I knew with every bone in my body that (suicide) wasn’t the case. And I couldn’t let it stand.

SHANNON SANTIMORE
fought North Carolina’s faulty ruling in her husband’s death.

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FATALLY FLAWED
Shoddy examinations leave families in pain
Untrained medical examiners fail relatives, imperil justice

By Ames Alexander, Gavin Off, Fred Clasen-Kelly and Elizabeth Leland

Across North Carolina, medical examiners fail to follow crucial investigative steps, raising questions about the accuracy of thousands
of death rulings.

The living face the consequences.

Widows can be cheated out of insurance money. Families may never learn why their loved ones died. Killers can go free.

Because of a medical examiner’s mistake, Cathy Wilson had her husband’s body dug up to show what killed him. Shannon Santimore had to fight for three days in court to prove that her husband did not commit suicide.

After a medical examiner concluded David Worley died in a car wreck, a funeral home discovered what the examiner missed: four stab wounds in his back. His widow is now charged with killing him.

“People can get away with murder if the medical examiners don’t do the job,” said Worley’s mother, Ella Grant. “Their job is to check bodies from top to bottom. … That did not happen.”

A Charlotte Observer
investigation, entailing the most comprehensive analysis of state death rulings ever conducted, found that examiners regularly close cases without following recommended practices.

- They don’t go to death scenes in 90 percent of cases they investigate.

- In one of every nine deaths, they violate a state requirement to examine the bodies.

- When an elderly person dies, they’re even more likely to take shortcuts. Since 2001, more than 40 of the state’s counties went at least three years without a single autopsy on a person 75 or older.

Medical examiners are called in to investigate when the stakes are highest: suspicious, violent, accidental and unattended deaths. Those account for about 10,000 of the roughly 75,000 deaths in North Carolina each year.

But the state doesn’t require examiners to get training and rarely disciplines them when they break the rules.
Dr. Deborah Radisch, the state’s chief medical examiner, acknowledged shortcomings in death investigations, and blamed them on a lack of money.

“… We’re trying to do the best we can with what we have,” she said.

Last year, the state’s failings – and sloppy paperwork – proved deadly.

After an elderly couple died the same night in a Boone hotel room, the local medical examiner, Dr. Brent Hall, did not go to the scene. Hall also didn’t alert the state toxicology lab in Raleigh about the mysterious circumstances – or ask that tests be rushed.

At the time, the state didn’t require that examiners include a description of death circumstances with blood samples sent to the lab.

It took the state nearly six weeks to determine that carbon monoxide killed the couple. Even then, no one warned the public. The next weekend, the poisonous gas leaked into the hotel room again and killed 11-year-old Jeffrey Williams.

Hall, who has declined interviews, resigned as medical examiner. The state denied wrongdoing, but three days after Jeffrey’s death, it changed its policy: Pathologists must now include descriptions of each death with any specimen
submitted to the lab.

Read response  Little training, low pay

Unlike television crime dramas, where death investigators swarm the scene and take microscopic samples, North Carolina’s medical examiner system operates much the way it did 40 years ago, when the population was about half as large.

Here’s how it works:

If a person dies in mysterious circumstances, one of the state’s roughly 350 medical examiners is called to investigate.

The state recruits medical examiners for each county by canvassing hospitals or placing ads in newspapers. The state’s chief medical examiner can appoint nurses, coroners, physician assistants and paramedics.

But most medical examiners are full-time doctors who perform death investigations on the side.
The state requires no investigative training, provides little equipment or guidance and pays just $100 per case. It pays them no mileage.

By comparison, North Carolina pays transporters $90 – plus additional money for trips longer than 40 miles – simply to move the body.

Still, the state gives medical examiners a big responsibility: determining whether suspicious deaths in their counties result from homicide, suicide, accidents or natural causes.

They’re required to take blood samples and send them to toxicologists in Raleigh. They also decide which cases should be sent to

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**Who probes suspicious deaths?**

**Medical examiners:** About 350 state appointees – mostly full-time doctors and nurses – investigate sudden, unexpected or violent deaths. They are supposed to view bodies, collect blood samples, make cause-of-death rulings and decide when to request autopsies.

**Chief medical examiner:** Dr. Deborah Radisch, who makes about $221,000 a year, is responsible for overseeing death investigations statewide. Radisch appoints local examiners and helps review their cases. She manages 36 full-time employees at the Raleigh headquarters, including pathologists and toxicologists. She also performs autopsies.

**Forensic pathologists:** These doctors – trained in the study of violent, unexpected death – perform autopsies, which can uncover natural disease, injury or trauma. At least 16 forensic pathologists perform autopsies for the state. Some are on staff, others on contract.

**Pathologists:** Trained in the study of natural disease, roughly 30 of these doctors are contracted to perform autopsies in suspicious deaths. Experts, however, recommend that only forensic pathologists conduct those autopsies.

**Coroners:** They are elected to investigate deaths in nine counties – Bladen, Brunswick, Caswell, Cleveland, Columbus, Graham, Hoke, Wilkes and Yadkin.
pathologists for autopsies.

Radisch oversees all the state’s medical examiners, pathologists and toxicologists. Her Raleigh office has the final say on every ruling – and every death certificate in cases it accepts.

‘Messing with people’s lives’

When a medical examiner gets it wrong, challenging the ruling can take years and cost families thousands of dollars.

Cathy Wilson is still fighting.

On a rainy morning in 2011, her husband, Jim, was driving near home in the mountain town of Andrews when his pickup ran off the road and crashed into a tree.
Jane Barwick, a nurse practitioner who is medical examiner in Cherokee County, did not go to the scene. She did not order an autopsy despite guidelines requiring an exam in “any death where there is a reasonable suspicion that trauma (external force) may have been the cause or a contributing cause.”

From 2001 to mid-2013, the period for which the Observer obtained state data, Barwick went to a death scene just once in about 200 cases she handled; she did not view bodies in 41 percent of cases, though she did examine Wilson’s body. She noted bruising on his abdomen and a laceration of his left eyelid, but concluded he died of a heart attack. Barwick did not respond to interview requests.

It was only when Cathy Wilson tried to collect on her husband’s life insurance policies that she realized the consequences of Barwick’s ruling. Two of his three policies paid only if his death resulted from an accident.

Wilson had her husband’s body exhumed and sent to Raleigh, where Radisch performed an autopsy. It showed he died of injuries caused by the crash.

The insurance companies paid up – around $300,000, Wilson said. Now, three years later, she is trying to get back the money she spent fighting the state.

“When the medical examiner does something like that … she’s just messing with people’s lives,” she said. “It causes a lot of pain.”
Rules routinely broken

The state rarely holds local medical examiners accountable.

Examiners are supposed to follow a short list of guidelines, including one that requires them to view each corpse. But they have failed to view more than 13,000 bodies since 2001. They usually collect their fee whether they examine corpses or not.

State rules call for autopsies on any charred, skeletonized or decomposed body – a step that helps ensure murders aren’t overlooked or covered up. But medical examiners don’t always order autopsies in those cases. From 2001 until mid-2013, the remains of about 350 people weren’t autopsied, the Observer found.

In one 2008 case, Ronald Key, a Guilford County medical examiner, failed to order an autopsy on a corpse burned in a car crash.

The wreck killed three women, two of whom Key mistakenly swapped and sent to the wrong funeral homes. The brother of Lorraine Young, one of the victims, discovered the mistake when he went to a New Jersey funeral home to see her remains. It wasn’t his sister.

The state was recently ordered to pay nearly $400,000 to Young’s relatives.

