse Pediatric Fellows during one month rotations.

The Chief Medical Examiner serves as Associate Clinical Professor, and the 3 Deputy Medical Examiners serve as Clinical Assistant Professors at both KUMC and UMKC.

Academic involvement through research, education, and training include sharing knowledge and skills with the next generation of Forensic Pathologists and Death Investigators.

- JCMEO hosts a monthly forensic lecture series to Pathology Residents.
- Continuing education lecture on “Sudden Unexpected Infant Death Investigation and Sleep Environment” to Children’s Mercy Hospital staff.
- Lectures on “Body Farm/Death Investigation” and “Autopsy/Toxicology” for Practicum Students of UMKC Dental School

VIII. Public Training and Public Service

The Chief Medical Examiner, 3 Deputy Medical Examiners and Medical Legal Death Investigators provide education and training to the communities and agencies we support. To better address certain priorities, the JCMEO has in-house committees to focus on both short-term and on-going needs. Select members of these committees often participate in public education or interagency informational seminars.

Hospital Liaison Committee, created to educate local hospitals on forensic issues and proper reporting of deaths.

- Hospital presentation on “Reportable Deaths to the Medical Examiners Office” at a local hospital educating ER nurses and ICU nurses.
- Local hospital presentation on “Forensic Nursing and the Trauma Patient” to local sexual assault nurses.

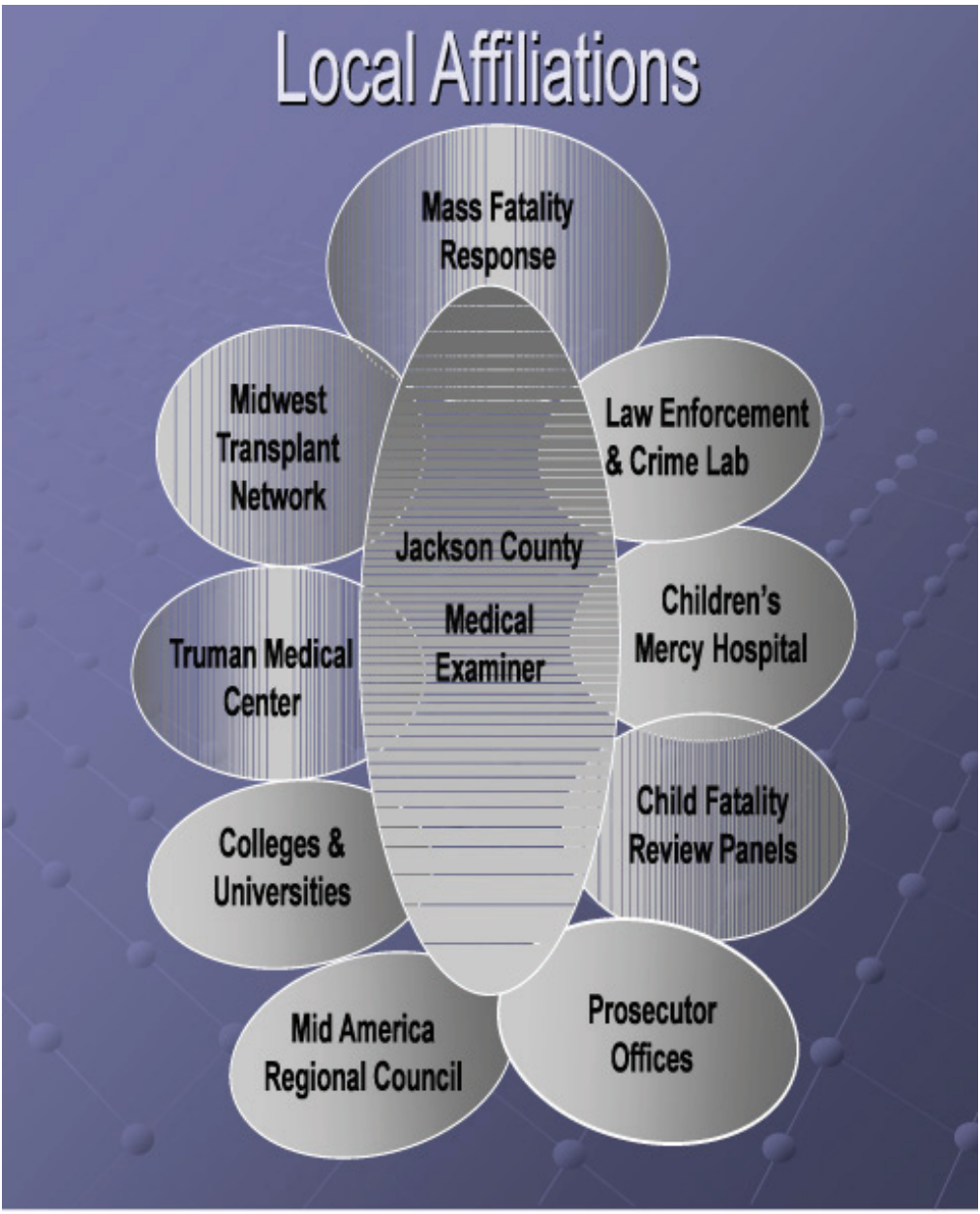
Community Liaison Committee, formed to create marketing materials to use at schools, colleges, etc. regarding careers in forensics. Select members of these committees often participate in public education or informational seminars.

- Motor Vehicle Re-enactment with the Independence Fire Department to high school students.
- Presentation on “Death Investigator’s Role During Scenes” at the Junior Police Academy
- Mock accident assembly for students at Park Hill South High School.
- “Death Investigation and Crime Scene Investigation” presentation at Fort Osage High School career day.
- Participation in a question and answer session at the Adhoc Group Against Crime for family of homicide victims.
- Presentation to radiology technology students on Forensic Pathology.

IX. Interagency Coordination:

It has always been a high priority of The Medical Examiner’s Office to create and maintain great working relationships with all outside agencies, including law enforcement, attorneys, organ and tissue agencies, and health departments. JCMEO has improved community relationship with associated agencies in public health and safety, mass fatality preparation and prevention with our community partners.

- Presentation to members of a regional group of agencies; Fire/EMS, Police, Missouri Department of Transportation, tow truck industry, Missouri Department of Natural Resources, discussing Traffic Accident Management and Scene Safety for first responders.
- Crime scene testing for fingerprinting with the Kansas City Police Department.
- “Wound Recognition of Gunshots”, “Blunt Force Trauma” and “Penetrating Trauma” lectures at the KCMO Police Academy, Metro Homicide Squad Training
- Lecture on “Emergency Preparedness, Capabilities of the MEO” and “Experiences in Joplin” to State Emergency Management Agency (SEMA) representatives.
- “Basic Death Investigation” and “Mass Fatality” presentation for members of the Jackson County Sheriff’s Department.
- Presentation “Overview on the Medical Examiner’s Office” at the Grain Valley Police Citizens Academy.
- Attendance at the State Emergency Management Agency New, Madrid Exercise in Jefferson City.
- Participation in “Gunshot Residue and Blood Spatter Training” at the Jackson County Shooting Range.



X. Disaster Management and Readiness Program:
Kansas City Regional Mortuary Operational Response Group (KCRMORG)

For the past 5 years the Jackson County Medical Examiners Office has been working in conjunction with the Mid-America Regional Counsel in the area of mass fatality preparedness and response. In 2011 the Jackson County Medical Examiners Office received over $200,000.00 in mass fatality equipment from the Mid-America Regional Counsel. The equipment consisted of a customized 53ft refrigerated trailer and several components of morgue equipment that will allow us to set up mortuary

operations outside the Medical Examiners Office during a mass fatality event. This equipment included generators, power cords, autoclave, lights, body bags, freezer, tarps, hot water heaters, plastic utility tables, PVC pipe for morgue wall construction, autopsy tables, and other operating equipment. The Jackson County Medical Examiners added to the equipment by purchasing PPE, administrative supplies, pathology, anthropology, x-ray, dental x-ray and several other operating supplies. With the equipment purchased by the Mid-America Regional Counsel and the Medical Examiners Office, there is approximately $500,000.00 worth of mortuary equipment which will enable emergency mortuary response team. Members are from the Kansas City Regional area from both Missouri and Kansas. This team is called the Kansas City Regional Mortuary Operational Response Group and rosters approximately 100 professionals from several aspects of forensic investigation. This team is responsible for the response and management of a mass fatality event and can be deployed by the Medical Examiner or Coroner of the effected area. The Jackson County Medical Examiners Office is responsible this equipment, team training and is the lead agency for the KCR-MORG. Members of the Kansas City Crime Lab, Johnson County Crime Lab, Dental School, First Call Morgue, Speaks Funeral Home, Boone County Medical Examiners Office, Miami County Coroners Office, Wyandotte County Emergency Management, Jackson County Sheriff's Department and the Jackson County Medical Examiners Office make up this response team. This team will be able to respond within a short notice and will be under the jurisdiction of the local Medical Examiner or Coroner. Having the resources within the Region, and being able to respond and complete a mass fatality event with little assistance from the Federal Agencies, demonstrate the hard work and dedication that the local and regional government authorities have put forth for the preparedness and management of a mass fatality event.