N.C. guidelines also call for autopsies in deaths that are suspected to be drug-related as well as apparently natural deaths of known alcoholics.
and drug abusers. Such guidelines help identify drug-related fatalities and give communities insight needed to fight public health threats. But in more than 4,000 cases since 2001, the state allowed such corpses to be buried without autopsies.

Dr. Gregory Davis, a Kentucky forensic pathologist and former N.C. medical examiner, said it is difficult to hold medical examiners accountable because the state doesn’t require training or visits to death scenes.

When he complained about the relative lack of training and accountability of medical examiners in the 1990s, state officials told him “not to put too much pressure on these guys. They are volunteers and they will quit,” Davis said.

The state has rescinded the appointments of just four of the hundreds of examiners who have served over the past 20 years. All were dismissed since 2010 when Radisch took office.

One of those medical examiners – Kathy Rogers from Iredell County – failed to properly investigate numerous cases, including homicides, Radisch said. Two of the other medical examiners, in Gaston and Iredell counties, were cited for delays and failing to file investigative reports.
‘Operating on the cheap’

The average state medical examiner system spends $1.76 per capita on its death investigation system, according to a 2007 survey by the National Association of Medical Examiners (NAME).

Last year, North Carolina spent less than half that – about 84 cents per capita.

Told how much the state spends, Dr. Vincent DiMaio laughed. Bexar County, Texas, where he once served as chief medical examiner, spends more than $2.30 per capita.

“You get what you pay for,” said DiMaio, a nationally recognized pathologist who heads the Texas Forensic Science Commission. “… You're operating on the cheap.”

Some states rely on trained, full-time death investigators to visit scenes and gather evidence.

Not North Carolina. Only Mecklenburg County and the chief medical examiner’s office in Raleigh have full-time death investigators.

The $100 fee paid to N.C. medical examiners provides little incentive to get up at night or travel to death scenes, experts say.

“The entire system is completely underfunded and has been since its inception,” said Dr. Patrick Lantz, a longtime forensic pathologist at Wake Forest Baptist Medical Center in Winston-Salem. “It’s like
having a volunteer fire department in Charlotte.”

Radisch acknowledged that the office needs additional funding. The state and its counties spent $8.3 million on the system last year.

“The system has been neglected at a variety of levels over the years,” she said. “Its importance has not been recognized.”

In years past, North Carolina has offered annual training, but examiners had to pay their own way to attend. The training was suspended last year because the state lacked money.

Dr. Luis Munoz, a pathologist who specializes in natural disease at MedWest Hospital in Haywood County, quit his medical examiner post about 10 years ago. Munoz said he was “uncomfortable at times and not totally informed. … I have never fired a gun … yet I am describing gun wounds and gun calibers on shooting victims.”

A mother’s questions
Last July, state troopers told David Worley’s mother (Family photos) her son died in a car crash.

But why was there so much blood on the seat if he was thrown from the car?

Later, one of Worley’s children told family members he saw his mother stab his father, according to a search warrant affidavit. Tipped off by the family, a funeral home worker found strange wounds on Worley’s body that the medical examiner did not see.

Only then was an autopsy ordered. A pathologist found four stab wounds in Worley’s back, one deep enough to kill him. The weapon appeared to be an 8-inch butcher knife.

Worley’s widow, Toni Marsha Talley, was moving out of her home in Spring Lake, near Fort Bragg, when authorities arrived. She is now charged with first-degree murder.

The local medical examiner – a 65-year-old family doctor named Dr. Linda Robinson – said she viewed Worley’s body at the morgue but didn’t see the stab wounds because she didn’t turn over the 218-pound corpse.

“Even if I wanted to turn it over, I couldn’t have,” she said, explaining that she has had knee and ankle surgeries in recent years and walks with a cane.
In failing to view the back of the body, Robinson violated a state guideline: “The body should be critically inspected, including the back, both before and after removal of clothing.”

Robinson said injuries on the front of Worley’s body seemed severe enough to kill him.

Had the child not spoken up, the suspect “could have gotten away with murder,” Robinson acknowledged. “There’s no doubt about it.”

Robinson, who did not go to the crash site, visited death scenes in only 2 percent of the cases she investigated since 2001.

Ten months after Worley’s death, the state completed its investigation and ruled the case a homicide. But the family is still waiting for the death certificate. Until they receive it, they cannot collect the life insurance.

Worley’s mother said she simply wants justice for her son.

“Medical examiners, they need to be examining a little more,” Ella Grant said. “Because I’m sure this has not only happened to my son. It’s probably happened to many people. But it’s time for them to get it right.”

Researcher Maria David contributed.

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When the medical examiner does something like that ... she's just messing with people's lives.

CATHY WILSON had her husband's body exhumed to find correct cause of death

The Charlotte Observer welcomes your comments on news of the day. The more voices engaged in conversation, the better for us all, but do keep it civil. Please refrain from profanity, obscenity, spam, name-calling or attacking others for their views.

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North Carolina medical examiners have issued thousands of rulings about how people died without ever viewing their bodies – one of the most basic requirements in any death investigation.
A state guideline instructs in bold letters that they “must personally view every dead body” in cases they accept. But often they skip the inspection and send the bodies on to funeral homes for burial or to forensic laboratories for autopsies.

Such negligence has major implications for criminal justice and public health. Experts said it would be a firing offense in their states.

“They are doing themselves and the community an injustice,” said Dr. Glenn Wagner, chief medical examiner for San Diego County, Calif., whose office is nationally accredited. “... There are homicides that are masquerading as suicides.”

N.C. medical examiners ignored the guideline in 11 percent of cases from 2001 through mid-2013, an Observer analysis of state data shows. But because they are essentially volunteers for the job, the state has little authority to hold them accountable.

When 74-year-old Mary Alice Shaver died at her home in Chatham County late one night in 2012, Dr. James Holt did not go to her house. He did not look at her body. After being notified by law enforcement, he simply telephoned Shaver’s husband.
Dan Shaver remembers the conversation:

“He told me, ‘Well, obviously this is heart failure.’

“I said, ‘Everything is heart failure. I want an autopsy.’ He indicated I could have a private autopsy.”

“He knew nothing about her,” Shaver said. “... I wanted an answer and he didn’t have one. I just needed to know what happened.”

Shaver, who grew up in Mecklenburg County, paid Duke University Medical Center $1,750 for an autopsy of her organs that showed – as he suspected – that Mary Alice did not die of heart failure. She died of complications from a hiatal hernia.

**System still broken**

The state entrusts around 350 local medical examiners with the power to make rulings in sudden, violent, accidental, unattended and suspicious deaths. Those deaths account for about 13 percent of deaths in North Carolina – roughly 10,000

**TELL US YOUR STORIES**
To share information about your experiences with medical examiners, contact:

**Elizabeth Leland:**
e-mail: 704-358-5074

**Gavin Off:**
e-mail: 704-358-6038

**Database:**
Search NC death investigations since 2001
of 75,000 deaths each year.

Medical examiners are usually called in by emergency technicians, police, hospitals or attending physicians.

North Carolina depends mostly on physicians and nurses to do the work on their own time, a practice that dates to the late 1960s when the state vowed to do away with a weak, decades-old system of elected county coroners. The expectation was that professionals with medical training would bring more expertise.

Some doctors who volunteer as medical examiners maintain there is often little to gain, and more to lose, by viewing bodies if no foul play is suspected: They might have to strand patients in their waiting rooms or go out in the middle of the night despite working full-time jobs.

In Rowan County north of Charlotte, medical examiners failed to look at bodies in four of every 10 deaths they investigated. The worst performance came in Chatham County, a historically rural area in the geographic heart of the state, now a popular bedroom community to the Research Triangle. Medical examiners there did not view bodies in six of every 10 deaths.

There’s little incentive – they are paid $100 for each investigation.

“The big problem with medical examiners is it is a volunteer position, so they can’t be forced ... to do anything,” said Marcia Herman-Giddens, adjunct professor at UNC Gillings
School of Global Public Health. Herman-Giddens was a member of a 2001 state study group that recommended sweeping reforms, which the state largely ignored.

“Why would anyone want to do it?” she asked. “The pay is small and the work can be time-consuming.”

**Trying to reform**

Dr. Deborah Radisch has tried to make changes since taking over as chief medical examiner in 2010, but with limited success. She pointed out in a December 2011 newsletter that not viewing the body “defeats a main purpose of the medical examiner system.”

Some medical examiners are more conscientious than others. In Davie County, near Winston-Salem, medical examiners viewed bodies in all but four of about 330 cases they worked on during more than 12 years.

Investigators in Mecklenburg viewed virtually every body in every case they undertook. But Mecklenburg operates differently than other counties. It led the movement to replace the old coroner system, and now, with more than $1 million in county money, has four full-time investigators, five part-time investigators and three forensic pathologists trained in the study of violent deaths.

Radisch said there could be legitimate reasons why a medical examiner doesn’t view a body. For instance, if a nursing home or hospital doesn’t report a suspicious death, the body could be buried or cremated before anyone – such as a family member – alerts a medical examiner.
However, if medical examiners routinely fail to view bodies, Radisch said she or another pathologist will contact them. She sent handwritten notes in September 2011 to two Chatham County examiners – Holt and Dr. Michael Tyler – warning that their reappointments were “absolutely contingent” on examining bodies.

Tyler, who failed to view bodies in about 25 percent of his cases, quit in 2012.

**One doctor’s rationale**

Holt said Radisch’s attempt to enforce state guidelines is reasonable, especially in urban areas where medical examiners do not have the same familiarity with residents as medical examiners in rural communities.

But Holt, who has served as medical examiner for about 30 years, said he is able to skirt some rules because he knows most law enforcement investigators and many of the deceased in Chatham County, which has about 67,000 residents. As a family doctor in the county seat of Pittsboro, he said he is often familiar with a person’s medical history.

If investigators report a suspicious death, Holt said, he will go to the scene and view the body. Otherwise,
he said he doesn’t need to.

“I don’t have to go out there and say, ‘Yep, they’re dead.’ ”

Holt did not look at bodies in 75 percent of deaths he investigated from 2001 through mid-2013, data show. That’s 150 of 200 cases referred to him because of unanswered questions about how a person died or because state guidelines required a medical examiner’s review.

Records indicate Holt is known for not viewing bodies and for not being accountable to the state office in Raleigh:

• In a 2009 case, a state pathologist noted: “Dr. Holt did not call or do an external exam.”

• In 2011, a pathologist said: “Dr. Holt released the body from the scene to the funeral home without ever viewing the body.”

• And in 2012, a pathologist used capital letters to express his apparent frustration: “WE HAVE NOT HEARD FROM DR. HOLT AT ALL ON THIS CASE.”

**Alarming statistics**

John Dykers Jr. also worked as a medical examiner in Chatham
County but quit before Radisch wrote the reprimands. He neglected to look at bodies in 73 percent of his cases, nearly as often as Holt.

Dykers, 78, of Siler City, said if he knew he was going to send a body to the state office in Raleigh for autopsy, there was no need for him to see it. “I found out over time, I didn’t really add anything to this,” he said. “So let’s expedite things and get the good eyes on it quicker.”

But experts say the context of where a body is found – including its condition and the circumstances – is part of the investigative trail that must be documented.

State data show that more than half of the cases Dykers investigated were closed without him viewing the body or ordering an autopsy.

Dykers stepped down as medical examiner in 2010 and surrendered his medical license because of what he said were unfounded allegations that he inappropriately discussed sexual matters with a young patient.

**Seriously ill**

Even after Radisch warned Holt to view the bodies, he neglected to look at them in about half of all the deaths he investigated, including Mary Alice Shaver’s.

Mary Alice fell ill in October 2012 while she and Dan were driving home from visiting a daughter in Florida. She thought it was something she ate. Late the next evening, Oct. 17, she was still so nauseated...
and her hands so cold that Dan decided to call an ambulance.

No, no, she insisted. I’m fine.

Despite her protests, Dan went to the kitchen to call.

Mary Alice could be stubborn, but Dan was too worried to let her have her way. They met in 1987 while he worked in Charlotte as director of human resources at the Observer and Mary Alice directed the Master’s in Journalism program at UNC Chapel Hill. They had recently returned to North Carolina after 4 1/2 years in Sweden, settling in Fearrington Village between Pittsboro and Chapel Hill.

Dan called 911, then walked back to their bedroom. Mary Alice was unconscious. By the time medics arrived, she was dead.

A death, a phone call

Investigators notified Holt at 11:10 p.m., and Shaver said Holt then telephoned him.

On a death investigation report filed with the state, Holt erroneously wrote that Mary Alice Shaver “fell over dead on the bed while dressing.” She was lying in the bed, Shaver said.

On the report, Holt listed the cause of death as “pending” because of
Fatally Flawed

Shaver’s decision to pay for an autopsy.

Holt said in an interview that he assumed she died of natural causes based on what law enforcement told him. He could have requested an autopsy to pinpoint the exact cause, but said it was unlikely the state would take the case.

“A healthy 74-year-old falls over dead in bed. There’s nothing suspicious. After age 65 or so, statistics show the most common cause of death is acute heart failure,” Holt said. “If I had called the medical examiner’s office and asked for an autopsy, I guarantee you they would not have given me permission.”

Regardless, Holt was supposed to examine her body. State regulations require it.

Once a case is complete – in this instance, after the private autopsy – the medical examiner’s office in Raleigh files an amended cause of death in the county where the person died. Weeks passed, and Mary Alice’s death certificate read “pending.” Without an official cause of death, Shaver was unable to claim her life insurance policy.

Shaver said he confronted Holt at his office and again by phone. “I was getting extraordinarily frustrated.”

After three months, Radisch intervened. She wrote Holt and told him to submit a supplemental death certificate to the county. A month later, the change was finally made.

As emotionally wrenching as it was to watch his wife die, then have to
take it upon himself to find out why, Shaver believes there’s a bigger issue:

“One hundred dollars is not really a reasonable incentive for a successful doctor to get up in the middle of the night and drive who knows how many miles to visit the scene of the death.”

**Viewing the body is critical**

In her letter to Holt, Radisch reprimanded him for how he handled the investigation: “You should not release the body for a private autopsy unless you have completed your examination, which includes viewing the body, obtaining toxicology specimens for our office, and certifying the cause and manner of death.”

Radisch said she could not stress enough the need to examine the body in every case he accepts. “This is the critical part of being a medical examiner.”

Dr. Thomas Clark, a former N.C. pathologist who is now chief medical examiner for Washington’s Pierce County, said viewing the body is the only way to find injuries. “There’s no medical justification,” he said, “for not looking at the body.”

Dr. Gregory J. Davis, a former N.C. medical examiner, now a forensic pathologist in Kentucky, was blunt about what he would do: Fire the medical examiner.

Fred Clasen-Kelly contributed.
"I found out over time, I didn’t really add anything to this. So let’s expedite things and get the good eyes on it quicker."

JOHN DYKERS Jr.
former Chatham County medical examiner, who says if he sent a body to Raleigh for autopsy, he didn’t need to look at it.
How North Carolina investigates suspicious deaths depends largely on the county in which the person dies, a pattern that national experts say cheats families and distorts key statistics used to protect the public’s health.
Slipshod investigations mean killers could go free and grieving families could be denied the life insurance they deserve.