XI. Death Certification:

Originally, the Jackson County Medical Examiner's Office death certificate was typed on an IBM electric typewriter and only initiated for deaths in Jackson County. Once the medical examiner's portion of the death certificate was completed by the clerk, and signed by the doctor, the original is mailed to the funeral home. Over the years the death certificate forms have changed.

Presently, the office issues death certificates for Jackson, Clay, Platte, and Cass County. These death certificates are required by state law to be done electronically (on-line) by the Funeral Homes, Certifying Physicians and Medical Examiner/Coroners, who have been trained by the state. At this time, only 50% of the death certificates are done electronically, but this should increase once more funeral homes receive their training by the state. The electronic death certificate has improved the efficiency of the process of death certification allowing families to receive the completed death certificate sooner, reduces the number of errors and ensures proper cause and manner of death completed by the Medical Examiner/Coroner.

XII. A History of Recording Deaths and the Coroner/Medical Examiner System

In 1812, 5 original territories formed to make up the State of Missouri: Cape Girardeau, St Louis, New Madrid, St Genevieve, and St Charles. As pioneers moved westward in the 19th century, the Missouri General Assembly declarations authorizing county formations occurred throughout the state. On December 15, 1826 the

General Assembly of the State of Missouri declared Jackson County Missouri as a county. Prior to the adoption of the current County Charter in 1970, the governing body in Jackson County, Missouri, was called the Jackson County Court, a form of County government that dates back to Jackson County's formation on December 15, 1826. The County Court consisted of a legislative panel of three individuals popularly elected. Each one's title was "County Judge," which is like a county commissioner common in other areas of the country. Coroners were elected in each county. This system remained in place until 1970 for Jackson County until the Home County Charter was voted in. Information regarding Jackson County death records in Missouri was obtained from the Jackson County Historical Society, Missouri Digital Heritage and at local libraries. In Jackson County Missouri, the oldest government city or county record of death in Jackson County is found in the Jackson County probate record #1 dated September 12, 1828. On that date, Jackson County Clerk Samuel Owens, entered into permanent record, the probate record of decedent Baronette Vasques. The record was initiated by his widow Emily F. Vasques. There is no location of death, no stated date of death, time of death or cause and manner of death in the county probate record. There were no legal documents required for proof of death. This is the earliest form of county/city government documentation that a death had occurred in the county.

Government records of death in Jackson County include registry books listing deaths within rural Jackson County and the city limits of Kansas City, MO and Independence, MO. The registry books were maintained by each city and the county maintained a separate a "Death Registry from 1883-1891.

In Kansas City, the 2 registry books were simply called the "Record of Deaths, Kansas City Missouri", "Book A" (August 3, 1874 – July 31, 1889) and "Book B" (August 18, 1889 – December 31, 1898). The lists in Book A of the Kansas City register totals 14,470 names while the total names in Book B is 17,338. The first decedent listed in "Book A" was "Levi Howard who died on August 3, 1874 at the corner of 14th & Main Street.

Brief History of Vital Records in Missouri

In 1883, the Missouri General Assembly enacted legislation providing for the Board of Health to have supervision of the statewide registration of births and deaths. This supervision amounted to prescribing "such forms and recommending such legislation as shall be deemed necessary for a thorough and complete registration of vital and mortuary statistics through the state." The State Board of Health was charged with preparing printed forms of certificates of births and deaths; these were to be provided to the clerks of the various counties and it was the duty of the county clerks to furnish the printed forms to the persons required to file birth and death reports. The law required the recording of births and deaths at the county level.

This law did not make the reporting of all births and deaths mandatory. Due to noncompliance from 1883 through 1893, the General Assembly repealed the statutes relating to the registration of births and deaths in Missouri in 1893. Most counties do have these registers, but there is enormous variation as to how complete and/or comprehensive they are.

It was not until 1910 that the General Assembly again provided for the registration of births and deaths on a statewide basis. Approved May 6, 1909, the act was to

“provide for the immediate registration of all births and deaths throughout the state of Missouri by means of certificates of births and deaths and burial or removal permits; requiring prompt returns to the central bureau of vital statistics at the capital of the state, as required to be established by the state board of health, and to insure the thorough organization and efficiency of the registration of vital statistics throughout the state, and providing certain penalties.” Pursuant to this 1909 law, all births and deaths that occur in Missouri are reported to the Missouri Department of Health and Senior Services. The Bureau of Vital Records maintains these birth and death records.

No vital records were kept on the state level before 16 August 1909. The Bureau of Vital Statistics at the Missouri Department of Health and Senior Services, Bureau of Vital Records in Jefferson City, MO maintains certificates of Missouri deaths less than fifty years old.

In 1970 the voters of Jackson County adopted a Constitutional Home Rule Charter for the County, establishing a County Executive position and the County Legislature. The heart of the Charter is a strong-elected Executive, accountable to all the voters, who has the power to appoint the administrative officer’s of his government, the power to veto legislation, and both the responsibility and the means at hand with which to operate an effective, efficient County government. The County Executive is allowed to appoint administrative officers (department heads) of each department. The medical examiner is appointed in such a manner.

XIII. History of Coroners & Medical Examiners Serving Jackson County

Dr. Charles B. Wheeler Jr.

Coroner
1965-1966

Dr. Charles Wheeler was the first Jackson County Coroner with forensic pathology training and served for 2 years from 1965-1966. Dr. Wheeler attended medical school at KU Medical Center from 1946-1950. He completed his internship at Charity

Hospital in New Orleans, LA in 1951. He did his pathology residency at St. Luke's Hospital in Kansas City, Missouri from 1953 to 1955. He received his forensic pathology fellowship training at the University of Maryland in Baltimore and studied under Dr. Russell Fisher from 1955-1956. Wheeler is an American Diplomat of the Board of Pathology, certified in Anatomic, Clinical, and Forensic Pathology. Dr. Wheeler was the laboratory Directory for KC General Hospital from 1957 to 1963.

Dr. Wheeler's administrative office was located in the basement of the Jackson County courthouse while autopsies were performed in the pathology department of General Hospital located a few blocks away. Dr. Wheeler was also the Associate Pathologist and Director of Laboratories at Kansas City General Hospital at the same time he served as coroner of Jackson County. According to Dr. Wheeler, prior to coroner autopsies being performed at the General Hospital, the autopsies were performed at local funeral homes in the metropolitan area. Staffing at the medical examiner's office consisted of (2) clerical staff and himself. An autopsy assistant was not on his staff, but was borrowed from the pathology department at General Hospital. During Dr. Wheeler's term, the city experienced an enormous amount of mafia related homicides including bombings at the River Quay – River Market area of Kansas City. In 1967, Dr. Wheeler was elected as Judge of Western district of Jackson County Court until January 1971. He also served as Mayor for 2 terms and State Senator from 1971 to 1979. He was the recipient of the American Medical Association's Rush Award (1971), The University of Missouri-Kansas City Lifetime Achievement Award (1984), and the Kansas University Medical Distinguished Alumnus Award (1997). Dr. Wheeler was very influential in changing the county statues in 1970 allowing appointed medical examiners to serve in Jackson County. He currently resides in Kansas City, Missouri.

Dr. Andrew McCanse

Coroner
1967 – 1968

Dr. McCanse was the Jackson County Coroner from 1967 until 1968. He graduated from North Kansas City High School in 1945. He completed his medical degree at

Washington University in St. Louis and obtained 3 degrees from the University of Missouri where he was a member of Sigma Chi. Dr. McCanse died July 21, 2012.