Take Johnston County. From 2001 to mid-2013, a period studied by the Observer, medical examiners there attributed more than 40 percent of the deaths they investigated to chronic ischemic heart disease – compared to a statewide average of 10 percent.

It’s probably not because of an epidemic of heart disease in the fast-growing county southeast of Raleigh, national experts say, but rather because medical examiners have not been thorough in doing their jobs.

When 80-year-old James “Tom” Cooper was found in a pool of blood in his kitchen in 2010, a Johnston medical examiner concluded the retired trucker died from heart disease. If not for pressure from Cooper’s family and sheriff’s deputies, the ruling might have stood and Cooper’s killer might still be free.

“It upsets me to know it could have ended right then and there,” said Stacey Franks, Cooper’s youngest daughter.

It didn’t. After detectives found that Cooper’s wallet and onyx ring were missing, they
insisted on an autopsy. The exam showed that
the back of Cooper’s skull had been bashed with what appeared to be the blunt end of a hatchet.

Their investigation soon focused on the real culprit: a woman with a history of larceny and drug violations, who is now serving time for manslaughter.

A Charlotte Observer investigation, entailing the most extensive analysis of state medical examiner data ever conducted, found wide variations from county to county in the way the state probes suspicious deaths. Consider:

- The percentage of bodies autopsied in medical examiner cases ranged from 19 percent in Johnston to 72 percent in mountainous Mitchell County. Autopsies are generally the most reliable way to determine the cause of sudden deaths. Statewide, the autopsy rate has dropped 10 percentage points since 2001.

- In Mecklenburg County, local death investigators examined the corpse of virtually every homicide victim, as state rules require. But in nearby Rowan County, medical examiners didn’t view the bodies in about 70 percent of murder cases. That can leave the pathologists who perform autopsies without information needed to draw conclusions about what happened.
• Different investigative approaches yield widely differing results. In Lenoir County, a sparsely populated county in eastern North Carolina, 56 percent of deaths investigated by medical examiners were attributed to natural causes from 2001 to mid-2013. In neighboring Pitt County, a place with similar demographics, the rate was less than half that.

Dr. David Fowler, chief medical examiner for the nationally accredited Maryland office, says the disparities in North Carolina's numbers appear to be “symptomatic of a significant problem.”

“If people are not being consistent in the way they’re investigating and certifying deaths, the most important document in assessing your community's health becomes a mockery,” he said.

Since 2001, medical examiners in Johnston attributed 44 percent of the suspicious deaths they investigated to chronic ischemic heart disease, the nation’s No. 1 cause of heart attacks.

No other N.C. county had a higher percentage. And some of Johnston’s neighbors had rates below 4 percent, the Observer found.

“That is not something I would expect,” said Dr. Marilyn Pearson, Johnston’s health director, after being told of the newspaper’s findings.

Pearson said she wants to meet with the state’s chief medical examiner to find out how the office collected its information and to make sure it’s accurate.
Pearson said her office uses N.C. death statistics to help identify the most pressing health concerns.

Her office’s top priority for 2010 through 2014: fighting heart disease.

‘It’s a crapshoot’

To understand why death investigations vary so much, it helps to know who’s doing them.

The state’s chief medical examiner appoints at least one medical examiner for each county; some counties have more than one.

Most of the state’s roughly 350 medical examiners are full-time doctors and nurses who investigate suspicious deaths in their off hours. They’re paid $100 a case to make initial cause-of-death rulings and decide whether corpses should be autopsied. They investigate roughly 10,000 cases a year.

But the state does not require them to undergo training and provides little guidance or supervision. That leaves local medical examiners to act largely on their own, with only a short list of guidelines to direct them.

As a result, says Dr. Todd Grey, Utah’s chief medical examiner, “you have a very disparate system with various parts of it functioning at different levels of competency … It’s a crapshoot.”

Utah operates a statewide system similar to North Carolina’s, but requires training for its death investigators.
Dr. Gregory Hess, chief medical examiner for the nationally accredited Pima County, Ariz. office, said the variation in North Carolina’s numbers suggest “nobody is in charge.”

Mission not accomplished

In its mission statement, the N.C. Office of the Chief Medical Examiner promises it will “ensure consistent and competent” death investigations.

But the Observer’s analysis shows the state has missed that goal.

On Sept. 11, 2012, a 57-year-old Union County man was found dead at his home with a gunshot wound to his head and a gun beside him.

That same day, in the mountains of Madison County, law enforcement officials found a similar scene: A 51-year-old man was found dead at his home with a gunshot wound to his head and a gun beside him.

Both deaths were ruled suicides.

Different counties, much different results

North Carolina’s system for investigating deaths, which puts key decisions in the hands of untrained medical examiners, has produced wide-ranging results. Some counties, for example, attributed deaths to natural causes at more than twice the rate of others.

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NOTE: Figures are rounded
SOURCE: N.C. Office of the Chief Medical Examiner, 2001 to mid-2013; Observer analysis
GAVIN OFF – RESEARCH

DAVID PUCKETT – STAFF CHART
But the investigations differed markedly.

In the Madison case, the medical examiner went to the death scene and ordered an autopsy – two measures that experts say help ensure accurate death rulings; in Union, the medical examiner took neither step.

That’s typical. Madison’s autopsy rate for suicides is more than three times as high as Union’s, data show.

Steve Teeter, the medical examiner who handled the Union case, said that while he can’t remember the details of that death, he often calls pathologists at the Mecklenburg County medical examiner’s office for guidance on whether to order autopsies.

Teeter, a nurse and paramedic, became a medical examiner in late 2011. He has visited death scenes in about 5 percent of his cases since then. Asked why he doesn’t attend scenes more often, he said he can usually get details about scenes by talking to police officers or paramedics.

‘Making assumptions’

Johnston, an eastern North Carolina county known for its farms and historic sites, appears to be among the places where death investigations are least thorough.

In addition to being the county where medical examiners are least likely to request autopsies, it’s also among the spots where medical
examiners are least likely to view bodies in cases of unexplained death.

From 2001 to mid-2013, medical examiners there failed to examine corpses in about 44 percent of cases – a higher percentage than any county but Chatham County, the Observer found. State rules require medical examiners to view bodies in the cases they investigate.

Since 2001, all but a small fraction of medical examiner cases in Johnston have been handled by one physician – a pathologist named Dr. Leslie Taylor III. Taylor did not respond to questions and to repeated requests for an interview.

Dr. Deborah Radisch, the state’s chief medical examiner, suggested the numbers for heart disease in Johnston may be distorted because Taylor appears to have accepted cases that are, in fact, natural deaths – not suspicious cases that should fall under the jurisdiction of medical examiners.

Since 2001, medical examiners have investigated about 26 percent of deaths in Johnston – twice the state average.

Robert Anderson, chief of the mortality statistics branch of the Centers for Disease Control and Prevention, has another theory for Johnston’s unusual statistics.

“I think what’s happening is they’re making assumptions,” he said. “‘We’re pretty sure it was a natural death. No need to autopsy it. We’ll just sign it out as chronic ischemic heart disease.’ They’re not doing a very thorough job …”
Johnston isn’t the only county where medical examiners appear to be quick to attribute deaths to natural causes. Dr. Gordon Arnold, a Guilford County medical examiner, said that when he’s unsure why someone died, he will often “write it off as a cardiac arrest.”

“That seems to satisfy everyone,” said Arnold, 78, a High Point internist.

**Trucker’s brutal death**

The inadequate investigations conducted in some counties can have worrisome consequences, experts say. “People may be getting away with murder in some instances,” said Anderson, of the CDC.

That, family members say, is almost what happened in Tom Cooper’s case.

Taylor, the medical examiner who handled the case, did not go to the bloody death scene – a step that many experts say is key to thorough investigations. Instead, he viewed Cooper’s body at a hospital morgue and quickly ruled that the 80-year-old man died of natural causes.

Taylor did not respond to questions about how he arrived at his conclusion. His report gives no indication of an attack.

If sheriff’s deputies had not insisted on an autopsy, family members say they would not have learned that Cooper’s head had been bashed three times, resulting in skull fractures and extensive brain injuries.
The revised manner of death: homicide.

Interviews led Johnston County detectives to Crystal Worley, a drug user who had done house and yard work for the elderly man.

Cooper, a father of five, once ran his own trucking company. In his retirement years, he was happy “as long as he had someone around to talk to,” said Franks, his daughter.

Investigators contended Worley befriended Cooper, then killed him and stole his Social Security money before leaving to buy crack cocaine.

Charged with voluntary manslaughter in connection with Cooper’s death, Worley in 2012 entered an Alford guilty plea – meaning that she did not admit guilt, but conceded there was enough evidence to result in a conviction. Now 41, she is serving six to eight years in prison.

Catherine Baggett, a daughter of Cooper’s who lives in Indian Trail, questioned how anyone could have concluded that her father died naturally.

“If he fell face first on the floor, how did he get the gashes on the back of his head?” she asked. “… If they examined his body, it seems to me it would be very obvious that he had cuts and gashes.”

Said Paul Jackson, the Johnston County prosecutor who handled the case: “When you look at the injuries he sustained, it’s kind of hard to
Fatally Flawed

mistake that with natural causes.”

**Slow to change**

State officials say they are working to bring more consistency to state investigations.

Radisch, who took charge of the office in 2010, says she has tried to improve communication with medical examiners by requiring them to have email – and by encouraging them to read it.

Radisch says she would also like to require training for medical examiners. It has been 13 years since a blue-ribbon panel called for mandatory training and continuing education for medical examiners – a step that experts say would lead to more consistent investigations statewide.

But the state has not yet devised a training plan.

“That’s a big project,” Radisch said. “It takes time.”

Staff writers Fred Clasen-Kelly and staff researcher Maria David contributed.
When Virginia Gregg died at home, investigators blamed old age. Gregg was 88 and had health problems. She could no longer drive. A widow, she lived alone in a little white house on Plainview Road in west Charlotte.
Virginia Gregg  “They said she was found in the closet,” said her brother, Robert Cooke. “I knew good and well somebody had killed her or something.”

Because there was no obvious sign of foul play, and despite abrasions on her nose and neck, a Mecklenburg County medical examiner ruled Gregg died of natural causes. It was only after her family discovered someone used her credit card that the investigation was reopened and an autopsy performed.

Her brother was right. Gregg was strangled.

While a handful of jurisdictions recognize the elderly as a vulnerable population whose deaths warrant special attention, North Carolina does not. Even when deaths are suspicious, sudden, violent or unattended – the types of cases medical examiners are called on to investigate – there’s typically far less scrutiny. An Observer analysis of more than 12 years of state data and documents found that:

• In 22 percent of deaths of people 75 and older, medical examiners closed the cases without looking at the bodies. That’s twice the average for all ages.

• The rate of autopsies on the elderly steadily declined, to 5 percent last year from 12 percent.

TELL US YOUR STORIES
To share information about your experiences with medical examiners, contact:

Elizabeth Leland: e-mail; 704-358-5074
Fred Clasen-Kelly: e-mail; 704-358-5027
Gavin Off: e-mail; 704-358-6038

Database: Search NC death investigations since 2001
in 2001. The rate for all age groups averaged 40 percent.

- More than 40 counties went three years or more without a single autopsy on an elderly person. Bladen County, in eastern North Carolina, went nine years.

The Observer discovered that medical examiners sometimes incorrectly assumed older people died of natural causes, overlooking evidence that pointed to wrongdoing. Though the facts of the cases differed, age was a constant.

An 80-year-old Johnston County man was found covered in blood on his kitchen floor, and the local medical examiner called it heart disease. His former housekeeper was eventually charged with manslaughter and is serving time in prison.

A 74-year-old woman collapsed in bed in Chatham County and the medical examiner diagnosed heart failure without viewing her body. A private autopsy showed she died of complications from a hiatal hernia.

A married couple in their 70s died in a Watauga County hotel room, and some authorities speculated they both died of heart attacks. The medical examiner’s office waited more than a month to complete a toxicology test that showed carbon monoxide poisoning. Even then, the information was not passed along in time to save an 11-year-old boy who later died in the same room.

“If a kid dies in some of these conditions, we’d be all over it. If a dog
dies, too,” said Laura Mosqueda, director of the National Center on Elder Abuse. “You can always find a reason that a 90-year-old person died without it being nefarious.”

**The misdiagnosis**

State guidelines require autopsies anytime a young adult, child or infant dies suddenly and unexpectedly and doesn’t have a well-documented illness. But the same types of deaths in the elderly are considered case by case.

Dr. Gregory Davis, a Kentucky forensic pathologist and former N.C. medical examiner, said medical examiners nationwide are statistically less likely to perform autopsies on older people because older people are more likely to die of natural causes – including cardiac arrest, diabetes and hypertension.

“We’re not ageist,” Davis said. “There is usually a medical history that could explain the death.”

Gregg had a medical history.

She had been in and out of the hospital, her brother said. But even at 88, they could still count on “Maw Maw” to bake poundcake for family reunions. When Gregg was younger, he said, she enjoyed surf fishing and trailer camping. She worked for Union Carbide 22 years and later for Frito Lay and Hamrick’s.

Gregg and her husband, Oscar, settled on Plainview Road in 1950 and raised two sons there. Though she was robbed at night a few years
ago, she refused to move. It was home.

The day she died, June 6, a neighbor saw her in the yard picking up twigs. Her brother suspects the murderer slipped into the house then.

That evening, one of her sons drove over to check on her after she didn’t answer her phone. He looked through the house and around the neighborhood, her brother said, before eventually finding her body upright, leaning on boxes, in a narrow linen closet no deeper than a coat hanger.

Police investigators theorized Gregg suffered a heart attack. An investigator from the Mecklenburg medical examiner’s office also went to the scene and reached the same conclusion.

The next day, a pathologist did an external exam of Gregg’s body but chose not to perform an autopsy despite several irregularities:

A small abrasion on the bridge of her nose, which could have resulted from her falling face-first onto the boxes. Small abrasions on her neck, which might have been caused by her necklaces. Hemorrhaging and tiny spots in her eyes and gums, which could have been caused by vessels rupturing because she was face-down.

All are also signs of strangulation.

Fewer autopsies of elderly

Elderly deaths receive less
Fatally Flawed

attention from medical
examiners than all deaths
combined by three measures:
visits to the death scene,
examinations of the body and
autopsies.

In 11 rural counties, medical
examiners did not go to death
scenes in any case involving
victims 75 and older, an analysis
of state data from 2001 through
mid-2013 shows. Not a single elderly case in more than 12 years.

Dr. Deborah Radisch, the state’s chief medical examiner, said visiting
the scene of the death is not always necessary. She said many elderly
deaths are caused by falls. If the victim is taken to a hospital to be
treated and dies there, nothing is gained by visiting the hospital.

Whether or not they go to the scene, medical examiners are supposed
to examine every body in every case they investigate. But if a person
is elderly, a medical examiner is twice as likely to skip that crucial
step.

In about 1,400 elderly cases statewide, medical examiners ruled the
deaths were natural without ever viewing the bodies or getting autopsies. That’s 1,400 deaths over 12 1/2 years that were questionable enough to be referred for investigation, but medical examiners did not take the time for any type of physical examination.