Dr. William Bryan

Coroner
1969 – 1972

Dr. Bryan served as Jackson County Coroner from 1969 until 1972.

Bonita J. Peterson

Chief Medical Examiner
1973-1989

Dr. Bonita Peterson was the first medical examiner appointed by the county executive in 1973 and the second forensic pathologist to work for Jackson County. Dr. Peterson attended medical school at Columbia University in New York City from 1950-1954 and did her one-year internship at the University of Kansas Medical Center in Kansas City, Kansas. She attended the Armed Forces Institute of Pathology (AFIP) in Washington, DC for 4 years of pathology residency. She received one year forensic pathology training at the medical examiners office in Baltimore, Maryland.

In 1973, the Jackson County Medical Examiner's Office was located in the basement of the General Hospital at 2315 Locust in Kansas City, Missouri until they moved across the street in 1976 to Truman Medical Center-West at 2301 Holmes, Kansas City Missouri. Staffing at the medical examiner's office consisted of one pathologist, one autopsy assistant, one clerical and one assigned KCMO Police Detective.

Dr. Peterson took calls 24 hours a day, 365 days a year beginning her day at 6 a.m. She worked as the Chief Medical Examiner and the only forensic pathologist covering the metropolitan Kansas City area for 16 years. There was no "data base" and the filing system was maintained on index cards. Much of the case file consisted of hand written notes. According to a newspaper article published in 1981, "the intense

pace and responsibility that Dr. Peterson must keep, is more than most medical examiners must

deal with. In 1979, an evaluating team from the National Association of Medical Examiners came to examine the conditions under which this medical examiner must work. What they found was that she was overworked, understaffed, and without the laboratory facilities provided to most examiners in her position. Some large cities like Chicago and New York have 20 medical examiners. Dr. George Gantner, a member of the evaluating team, suggested that Dr. Peterson obtain one assistant, at the very best."

During her service at Jackson County, there was a 5 year period where one disaster a year occurred in Jackson County Missouri. In 1977, a flood claimed the lives of several residents in the Kansas City, 1978 - the Coates House Hotel Fire in Kansas City occurred claiming 20 lives, 1979 - Kansas City Mortuary Service abandoned 32 bodies dating back to 1977, 1980 - heat related deaths accounted for 157 deaths in Kansas City, 1981 – The Hyatt Skywalk collapse claimed the lives of 114 people.

The JCMEO is very grateful for her many years of dedicated professional forensic service to the Kansas City area. She was indeed a pioneer woman who, with limited resources, cleared the path for those who followed in the forensic pathology field. Dr. Peterson continues to do consulting in forensic pathology and resides in Kansas City, Missouri.

John C. Overman, M.D.

Chief Medical Examiner
1990-1993

John Overman, M.D. served as the Jackson County Medical Examiners Office beginning on 7-01-1986 until 10-29-1993. Dr. Overman was a graduate of the UMKC School of Medicine 6 year program. He attended college and medical school from 1976 – 1982 and received his medical degree from UMKC. His residency training in Pathology was from the University of Kansas Medical Center, Kansas City, Kansas. He was certified in anatomic and clinical and forensic pathology by the American Board of Pathology. He served as Staff Pathologist at Truman Medical Center from 1987-1993. He was appointed Clinical Assistant Professor at the UMKC School of Medicine in 1987. In 1991 he became Clinical Associate Professor at the UMKC Medical School. The following year Dr. Overman was appointed Clinical Associate Professor at the University Of Kansas School Of Medicine. He authored articles published in the ``Annals of Clinical and Laboratory Science'', and the ``Journal of Forensic Science''.

Dr. Overman was appointed Chief Medical Examiner in 1990. Prior to April of 1991, the medical examiners office had a staff of 5 personnel, 1 - Chief Medical Examiner, 1 – Deputy Medical Examiner, 2 – Clerical Staff and 1 – Autopsy Assistant. The death scenes were investigated by law enforcement. After his appointment as Chief Medical Examiner, Dr Overman accomplishments included expanding the office staff to acquiring a team of 6 death investigators for a total of 11 forensic staff. The medical examiner death investigators conducted scene investigations, photograph death scenes, take custody of the body, examine the body, interview witnesses,

bystanders, family members and others, write investigative reports, perform body exams, gather medical records, coordinate release of the bodies to funeral homes and other jobs as needed. In 1990, computerization of case files began under Dr. Overman's leadership. In 1992, the medical examiner's office was first accredited by National Association of Medical Examiners (NAME). During his years of employment in JCMEO, Dr. Overman handled many high profile cases, including several serial murder cases in the Kansas City area. Dr. Overman relocated to Hutchinson, Kansas where he worked as a coroner for Reno County and performed forensic autopsies. Dr Overman died accidentally in 1997.

Brij Mitruka

Chief Medical Examiner
1993-1994

Dr. Mitruka served one year as the Jackson County Medical Examiner from 1993 until 1994. He was a clinical staff pathologist at Truman Medical Center – West in Kansas City Missouri.

Dr. Thomas Young

Chief Medical Examiner
1995 - 2006

Thomas Young was appointed Jackson County Chief Medical Examiner on 7/10/1995. Prior to coming to Jackson County, Dr. Young worked as a Associate Medical Examiner, Fulton County Atlanta, Georgia from July 1989 - June 1995 at the Fulton County Medical Examiners Office in Atlanta, GA. Dr. Young attended Medical School at Loma Linda University School of Medicine, Loma Linda, California from September 1977 - November 1980. His Internship and Residency in Anatomic and Clinical Pathology was from Loma Linda University Medical Center and Jerry L. Pettis Memorial Veterans Administration Hospital in Loma Linda, California from January 1981 - December 1984. Dr. Young's Fellowship in Forensic Pathology was from the

Office of the Medical Examiner, Fulton County (Program affiliated with Emory University, School of Medicine) in Atlanta, Georgia from July 1988 - June 1989.

Dr. Young expanded the medical examiner services to other surrounding counties providing revenue for Jackson County and creating a regional MEO resource. From 1995-2004 three surrounding KC metropolitan counties contracted with Jackson County to provide complete death investigation and medical examiner services. Other counties referred cases for autopsy services only. In 1997, construction contracts for office space at 660 E. 24th St, KCMO were awarded. In August of 1997, Dr. Young and Investigator, Tom Hensley, were deployed to Guam to assist in the Korean Airline Crash as members of the mass fatalities team, Disaster Mortuary Operations Response Team (DMORT). In 1998, the office relocated to a 4500 square foot office at 660 E. 24th St, Kansas City, MO. In 1999, the office purchased a vehicle for investigators to respond to scenes. Also that year an Alternate Light Source was purchased for evidence detection. In 2000, JCMEO contracted with the Missouri Department of Corrections to perform autopsies on inmates for half the states prison facilities. On July 4, 2004, Legislators approved funding to expand the office space to approximately 9000 sq ft. In 2005, the renovation project was completed.

Dr. Young became a member of NAME in 1991 and gave 3 presentations at the annual NAME meetings. The JCMEO was reaccredited twice by NAME in 1999 and 2004, while Dr. Young served as Chief Medical Examiner. Dr. Young also started the ACGME accredited Forensic Pathology Fellowship Program in 2002.

Dr. Young's forensic staff grew from 11 to 15 full-time employees including 6 Death Investigators, one Chief Investigator, 3 clerical staff, one Chief Medical Examiner, one Deputy Medical Examiner, one Forensic Fellow, and two Forensic Assistants during his 10 ½ years as Chief Medical Examiner. Dr. Young resigned in 2006 and resides in the Kansas City area.

XIV. Medical Examiner/Coroner Facilities History

General Hospital
2315 Locust Kansas City, MO
1965 – 1976

Dr Wheeler – Coroner, had his administrative office at the Jackson County Courthouse but conducted autopsies for coroner cases at the General Hospital #1, 2315 Locust in Kansas City Mo from 1965 until 1976.

Truman Medical Center West (TMC-W)

2301 Holmes Kansas City, MO
1976 – 1998

While Dr Bonita Peterson was chief medical examiner in 1976, the medical examiners office moved from General Hospital #1 to the Truman Medical Center - West Hospital and remained there until 1998.

Jackson County Medical Examiner's Office

660 E. 24th Street Kansas City, MO.
1998 – Present

In 1998 while Dr Thomas Young was chief medical examiner, the medical examiners office moved from across the street at TMC-W to the Truman Hospital Diagnostic and Treatment Center and Children's Mercy Hospital complex on Hospital Hill. Hospital Hill is a neighborhood in Kansas City, Missouri. The neighborhood is located between 22nd Street to 25th Street and Gillham Road to Troost Avenue. This name reflects not only the geography on which the buildings rest, but also a history of public hospitals on the same site dating back to 1870. Hospital Hill grew in concordance with the construction of local hospitals, and was further populated as the University of Missouri–Kansas City School of Medicine was established. Truman Medical Center-Hospital Hill and Children's Mercy Hospital, Kansas City Missouri Health Department, along with the University of Missouri – Kansas City schools of medicine, pharmacy, nursing, and dentistry, are located on the Hospital Hill campus.

County Medical Examiner's Office Described As A 'Model' For Others

MAY 20, 2009 (Kansas City, Missouri) Jackson County News Release

Jackson County has a Medical Examiner's Office that could serve as a "model" for others in the nation. The National Association of Medical Examiners (NAME) reached that conclusion after finding no deficiencies while inspecting the County

Medical Examiner's office earlier this year.

Dr. Jeffrey M. Jentzen, Chairman of NAME's Inspection and Accreditation Committee, personally conducted the Jackson County Inspection January 29. The former Chief Medical Examiner from Milwaukee, Wisconsin, returned to Kansas City on Monday to present Jackson County's Chief Medical Examiner, Dr. Mary Dudley, the official NAME accreditation certificate during the regular weekly meeting of the County Legislature.

The Jackson County Medical Examiner's Office is now one of approximately 60 from across the nation to earn NAME accreditation. The NAME inspection involves an office's administration, facilities, safety, records keeping, autopsy reports and performance improvements.

"This accreditation assures we're meeting the highest standards set by our peers," said Dr. Dudley. "The medical examiner community is most likely moving towards mandatory accreditation, so this puts us ahead of the curve – especially being cited as a model for other medical examiner offices in the country."

Dr. Dudley thanked her forensic and administrative staffs for their two-year effort to prepare for the NAME inspection. County Executive Mike Sanders praised Dr. Dudley and her staff for their professionalism in achieving this national recognition. "Our Medical Examiner's Office, under Dr. Dudley's leadership over these last two years, is not only meeting the highest standards but is exceeding them," Sanders said. "With NAME calling it a 'model office,' I would also have to say that our Medical Examiner's Office is now helping to set the standards."

When calling the Jackson County Medical Examiner's Office a "model," the NAME inspection report especially praised the office's interaction with its community partners, including law enforcement agencies, health departments, donor networks and hospitals.

BEXAR COUNTY MEDICAL EXAMINER'S OFFICE
7337 LOUIS PASTEUR

SAN ANTONIO, TEXAS 78229-4565
(210) 335-4053
FAX (210) 335-4052
www.bexar.org/medicalexaminer

Accredited by the National Association of Medical Examiners

HISTORICAL SUMMARY OF THE BEXAR COUNTY MEDICAL EXAMINER'S OFFICE

Death investigations in early Texas are not well documented, though the laws of the Republic of Texas (1836-1946) do have references to the office of Coroner. However, these statutes do not reference death investigation practices to any significant degree, and it is likely that such investigation was quite variable and performed on an ad hoc basis on the Texas frontier. Texas became a state in 1846, and death investigation responsibilities were eventually assigned to the office of Justice of the Peace, though some early state constitutions and statutes continue to reference the office of Coroner, including discussions of inquests on dead bodies. But by 1879, death investigation was clearly vested in the office of Justice of the Peace, as codified in the Code of Criminal Procedures of that year. It remained a part of the duties of that judicial office in the majority of Texas counties with little change over the ensuing years. However, a significant change occurred with passage of legislation in 1955 that allowed for the formation of Medical Examiner's Offices in certain counties having populations in excess of 250,000. Under the law, these counties could remove the responsibility for death investigation from the Justices of the Peace and vest this authority in a physician Medical Examiner.

At that time, four counties fell under the provisions of this law: Bexar (San Antonio), Harris (Houston), Dallas and Tarrant (Ft. Worth). However, passage of the law was initially met by indifference, and none of the counties adopted the Medical Examiner System. Then, on December 5, 1955, an automobile accident occurred four blocks from the residence of one of the Bexar County Justices of the Peace. The police, thinking the victim might still be alive, rushed him to the hospital where he was pronounced dead on arrival. They then called the Justice of the Peace in the precinct where the accident occurred. He refused to hold an inquest because he felt the police should not have removed the body. The police then called the Justice of the Peace for the precinct in which the hospital was located. They asked him to hold an inquest. He refused because he was not called first. The body then remained in the hospital from the evening of the day of the accident until noon the next day when a Justice of the Peace was located who agreed to hold an inquest.

This incident was well-publicized by the media with charges of “prima donna” actions by the Justices of the Peace. At the next meeting of the Bexar County Commissioners’ Court, a majority of the Justices of the Peace, the Police Chief, and other City and County officials, recommended that a Medical Examiner System be established. Most of these individuals had made a similar recommendation in the past. It was the strong public opinion in regard to the incident that won approval for the establishment of the Medical Examiner System.

The Commissioners’ Court then went on to adopt the concept of a Medical Examiner’s Office. On December 28, 1955, The Bexar County Commissioners’ Court authorized the County Auditor to include in the 1956 Budget the sum of $25,000 to create the position of Medical Examiner, with the money used to defray the salary and office expenses of the Medical Examiner. On April 2, 1956, the Commissioners’ Court appointed Dr. Robert Hausman as the first Medical Examiner effective July 1, 1956. He was given a salary of $14,000 per year with an expense allowance of $1,200. He was also allowed an assistant at $3,600 per year with $600 per year expense allowance, and a secretary at $3,000 per year. The Bexar County Medical Examiner’s Office became operative July 1, 1956. Dr. Hausman, took the oath of Office on July 2, 1956, and received his first case, a suicide, two hours after the ceremony. Dr. Ruben Santos was appointed Assistant Medical Examiner in the summer of 1962. After Dr. Santos had been Assistant Medical Examiner for one year, Dr. Hausman took a 2 year leave of absence and Dr. Santos became acting Chief. Dr. Hausman resigned in 1968 and was replaced by Dr. Santos who was the Chief Medical Examiner until December 4, 1980.

Dr. Robert Hausman

Dr. Ruben Santos

Dr. Vincent J.M. Di Maio was appointed Chief Medical Examiner, effective March 1, 1981, on a vote of the County Commissioners' Court of December 18, 1980. Members of the Court were County Judge Albert Bustamante and Commissioners Leo Mendoza, Jr., Tom Stolhandske, Jeff Wentworth and Tom Vickers. Under Dr. DiMaio's leadership, the BCMEO was transformed from a small, essentially one-man operation into a modern and highly respected medical examiner department. During his 25 year tenure as Chief Medical Examiner, a forensic pathology fellowship training program was established in the office, accreditation by the National Association of Medical Examiners was achieved, and the staffing and budget of the office was increased commensurate with the rapid growth of Bexar County. Dr. DiMaio's international reputation as a forensic pathologist contributed greatly to the stature of the office. Dr. DiMaio remained Chief Medical Examiner until his retirement on December 31, 2006, and was succeeded by Dr. Randall E. Frost, formerly Deputy Chief Medical Examiner, on January 1, 2007.

Dr. Vincent J.M. DiMaio

Dr. Randall E. Frost

In 1956, Bexar County had an estimated population of 710,451. The Medical Examiner's Office consisted of 3 full time and 6 part time employees. The Medical Examiner at that time, Dr. Robert Hausman, was a qualified Forensic Pathologist who performed both the administrative duties of the office and nearly all the medical-legal autopsies. In 1957, the cost to operate the Bexar County Medical Examiner's Office was 4.2 cents annually per capita. In the first 4 months of the Office, 249 deaths (16.5% of all deaths in Bexar County) were investigated: 95 violent deaths; 154 natural. 131 autopsies were performed. Blood alcohol samples were initially sent to Austin to the State crime lab. Medical Investigators employed by the Medical Examiner's Office did not begin to go to death scenes until January of 1982.