Radisch acknowledged the concern about elder abuse and said “things can always be missed.” But she said people could draw the wrong conclusion from the data. Short of performing an autopsy on everyone, she said, the hope is that whistleblowers would alert authorities about potential problems.

**Digging up bodies**

The lack of scrutiny in elder deaths is not unique to North Carolina.

“There are states with good death investigation systems, but if you’re over 55 years old, you are not getting an autopsy,” said Dr. Steven Shapiro, chief medical examiner for Vermont, a nationally accredited system. He said there is simply not enough money when a case doesn’t appear suspicious.

As a result: “We are missing homicides in our elderly population.”

In Arkansas, Mark Malcolm did something about it.

Malcolm is former coroner of Pulaski County, which includes Little Rock. After suspicious deaths in nursing homes in the 1990s, his office exhumed six bodies. The deaths initially were ruled natural; autopsies showed four victims suffocated and two died because of medication errors.
Malcolm pushed for a state law that requires nursing homes to report all deaths to the local coroner, who must alert law enforcement and state regulators about possible maltreatment.

“The perfect crime is committed every day; we just never find out about it,” said Dr. Michael Dobersen, a forensic pathologist and elected coroner of Arapahoe County in Colorado, who has pushed for more scrutiny of elder deaths. “If I want to lose sleep, all I have to do is think about what’s falling through the cracks.”

‘Elder neglect is huge’

North Carolina requires nursing homes and hospitals to report suspicious deaths to medical examiners, but not all deaths. Malcolm believes all deaths should be reported.

“If you’re a facility and you accidentally give someone the wrong medication and they die, you’re not exactly going to pick up the phone and tell an investigative authority,” he said.

In King County, Wash., which includes Seattle, funeral homes must submit death certificates to the medical examiner’s office for review before a body can be buried or cremated. The system has uncovered 50 to 100 serious misdiagnoses a year, including elder abuse and neglect.

“Anyone aware of what is going on knows the potential for elder neglect is huge,” said Dr. Richard Harruff, chief medical examiner for King County.
Mosqueda, of the National Center on Elder Abuse, believes there need to be established criteria for what would trigger an autopsy for an elderly person.

In Gregg’s case, a clue came two days after her death.

**Missing credit card**

A family member discovered her VISA card was missing and had been used. The funeral was postponed. Her body was sent back to the medical examiner.

This time, a pathologist performed an autopsy. He noted the same abrasions evident in the earlier external examination, as well as bruises on her neck and face. A dissection of her neck revealed multiple fractures. The autopsy also uncovered hemorrhaging in her neck muscles, esophagus and tongue, as well as broken ribs.

The autopsy showed what the external examination did not: She died from a lack of oxygen due to strangulation.

Charlotte homicide Capt. Cecil Brisbon said investigators had no reason initially to suspect foul play because there was little external evidence of trauma.

Dr. Michael Sullivan, who was chief medical examiner for Mecklenburg County at the time, agreed. “We see cases on a daily basis where people die a sudden death, collapse and have trauma,” Sullivan said. “There was very minimal evidence of trauma in an elderly lady and nothing, at least initially, to indicate a non-natural
death.”

The medical examiner’s office in Mecklenburg County is unique among the state’s counties; it has a full-time, professional staff funded with $1 million from the county. The office includes trained investigators and three medical examiners who are forensic pathologists, skilled in the study of violent deaths.

Around the rest of the state, many of the roughly 350 medical examiners are full-time doctors and nurses who investigate deaths as a secondary role.

“It’s very complex, lots of judgments have to be made and things are very subtle,” Sullivan said about death investigations. “The real world doesn’t work the way the retrospective does.”

**Neighbor charged**

Police traced Gregg’s credit card to transactions at a CVS and a Marathon Petro Station. Surveillance videos showed a man matching the description of one of Gregg’s neighbors making the purchases.

In an application for a search warrant, police said Robert Nixon confessed to killing Gregg and stealing the card.

All for Newport cigarettes and a cherry Coke.

“If we hadn’t found out about her credit card, they would have just went ahead and buried her,” Cooke said. He lamented that the murderer did not ask his sister for money. “She never met a stranger.
She would have given him money.”

Eight days after she died, Gregg was buried. Nixon, 45, is charged with first-degree murder.

Ames Alexander contributed.

**NAVIGATE THE SERIES:**

HOME | PART 1 | PART 2 | PART 3 | PART 4 | PART 5
Baltimore They gathered around the battered corpse seeking answers about the man who was hit by a train.

Why was he lying on the tracks? Was it an accident? Did someone murder him?
A trained death investigator had gone to the scene to inspect the body, interview police and take photographs.

Then forensic pathologists inspected the corpse and analyzed the information.

The scene – on a cold January day in one of America’s most violent cities – offers a glimpse into how to properly investigate suspicious deaths.

The Observer visited the Maryland Office of the Chief Medical Examiner because it is considered one of the nation’s most respected operations.

Maryland sends trained investigators to all death scenes across the state. Violent shooting deaths get extra attention. The office works with law enforcement to identify gang members. It alerts public health officials to threats such as carbon monoxide.

North Carolina’s network of about 350 local medical examiners, operating virtually as volunteers, is partly modeled after Maryland’s office.

But North Carolina doesn’t offer the same protections.

An Observer investigation reveals medical examiners have little or no training, rarely go to death scenes and sometimes don’t even view
bodies – basic steps in a competent investigation. Autopsies, considered the most reliable tool to find out why someone died, are performed far less often than in Maryland.

Experts say North Carolina should embrace practices from Maryland and other offices accredited by the National Association of Medical Examiners.

NAME sets standards for investigating suspicious deaths, performing autopsies, training and facilities. North Carolina is not accredited.

“Accreditation proves you have put enough in place to ensure good results,” said Dr. David Fowler, chief medical examiner for Maryland. “When the inevitable error occurs, it shows you it’s an aberration.”

North Carolina officials acknowledge the need for changes.

State Chief Medical Examiner Deborah Radisch said her office can’t operate like a system that spends more money. Maryland spends $1.97 per capita on its death investigations. The national average is $1.76 per capita, according to a 2007 survey by the National Association of Medical Examiners.
North Carolina spends less than half that – about 84 cents per capita.

In his May 13 budget proposal, Gov. Pat McCrory asked lawmakers for an additional $1 million to improve suspicious death investigations. The state and counties spent $8.3 million on the medical examiner system in fiscal year 2013.

Earlier, Radisch had said North Carolina officials plan to bolster training and make other moves to produce stronger investigations. In recent months, her agency has offered higher pay to recruit and retain forensic pathologists who conduct autopsies. It also hired a full-time death investigator in Raleigh.

“There are multiple improvements that can be made, and we’re in the process of making those improvements,” Radisch said.

‘We’re the eyes and ears’

One morning in January, forensic pathologists, field investigators and others at Maryland’s office swing into their daily ritual.

Hours earlier, workers had transported 12 bodies to the office. Among the cases: a teen who collapsed while exercising, a woman with a history of mental
illness who may have shot herself in the head, and a decomposed body found in a home.

The forensic pathologists and field investigators walked from corpse to corpse. They looked over the bodies and read about the deceased. Photographs from the death scene flashed on nearby monitors.

One floor down, forensic investigator Aaron Hearn waited by the phone for the next unexplained death. The office had seen 16 homicides in the previous two weeks.

Hearn is one of 11 professional investigators who examine deaths in Baltimore, where about one-third of Maryland’s suspicious deaths occur. The city has one of the highest murder rates in the country, with roughly 230 homicides last year.