On May 15, 1958, the first Toxicologist was hired, with the first toxicology test performed on July 31, 1958 for arsenic. The first Toxicology Laboratory was set up in a 7 x 8 ft. room next to the morgue in the Robert B. Green Hospital. After several months, the lab moved to a larger room in the County Courthouse where the Administrative Office was located. In 1961, the lab and administrative department moved to

the Courthouse Annex at 203 W. Nueva.

In 1969, the Administrative Office and Laboratory moved to the Robert B. Green Hospital. It remained there until October 1978 when the BCMEO moved to a new 16,000 sq. ft. building at 600 North Leona. In June 1993, the BCMEO moved to a new 52,000 sq. ft. facility on the campus of the University of Texas Health Science Center at San Antonio which it shared with the Bexar County Criminal Investigation Laboratory.

The Bexar County Medical Examiner's Office (BCMEO) is accredited by the National Association of Medical Examiners. The office operates a fully accredited training program (fellowship) in Forensic Pathology, and provides pathology resident and medical student teaching services for the adjacent University of Texas Health Sciences Center School of Medicine and for the local military pathology training program. The Toxicology Section of the BCMEO is one of only approximately 30 institutions in the United States and Canada accredited by the American Board of Forensic Toxicology. The Toxicology and Medical Investigations Sections of the Office also offer competitive internship opportunities in their respective areas for interested and qualified university students.

Currently (2012) the office is staffed by five full time forensic pathologists (listed below with their fellowship training program) all of whom are certified in Forensic Pathology by the American Board of Pathology.

- Randall Frost, M.D., Chief Medical Examiner
  (Dade County Medical Examiner's Office)
- Kimberley Molina, M.D., Deputy Chief Medical Examiner
  (Bexar County Medical Examiner's Office)
- Jennifer Rulon, M.D., Deputy Medical Examiner
  (Bexar County Medical Examiner's Office)
- Elizabeth Peacock, M.D., Deputy Medical Examiner
  (Dallas County Medical Examiner's Office)
- Rajesh Kannan, M.D., Deputy Medical Examiner
  (Bexar County Medical Examiner's Office)

One or two fellows are also trained in the office each year. The forensic pathology training program is approved by the American Council on Graduate Medical Education for two positions, but historically only one position is funded by Bexar County. Occasionally a military physician has occupied the second, unfunded, position. Physicians who have trained in forensic pathology in the office are:

Fellow Name	Entered Training	Completed Training
Dana, Suzanna E.	7/1/1983	7/30/1984
Yudt, William M.	8/1/1983	6/30/1984
Bux, Robert C.	8/8/1984	8/7/1985
Kaplan, James A	7/1/1987	6/30/1988
Brown, Tommy J.	7/1/1988	6/30/1989
Caballero, Eduardo	7/1/1989	6/29/1990
Somerset, Scott J.	7/1/1990	6/30/1991
Nielsen, Jody L.	1/1/1991	12/31/1991
Zivot, Udelle D.	7/1/1991	6/30/1992
Sikirica, Michael	7/1/1992	6/30/1993
Haas, Thomas	7/1/1993	11/15/1993
Erickson, Stephen A	7/1/1994	6/30/1995
Milovanovic, Alexander	7/1/1995	6/30/1996
Deidiker, Russell	7/1/1996	6/30/1997
Rulon, Jennifer	7/1/1997	6/30/1998
Farley, Norma J.	7/1/1998	6/30/1999
Humphreys, James L.	7/1/1999	6/30/2000
Kohlmeier, Ruth E.	7/1/2000	6/30/2001
Rouse, Elizabeth A.	7/1/2000	6/30/2001
Natarajan, Sridhar	7/1/2001	6/30/2002
Feig, James A.	7/1/2001	6/30/2002
DuPre, D'Michelle	7/1/2002	6/30/2003
Molina, Kimberley	4/1/2004	3/31/2005
Stash, John A.	7/1/2005	6/30/2006
Schmidt, Matrina	7/1/2005	6/30/2006
Kannan, Rajesh	7/1/2006	6/30/2007
Wood, Leisha	7/1/2007	6/30/2008
Kobayashi, Masahiko	7/7/2008	9/30/2009
Perez, Danielo B.	7/1/2010	6/30/2011
McClain, William D	7/1/2011	6/30/2012
Evans, Samantha	7/1/2012	Present

The office operations are divided into four sections, each led by a Section Head:
- Administration: Gloria Delgado
- Toxicology: Michael Neerman, Ph.D.
- Investigations: Jimmy Holguin
- Autopsy/Morgue: Kelley Beyer

There are currently a total of seven clerical staff, twelve Medical Investigators, ten

toxicology staff, and seven Autopsy Technicians.
In addition to having jurisdiction over deaths occurring within Bexar County, the Bexar County Medical Examiner's Office also provides forensic autopsy services for many of the smaller, predominately rural counties in the surrounding area of South and Central Texas. In such cases, jurisdiction over the case investigation is retained by the Justice of the Peace in the county of origin, but the BCMEO will provide autopsy services and professional consultation on a fee-for-service basis. In recent years, these cases have decreased somewhat due to an increase in the number of medical examiner offices and private forensic autopsy facilities in the state.

A historical comparison of case load data is shown in the table below.

Year	**1958**	**1960**	**1970**	**1980**	**1981**	**1990**	**2000**	**2010**
Cases reported				2638	2987	4461	8125	9969
Cases accepted	662	729	939	1393	1549	1653	2059	2253
Autopsies	325	331	332	414	736	1048	1324	1335
Scene Investigations	0	0	0	0	0	342	425	850
Toxicology tests		345	1374	1689	5031	9017	33445	81,892
Out-of-county	0	0	0	0	0	185	331	95

The current annual budget of the office is slightly over $4 million, with income of nearly $1 million from fees for out-of-county autopsies, toxicology services in non-death cases, and other fees. This results in a per capita expense of approximately $1.75 per Bexar County taxpayer for current funding of the office.

All staff Medical Examiners are required to be board certified in Anatomic and Forensic Pathology by the American Board of Pathology. The Medical Investigators in the office all receive requisite training to obtain Texas Peace Officer certification, and are also required to obtain certification by the American Board of Medicolegal Death Investigation during their first two years of employment. Many Toxicology Chemists are certified by the American Board of Forensic Toxicology, and many have advanced degrees in their field. The Chief Toxicologist is required to have a doctoral level degree.

The Bexar County Medical Examiner's Office continues to expand to keep pace with a rapidly growing San Antonio metropolitan area, with a current population of approximately 1.7 million. The goal of the Office is to continue to provide the finest in forensic pathology and death investigation services to its citizens, while maximizing efficiency in the expenditures of taxpayer dollars. We strive to provide outreach and training to the local medical community, civic groups, and law enforcement and judicial officials from Bexar and surrounding counties. To that end, an annual, highly reviewed death investigation course for police, attorneys, and Justices of the Peace has been established, and Medical Examiners give frequent presentations on topics of forensic pathology to a variety of local groups. Our staff members also support local interdisciplinary organizations such as Child Fatality Review Teams on a regular basis. The training of young physicians in the field of forensic pathology is an ongoing priority of the Office, and medical students, pathology and pediatric residents,

and forensic pathology fellows train in the facility. The office has frequently hosted forensic pathologists, physicians, and investigators from other countries during visits to the United States to learn about American forensic pathology practice and death investigation.

While economic realities have constrained growth in most governmental agencies in recent years, the BCMEO has been able to maintain services at its traditionally high level of excellence because of a very dedicated staff that continually strives to increase efficiency throughout the office.

Prepared by:
Dr. Randall Frost and Dr. Vincent DiMaio
July 2012

History of the Southwestern Institute of Forensic Sciences Dallas, TX

Prepared by
Joni L. McClain, MD
Deputy Chief Medical Examiner
SWIFS

August 2012

History of the Southwestern Institute of Forensic Sciences

In Texas there are no coroners. The duties and responsibilities of the coroner's office are delegated to the justices of the peace. The justices derive their death investigation powers from the portion of the Texas Code of Criminal Procedure loosely designated as the "Inquest Law." This segment of the code is old and was originally intended to provide for the detection of homicide. It has been modified many times and in the process has been extended so as to include the authority of the justice to investigate suicidal deaths, deaths due to accident and other deaths.