For a salary of about $40,000 a year, Hearn visits death scenes, inspects corpses, interviews witnesses and gathers other information.

His role is vital. Forensic pathologists use the reports and photographs that investigators compile on each case to help

### Maryland vs North Carolina

North Carolina’s medical examiner system is modeled after Maryland, but falls short in several key areas. Below is a comparison.

<table>
<thead>
<tr>
<th></th>
<th>Maryland</th>
<th>North Carolina</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chief medical examiner</td>
<td>Dr. David Fowler</td>
<td>Dr. Deborah Radisch</td>
</tr>
<tr>
<td>Nationally accredited</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Population</td>
<td>5.9 million</td>
<td>9.8 million</td>
</tr>
<tr>
<td>Budget</td>
<td>$10 million</td>
<td>$8.3 million</td>
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<tr>
<td>Annual cases</td>
<td>8,000</td>
<td>10,000</td>
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<tr>
<td>Autopsy rate</td>
<td>50%</td>
<td>40%</td>
</tr>
<tr>
<td>On-call investigators</td>
<td>120</td>
<td>350</td>
</tr>
<tr>
<td>Training required (on-call investigators)</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Death scene visit required</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

**SOURCE:** N.C. Office of the Chief Medical Examiner, 2001 to mid-2013; U.S. Census Bureau; Observer analysis

FREDERICK CLASEN-KELLY – RESEARCH

DAVID PUCKETT – STAFF CHART
determine the cause of death.

On-call investigators look into suspicious deaths outside Baltimore. Hearn oversees their work, making sure they ask key questions, interview witnesses and collect enough information.

A wall near Hearn’s desk is plastered with pictures of gang tattoos. Hearn and other investigators are documenting all tattoos in their cases to help state police identify gang members and track gang violence.

“We’re the eyes and ears for the doctors here,” Hearn said.

Co-workers call Hearn “Mr. Hollywood” because he has served as a technical adviser on television shows such as “The Wire” and “Homicide.” Producers from “Homicide” used his case files to develop plots, they said.

But Hearn said working as a death investigator in one of the country’s most violent cities is serious business.

He recalled going to a home where an elderly woman was found stabbed to death. A man wielding a knife darted from under a bed. He ignored police orders to drop the weapon.

Moments later, Hearn said, officers shot the suspect to death. “The
blood sprayed and I had to duck out of the way,” he said.

Unrealistic expectations?

In North Carolina, only Mecklenburg County and the state chief medical examiner’s office in Wake County have full-time death investigators.

But even in Mecklenburg, investigators visit death scenes in only 11 percent of cases.

Most of the state counts on full-time doctors and other medical professionals to do investigations in their off hours. They are paid $100 per case.

Radisch, the North Carolina chief medical examiner, said replacing local medical examiners with professional death investigators is unrealistic because there isn’t enough money.

“Our goal is to get people as close to death investigators (as possible) in the system we’re working under,” Radisch said.

Given the lack of training, that can be difficult.

Judith Tintinalli said she became a North Carolina medical examiner to serve her community.

The former chair of UNC Chapel Hill’s Department of Emergency Medicine said she took the position “with no instruction other than Web resources to
read the statutes.”

In May 2013, Tintinalli resigned after a year as a Chatham County examiner. As an emergency room doctor who worked the night shift, she could put only limited time into the medical examiner job. She feared being sued.

“You can’t expect somebody to have a full-time job, fall asleep at 3 a.m. and get a call at 4 a.m. and … do a good job,” she said.

Dollhouse training

Much of the six-story building that houses the Maryland medical examiner’s office is what you would expect: refrigerated rooms with bodies, high-tech equipment and the sterile feel of a hospital.

But in Room 417 it changes. Eighteen glass-enclosed dollhouses depict real-life death scenes from the 1930s and 1940s. They include detailed miniatures of a man shot to death, another hanging and a couple dead in a bedroom.

Frances Glessner Lee, a millionaire heiress, built the dollhouses to help advance investigation into suspicious deaths and donated them to Harvard University.

When school officials planned to throw them out, a medical examiner took them to Baltimore.
Now, the medical examiner’s office uses them to train forensic investigators and police on how to make detailed observations at death scenes.

Nearby is another surprise. The “Scarpetta House,” a donation from author and former Observer reporter Patricia Cornwell. It’s a full-scale replica house named for Kay Scarpetta, a character in Cornwell’s novels who is a medical examiner.

The training room is decorated with furnishings, including a stove, refrigerator, bed and living room with furniture. Officials create death-scene scenarios using a mannequin.

In Maryland, full-time investigators must seek certification from the American Board of Medicolegal Death Investigators, a widely recognized training program. The office also requires investigators to complete an apprenticeship under seasoned investigators before they go out on their own cases.

In the past, North Carolina’s medical examiner office offered an annual training seminar, but examiners had to pay their own way to attend. Officials suspended the training last year because they lacked money. They hope to restart the seminar with money in the governor’s budget proposal.

Radisch said she would like the state to require standardized training for medical examiners to bring more consistency to how cases are investigated. Forensic pathologists scattered around the state would help train medical examiners in their regions.
Experts from other states said training is a cornerstone of any competent death investigation system.

**Investigations vary**

In Maryland, every medical examiner case is handled in the Baltimore office.

A team of forensic pathologists inspects each corpse in the morning. They meet again in the afternoon to discuss findings from autopsies.

Only forensic pathologists make rulings about the cause of death.

Fowler said the approach means Maryland has “consistency” in its death investigation system. That means investigations follow guidelines set by the office and cause-of-death rulings do not vary from county to county.

In North Carolina, where no training is required for medical examiners, they issue preliminary cause-of-death rulings and request autopsies. A forensic pathologist reviews their findings.

The Observer investigation found wide variations from county to county in how suspicious deaths were investigated.

For example, since 2001 the percentage of bodies autopsied in medical examiners’ cases varied from 19 percent in Johnston County, near Raleigh, to 72 percent in Mitchell County, which sits in the mountains.

Radisch said she doesn’t like to compare death investigation systems
in different states.

She noted that Maryland, with 24 counties, is much smaller than North Carolina, which has 100 counties.

“They have the luxury of doing everything in one county,” she said. “It’s manageable because it’s all centered in Baltimore.”

But asked whether North Carolina should radically alter its death investigation system, Radisch and other state officials acknowledged it was built for a time when the state was smaller and less urban.

“We work well under our system, and you’re trying to say that we should maybe have another system,” Radisch said. “And we might not disagree with that.”
Despite not viewing bodies, medical examiners get paid

State and counties pay thousands to medical examiners who repeatedly neglected to inspect bodies

By Fred Clasen-Kelly and Gavin Off

Even when medical examiners don’t perform the most basic part of their job, they get paid.

North Carolina requires medical examiners to inspect bodies for evidence of violence, trauma or other signs of unnatural death. For
that inspection, writing a report, and other steps, they receive $100 per case.

But since 2001, an Observer data analysis shows that the state and counties have paid about $1.2 million for cases where medical examiners didn’t view bodies, including $88,000 to one Johnston County medical examiner.

“If you don’t do what you’re supposed to, you shouldn’t get paid,” said Timothy Rohrig, director of a forensics science center in Wichita, Kan.

North Carolina rarely disciplines medical examiners who don’t view bodies.

State Chief Medical Examiner Dr. Deborah Radisch said she believes improved training is a better remedy than withholding payments.

“It’s more important to get them to do it right in the first place,” she said.

**Money for nothing?**

Radisch and her predecessors have essentially treated medical examiners like volunteers.

From 2001 through September 2010, John...
Dykers Jr. handled more than half of Chatham County’s medical examiner cases.