In the late 1940's and early 1950s a coalition of physicians (both pathologists and others), attorneys, and others pushed for legislative action to permit heavily populated counties to establish positions for appointed medical examiners. These were to be physicians skilled in autopsies, that is, pathologists. The so-called Baker Bill was proposed at the 1955 session of the Texas legislature and was enacted into law. The new law provided that counties with a population of more than 250,000 could establish a medical examiner system. If such a county had within its boundaries a medical school then that facility would suffice. In 1965 the Code of Criminal Procedure was changed to mandate that counties with a population of more than 500,000 establish a medical examiner's office.

Dallas County adopted the law in 1969. Dallas County was unique in that the criminal investigation laboratory, the medical examiner, and the toxicology department were combined in the new facility and placed under the director. The director of the Institute is the Chief Medical Examiner. The new combined facility was named the Southwestern Institute of Forensic Sciences.

The Kennedy Assassination

On November 22, 1963, President John F. Kennedy was assassinated in Dallas, TX. At that time, Dallas was still under the Justice of the Peace system. The justice had the authority to conduct the autopsy in Dallas. Due to the media attention, he attempted to call the District Attorney. The phones had been commandeered by the Secret Service and FBI and the justice was not able to reach the district attorney.

Dr. Earl Rose, the forensic pathologist who performed the medico legal autopsies authorized by the Justice of the Peace, was a relative newcomer to Dallas. He had been on the Southwestern Medical School faculty less than 6 months. Dr. Rose exhorted the Justice of the Peace and the President's staff to have the autopsy performed in Dallas. The body and the entourage left the emergency room at Parkland hospital and departed for Washington DC. Dr. Rose continued to lobby for a medical examiner system.

The Making of the Dallas County Medical Examiner System:
During 1967-1968, there were 2 developments. First, an ad hoc committee of 5 was established and met frequent. The members of the committee included Frank Crowley, Commissioners Court; Alex Bickley, City Attorney; Jack Price, Parkland Hospital; Drs. Portman and Marchman, Jr; President of the Dallas County Medical Society and Dr. Vernie Stembridge, Professor of Pathology, UT Southwestern.

Second, Dr. Rose developed a seven page outline of a functional system combining Forensic Pathology, Toxicology, and the Crime Lab. The committee accepted and refined Dr. Rose's proposal, so the principle seemed established. Struggles occurred, with the location and organization being two main points. Issues as to location were as follows: 1) City: Police Department downtown- greater use- Crime lab; 2) County-courthouse, commissioners and 3) Parkland Memorial Hospital – ruled out by District Attorney Wade, intended for use and care of indigent patients.

A remarkable opportunity presented itself: 1) the necessity for the facility to be recognized as independent, impartial, not for the plaintiff or the defense, which would be reinforced by a neutral location, and 2) the necessity for a high quality professional staff, not under political control.

The ultimate recommendations were presented to a large assembly of officials in May 1968. The conclusions, presented to and generally accepted at that meeting were:

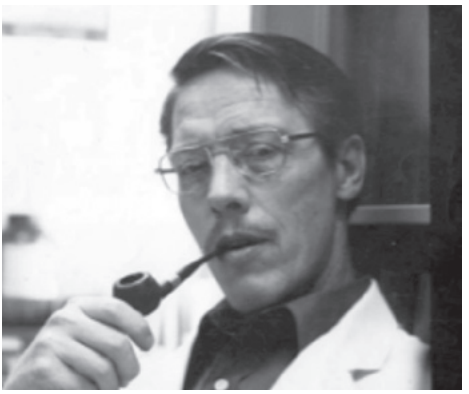
1) construct a separate facility - $1.5 million certificates of indebtedness; 2) located adjacent to Parkland and the Medical School – 0.24 acres of land to be consolidated from the Hospital District, the County, and the University of Texas adjoining the Medical School; 2) the professional staff had to be academically acceptable to the school and the school would nominate personnel for the professional vacancies; and 3) negotiations would be open for future expansion of the building. The facility would have a single director over the three functions - Forensic Pathology, Toxicology, and Criminalistics.

Thus, in May 1968, everything seemed to be in place. Everyone was stunned that August by Dr. Rose's abrupt resignation. In retrospect, it took a shock of this magnitude to galvanize everyone into action. Dr. Rose became the sacrifice for our benefit. Who was to do the medico legal autopsies? Dallas turned to two groups: 1) local pathologists including faculty – most responded to the call, and 2) the residents in pathology – the residents would agree to help but only after the county commissioners formally adopted the plan, which occurred shortly. The Board of Regents likewise accepted the plan. So, when a crisis dictates, the system really can move.

One of the tenets was that the professional staff had to be acceptable to the Medical School. Thus, the recruitment was a school responsibility. Within 3 months (Sept-Nov) the school had recruited one of the leading medical examiners in the country, Dr. Charles Petty. He arrived for duty in the summer of 1969. Temporarily housed at both the Medical School and the Hospital, Dr. Petty began assembling a staff and the design and construction of the 3 story, $1.5 million building. In the fall of 1969, Dr. Petty implemented the provisions of the Baker Bill. He spent countless hours laying the educational groundwork for this switchover.

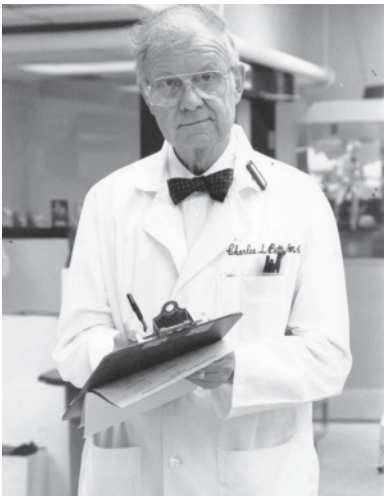
With the occupancy of the building in February 1972, the system really started functioning well. The strictly service aspects of the Forensic Sciences Institute came under the purview of the Commissioners Court. For educational and research endeavors, that operation came under the umbrella of the Medical School. Educational activities of the Institute involved medical students, residents, pathologists, lawyers, and law enforcement officials. Continuing educations programs were also provided.

Dr. Petty continued as Chief Medical Examiner and Director of the Southwestern Institute of Forensic Sciences until his retirement in 1991. Dr. Jeffrey J. Barnard became the Director in 1991 and continues to this day in that post.

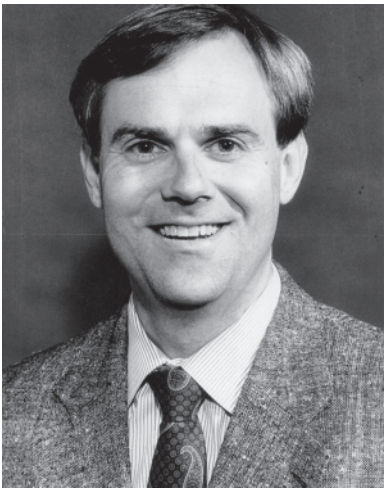


Dr. Earl Rose
Photo taken mid 1960s
(1963-1968)

Parkland Hospital Emergency Room
November 22, 1963



Dr. Charles Petty, MD
Director and Chief Medical Examiner, SWIFS, 1968-1991

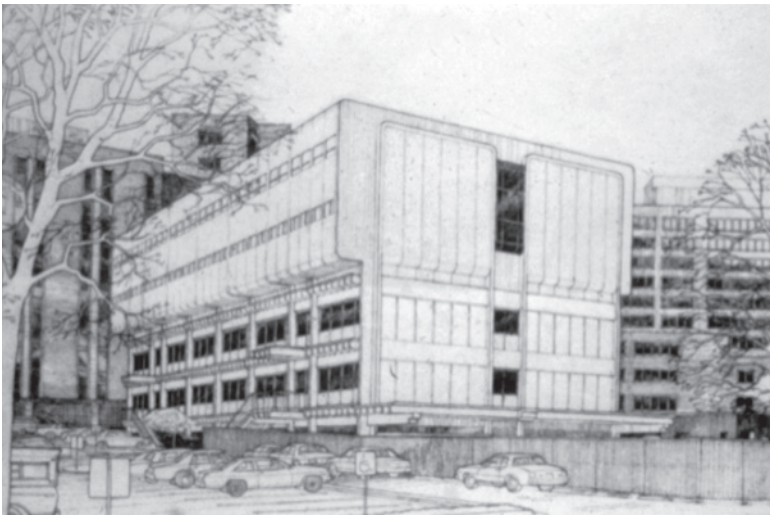


Dr. Jeffrey J. Barnard, MD
Director and Chief Medical Examiner, SWIFS, 1991-present

SWIFS 5230 Medical Center Drive, Dallas, TX 1971-2011
Construction of the original SWIFS 1971

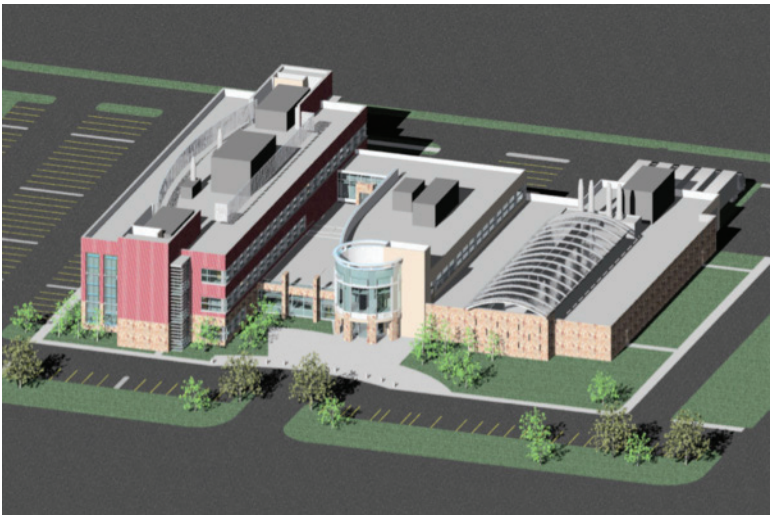
SWIFS original building 1972

Autopsy room 1972



Concept for addition of top two floors

Aerial view of SWIFS with top two floors added



Concept for the new SWIFS

Dallas County Institute of Forensic Sciences

Print# 80717641
Date: 07/17/08
Aerial Photography, Inc. 954-583-0404

Dallas County Institute of Forensic Sciences

Print# 80717643
Date: 07/17/08
Aerial Photography, Inc. 954-583-0404

Aerial view of the construction of the new SWIFS
2355 N. Stemmons Freeway, Dallas, TX

First row: Cathy Self, Forensic Coordinator; Joni L. McClain, MD, Deputy Chief Medical Examiner; Jeffrey J.Barnard, MD, Director and Chief Medical Examiner; Erin Duddlesten, Assistant autopsy technician supervisor; Elizabeth Todd, PhD, Chief Toxicology; Mary Brownlee, Chief Field Agent
Back row: Darrin White, Autopsy technician supervisor; builder representative x 2

Staff inspecting the building while under construction.

August 2012
Southwestern Institute of Forensic Sciences
2355 N. Stemmons Freeway Dallas, TX 75207

August 2012

Autopsy room under construction

New autopsy room

Medical Examiners
August 1, 2012

First row: Chester Gwin, MD; Joni L. McClain, MD – Deputy Chief Medical Examiner; Tracy J. Dyer, MD, JD; Jill Urban, MD; Lynn Salzberger, MD; Janis Townsend-Parchman, MD; Stephanie Burton, MD
Second row: Reade Quinton, MD; Keith Pinckard, MD, PhD; Jeffrey J. Barnard, MD-Director and Chief Medical Examiner; William McClain, MD

Comparisons
SWIFS 5230 Medical Center Drive, Dallas, TX

44,000 square feet
Cost: 1.5 million

SWIFS 2355 N. Stemmons Freeway, Dallas, TX
112,000 square feet
Cost: approximately 50 million

Caseloads		
	1970	2011
Medical Examiners	3	10 with 2 fellows
Autopsies	1214	3179
External examinations	1529	06
SWIFS total number of employees	40	110

Section III
Dedication Series

1983 Dinner Honoring Dr. Adelson
Memories of Ross Zumwalt

At the annual interim meeting of NAME in February 1983 in Cincinnati, Ohio, a reunion dinner for all forensic pathologists who either worked or trained at the Cuyahoga County (Cleveland) Coroner's Office was held with Dr. Lester Adelson as the guest of honor. The dinner was a huge success and was attended by among others: Charles Hirsch, James Luke, Stan Harris, Rudy Breitnecker, Mary Gilliland, Stuart Dawson, Ross Zumwalt, John Eisle, Neil Hoffman, Bonifacio Floro and Larry Lewman.

The following day Dr. Adelson was a visiting professor at the University of Cincinnati and gave a lecture entitled "The Coroner of Elsinor, Medicolegal Reflections on Hamlet." That evening he addressed the Cincinnati Society of Pathologists. His topic that evening was "Spontaneous Human Combustion and Preternatural Combustibility or How Much Personal Fire Insurance Should You Carry."

Dr. Adelson had previously published papers on both of those topics. Dr. Adelson retired from forensic pathology in 1987 at the age of 73. He is particularly remembered for his exceedingly well written textbook The Pathology of Homicide.

1. Adelson, Lester, The Coroner of Elsinor; Some Medicolegal Reflections on Hamlet, New England Journal of Medicine Vol 262 pp. 229-34, 1960
2. Adelson, Lester, Spontaneous Human Combustion and Preternatural Combustibility, Journal of Criminal Law, Criminology and Police Science, Vol 42; pp. 793-809, 1952

Pictures of the reunion dinner of 1983 are shown.

Lester Adelson and Ross Zumwalt

Lester Adelson

Charles Hirsch

Lawrence “Stan” Harris


Rudy Breitenecker

James “Jim” Luke, Stuart Dawson, Rudy Breiteneker

Lester Adelson and Lawrence “Stan” Harris

A Better St. Louis. Powered by Journalism

After three decades as medical examiner, Michael Graham can still say, 'I like a mystery'

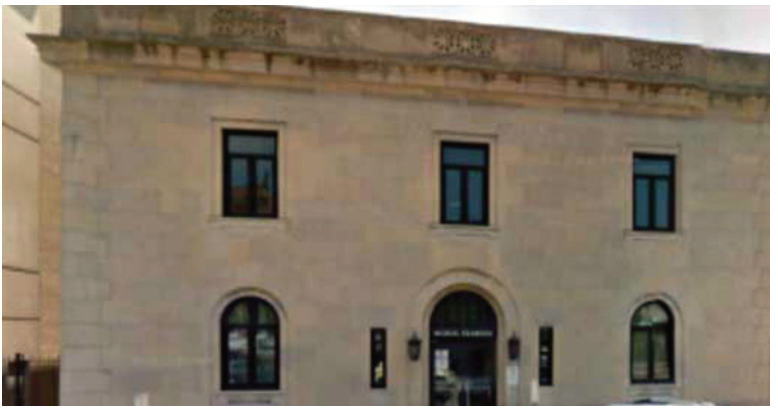
In Science
By Gloria S. Ross, special to the Beacon
7:56 am on Fri, 07.06.12

Kathy Reichs was looking for a new way to murder someone.

She checked with a few friends, including Mike Graham. He suggested ricin, a substance so toxic that the equivalent of a few grains of sand is sufficient to quickly kill an adult. It worked beautifully. Kathleen Joan Toelle Reichs is a forensic anthropologist, professor and crime novelist. She's also the producer of the hit television series, "Bones." She got some of her deadly poison facts for her latest novel, "Flash and Bones," from Dr. Michael Alan Graham, chief medical examiner for St. Louis and professor of pathology at Saint Louis University. "I heard she mentioned me in her acknowledgments," Graham smiled, admitting he hasn't read the book yet. She did and he might want to read the book; it made it to No. 1 on the New York Times best seller list last September. Graham has also consulted with Patricia Cornwell, who has written a series of novels about a medical examiner, Dr. Kay Scarpetta. He quickly disavows any interest in writing novels. His five books are all deadly serious, tending toward titles like "Forensic Pathology in Criminal Cases." They are all textbooks.

Unraveling mysteries

Graham has contributed chapters to more than 20 other books and written hundreds of papers. He lectures all over the country and has the golf balls to prove it -- about 300 of them, souvenirs from the courses he's played during his travels. They are neatly displayed in his spacious but far from lavish office on the top floor of the medical examiner's building, a two-story granite affair that's plain even by mausoleum standards. Tall, irregular stacks of paper cover every inch of surface, except the space reserved for a high-powered digital microscope and coffee-making paraphernalia, including four containers of Coffee-mate ("I can't take a chance of running out," Dr. Graham explains.) The M.E.'s office will not be relocating when its next door neighbor and primary patron, the police station, eventually moves from the 1300 block of Clark Avenue downtown to parts westward. "We are specialized,"said Graham's assistant, Roberta Steele, a former embalmer, explaining why the office would stay put. "You, know, the refrigerators and all."



That would be the morgue in the basement.

It's where Graham and three other pathologists unravel the mysteries of death. "He is very brainy and he likes to solve puzzles," said Dr. Jane Turner, assistant medical examiner and an associate professor of pathology at SLU med school. "He takes an intellectual approach to forensic pathology."He has seen a lot of changes in the field.

Michael A. Graham

"With technology, like digital microscopes, we can do more with less. We understand more about basic diseases like crib death, and DNA has been a big change for diagnostic purposes," Graham said. What hasn't changed is human nature, ensuring steady work for him and his staff of a couple dozen people, including three other forensic pathologists and four investigators. "I like a mystery; I still enjoy unraveling them," Graham says. "I try to pick up the pieces and get the right story." But some pieces are harder to pick up than others.

The hard cases

On a mild winter day in February 1983, two men were sifting through debris in the basement of an abandoned house looking for some useable metal. What they found, instead, has haunted Graham ever since. "My most frustrating case was the little girl whose body we found with no head," he said. After more than three decades in the city's medical examiner's office, the 61-year-old M.E. has determined how thousands

of people died, but this is the case that lingers in his mind for one simple reason: “We still have no idea who she is,” Graham said. From time to time, Graham still takes another look at little Jane Doe’s file. It has been one of his most troubling cases but perhaps not the biggest. Two national cases vie for that honor: the 1993 federal raid on the Branch Davidian compound in Waco, Tex., and the murder of child beauty queen JonBenet Ramsey in Boulder, Colo., three years later. Graham spent a year reinvestigating the actions of government agents at Waco as part of a committee led by former U.S. Sen. John C. Danforth. The agents were exonerated. “It was pretty interesting to be on the inside of a federal case,” Graham said, still marveling at the “impressive” size of the government’s resources. He reviewed the piles of conflicting information in the death of 6-year-old JonBenet, who was killed in her home one day after Christmas in 1996. That “very difficult” case has never been solved. “Mike is highly recognized nationally as an outstanding person in his field,” said Dr. Mary E. Case, chief medical examiner of St. Louis, St. Charles, Jefferson, and Franklin counties. The lives of the two M.E.s have been intertwined since Graham did a fellowship in forensic pathology at Saint Louis University under Case in 1981.

Weird science

Graham graduated from Saint Louis University School of Medicine in 1977, four years after receiving his bachelor’s degree in biology there. He did a residency in anatomic and clinical pathology at St. Luke’s Episcopal Hospital in Houston from 1977 to 1981, then returned to SLU for his fellowship with Case. He became her colleague in the pathology department at SLU and joined her in St. Louis’ M.E.’s office. He has been a professor of pathology at SLU since 1996 and the two co-direct SLU’s forensic division in the pathology department. “He is mild-mannered, calm and easy-going, but we are all weird,” Case said of forensic pathologists. “We don’t find our work morbid,” she added. “It is kind of odd what we do, but it’s extremely interesting; when you actually do the work, you don’t think of it as strange in any way.” Graham agrees nothing strange is going on. “If you are just focused on the macabre aspects of death, that would be pretty morbid,” he said. ”Our role is to resolve issues around a particular death and help a family get through a very difficult time.” The unflappable Graham has been the city’s chief M.E. for the past 23 years. He was appointed by Mayor Freeman Bosley Jr. “I’ve never met the mayor,” Graham says with a sly grin, “but we aren’t really involved in city politics. They pretty much leave us alone to do our thing.” Their “thing” is performing around 700 autopsies a year, after investigating approximately 3,000 cases of people who died alone, suddenly or unexpectedly. “Like a 14-year-old dying during football practice,” Graham explains.Or suspected homicides. As an expert witness, Graham has given his share of testimony in high-profile, sometimes controversial, cases.

In 1999, two city police officers said that a burglary suspect they encountered on a roof, Julius Thurman, died from falling on his head. Graham begged to differ. He said his autopsy showed that Thurman’s death resulted from a powerful blow that fractured his skull. No one was convicted in the killing.

The Paula Sims case had a much different outcome. In 1990, Graham testified that Sims’ 13-day-old daughter, Loralei, died in 1986 from “homicidal violence.” The Alton woman eventually pleaded guilty to murdering both Loralei and another daughter, 6-week-old Heather, three years earlier.

Saving suspects and children

The two cases are emblematic of areas of particular concern to Graham. “I have an interest in why young people suddenly drop dead and death in (police) custody,” Graham said. The two types of death have something in common: They are often preventable. Graham has researched, written and lectured extensively on both. His work includes teaching police officers how to restrain safely suspects who are in no mood to cooperate. He advocates the “three-minute rule”; getting control quickly helps prevent deaths. He received the 1986 president’s award from SIDS Resources for work that led to a decrease in sudden infant deaths, the stuff of parents’ nightmares. “My interest in infants was because they made up the bulk of sudden deaths,” said Graham. At SLU “we were involved in a lot of the early studies in the ‘80s and ‘90s about why the babies were dying. “We investigated and found that a lot of the infant deaths were preventable.” The most common culprit for SIDS is smothering from unsafe sleeping practices: parents rolling onto babies in a shared bed; face-down sleeping; teddy bears, crib bumpers and covers. “We were surprised that ordinary soft adult bedding could kill a baby,” Graham said. The worst offenders, comforters, cause swaddled babies to inhale their exhaled breath, which is high in carbon dioxide, a toxic gas.

The cure is education. And therein lies the challenge. “I knew we were going to have problems getting people to change, but we have had reasonable success,” Graham said. “It takes time to break old habits.” The SLU research was also used by the Back to Sleep campaign, a federal program begun in 1994, which encourages placing healthy babies on their backs to sleep. Graham is as devoted to saving lives as he is to finding out why a life was lost. It’s the latter for which he may be best known and least understood.

“Most people don’t have a clue what we do,” Graham said, “and I consider it a success when people don’t know much about us. We are not the type of office you want to see on the front page every day.” Some who know his work have acknowledged it. Graham, whose clinical research includes forensic issues regarding cardiopulmonary pathology and diagnostic cardiac pathology, has received numerous honors. They include being named health professional of the year in 1992 by the Combined Health Appeal of Greater St. Louis for transplantation activities and the outstanding service award from the National Association of Medical Examiners.

A special personality

A small room that resembles a chapel is near the entrance of the medical examiner’s building. It’s actually a waiting room for grieving family members. He’s compassionate, thoughtful and extraordinarily patient with families,” said Turner. He’s also direct. “I always tell the family the truth, even if their child died of a heroin overdose,” Graham said. “Chief,” as Baxter Leisure, Graham’s executive assistant, calls him, “is honest with families because they are hearing so many different things about their loved one’s recent expiration.” Their work, Leisure says, takes a special personality, recounting the time a promising investigator left his resignation on Graham’s desk the morning after he’d had his first encounter with a decomposing body. Graham takes it all in stride. More Clark Kent than Superman, he golfs, attends every Blues game his schedule permits, and reads spy and detective novels. “No highbrow stuff,” he says.

When they were young, he often took one of his two sons, Christopher, 25, and Patrick, 21, on business trips with him. He doesn't watch forensic television shows, not even "Dr. G: Medical Examiner," which he heard is "more realistic than CSI." The now world-class forensic physician – don't call him a coroner – was born in East Liverpool, Ohio, home to football great "Lou" Holtz. He grew up in nearby Salem, a farming and steel town in northern Ohio. His father was a hospital controller, his mother a homemaker, and he a happy, only child. He is married to Dr. Irene Graham, a physician in the Center for Vaccine Development at SLU. The two met when Graham was a resident in Houston and she was a medical student at Baylor College of Medicine. They live in Frontenac with two playful Abyssinian cats. The male, Angel, belongs to his wife; Graham gets the "obnoxious, in your face" female, Blue.

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