He received $25,000 for about 275 cases in which he did not view the bodies, the state’s records show. Dykers viewed bodies in just 27 percent of his cases, but he argues he deserved payment anyway.

“You have to process all these forms,” said Dykers, who worked as a family practitioner before surrendering his medical license in 2010. “You still have a lot of crap work to do.”

Duplin County Medical Examiner Dr. Hervy Kornegay Sr., 81, has been on the job for 40 years. Since 2001, he did not view bodies in about 290 cases, but still has received more than $22,000.

Kornegay said he refuses to go see bodies in possible homicides because he doesn’t want to testify in court. “If I don’t see ’em, I can’t offer anything,” Kornegay said.
Fatally Flawed

Johnston medical examiner Dr. Leslie Taylor III received more than $88,000 for about 975 cases in which he did not view the body – the highest total for any medical examiner. The state’s records show that since 2001 he investigated nearly nine out of 10 suspicious death cases in Johnston.

Taylor accepted cases that were likely natural deaths and do not fall under the jurisdiction of a medical examiner, Radisch said. Medical examiners are supposed to investigate only sudden and unexplained deaths.

Asked if Taylor should be collecting tax dollars for such cases, Radisch said it is “probably not fair.”

Johnston County officials said they were not aware that local tax dollars usually pay the medical examiners’ fee – or that officials in Raleigh had concerns about some of the cases Taylor accepted.

“I want to make sure that we’re getting the services that we paid for,” said Jeff Carver, chairman of the

## Cashing in on incomplete work

N.C. medical examiners have collected thousands of dollars for investigating cases in which they never viewed the body. State guidelines say medical examiners must personally examine the corpse in every case. Medical examiners are paid $100 for each case.

<table>
<thead>
<tr>
<th>Medical Examiner</th>
<th>Amount paid</th>
</tr>
</thead>
<tbody>
<tr>
<td>Leslie L. Taylor, III</td>
<td>$88,000</td>
</tr>
<tr>
<td>Janice J. Hessling</td>
<td>$52,000</td>
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<tr>
<td>Ronald L. Key</td>
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<td>John A. Henderson</td>
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<td>Dennis B. Nick</td>
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<tr>
<td>J. R. Dykers, Jr.</td>
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<td>Hervy B. Kornegay, Sr.</td>
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<tr>
<td>Gordon B. Arnold</td>
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<tr>
<td>W. Dwight Tessneer</td>
<td>$15,000</td>
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<tr>
<td>Terry A. Grant</td>
<td>$14,000</td>
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</table>

Payments are from 2001 to mid-2013. Source: N.C. Office of the Chief Medical Examiner, 2001 to mid-2013; Observer analysis.

NOTE: Figures are rounded.
Board of Commissioners. “And if we’re not, yes, I’d take great exception to that.”

Taylor didn’t respond to repeated interview requests or a certified letter.

**Starting a small business**

In Gaston County, medical examiner Dr. Bruce Flitt turned his public position into a small business by arranging for nurses to handle his duties. He collected thousands of dollars for cases but never viewed the bodies, according to state records.

Flitt, 54, has worked as an emergency room physician at several Carolinas hospitals, including CaroMont Regional Medical Center in Gastonia.

After Flitt became a medical examiner in the late 1990s, he created a company, Forensic Examiners Inc., according to lawsuit depositions, which also say the company hired off-duty nurses to do much of Flitt’s medical examiner work.

The nurses compiled information and submitted paperwork to Flitt, documents say. He would sign his name to death certificates and investigative reports, collect payment from Gaston or the state, and share the money with the nurses.

Since 2001, the company has received more than $184,000. Gaston and the state paid at least $20,000 on cases in which no one examined the corpse, data show.
Flitt declined to answer questions in person and wouldn’t sign for a certified letter that included questions about his business.

But in a 2010 deposition, Flitt said he made little money as a medical examiner and did it as a “public service.”

“It’s amazing, isn’t it?” Flitt said.

Gaston lists multiple medical examiners, but Flitt testified that he handled most of the cases, except for the small town of Cherryville. He said then-state Chief Medical Examiner Dr. John Butts knew how he operated, but raised no objections.

Experts from outside North Carolina said they had never before heard of such an arrangement.

Problems with a case Flitt handled led Gretchen Crowder of Charlotte to sue the state Department of Health and Human Services, which oversees the state medical examiner’s office.

After Crowder’s 22-year-old son Matthew died in 2005, Flitt ruled that he committed suicide. Flitt never visited the death scene or viewed the body himself. Crowder believes her son may have died from foul play.

According to Crowder’s suit, several weeks after her son’s funeral, she opened her mailbox to find a death report that contained errors and omissions – including the wrong eye
color. Spaces to designate the person’s race and sex were left blank. She said she feared her family had buried the wrong body at the closed-casket service.

“Who is in the casket?” she recalled thinking.

The report, written with information from one of Flitt’s nurses, says Crowder’s body was viewed at Carothers Funeral Home in Gastonia, according to deposition testimony. His body was warm to the touch, the report says.

Funeral home employees, however, testified that Crowder’s body had been inside a refrigeration unit. They said they did not remember seeing anyone from the medical examiner’s office look at the body.

Nearly a year after Crowder died, his body was exhumed and the state performed an autopsy, but did not change the cause of death.

Gretchen Crowder is now seeking damages for emotional and mental distress over the handling of the investigation. The state Court of Appeals is expected to issue an opinion soon.

“We citizens don’t pay a medical examiner merely to sign a paper,” said Chet Rabon, a Charlotte attorney representing Crowder. “We pay them to perform a duty.”

Researcher Maria David contributed.
Jason Amerson’s girlfriend admitted that she fired a gun at him shortly before he died.

Sheriff’s deputies found signs of a struggle at the scene. And the fatal bullet passed through a pillow before entering the crown of Amerson’s
But Dr. Marion Griffin, the Randolph County medical examiner, never went to the death scene that day in 2009. He never saw the pillow, the blood on the front door or the position of Amerson’s body. Police suspected foul play. But Griffin came to a different conclusion – that Amerson killed himself.

Visiting scenes is vital to competent death investigations, national experts say. But from 2001 through mid-2013, a period studied by the Observer, medical examiners in North Carolina failed to visit death scenes in nine of every 10 cases.

Unlike most nationally accredited systems, North Carolina does not demand that medical examiners visit death scenes – even in suspected homicides. In murder cases, state guidelines merely encourage examiners to “make a special effort, if at all possible, to visit the scene.”

Since 2001, medical examiners have visited the site of a homicide about 14 percent of the time, the Observer found.

Such performance would be unacceptable in many states. Going to scenes and taking photographs is an essential step, officials elsewhere
say, because it provides clues about the circumstances surrounding deaths. An empty bottle of painkillers near the victim’s body may suggest suicide; overturned chairs may point to a violent struggle.

“In some cases, without a death scene investigation, you never figure them out,” said Dr. Sally Aiken, chief medical examiner for Spokane County, Wash.

Death investigators in Maryland must attend every scene. Dr. David Fowler, Maryland’s chief medical examiner, said investigating scenes can sometimes be more important than conducting autopsies.

Not doing so, he said, is the equivalent of a doctor saying: “I’m not going to interview my patient. I’m going to interview her husband.”

The Maryland and Spokane offices are accredited by the National Association of Medical Examiners. North Carolina’s is not.
North Carolina relies on about 350 people – mostly full-time doctors and nurses – to serve as medical examiners in their off-hours. They’re paid $100 for each suspicious death they investigate, whether they visit scenes or not.

N.C. Chief Medical Examiner Dr. Deborah Radisch said that medical examiners are “basically volunteers” and that if the state required them to visit scenes, “we wouldn’t have very many medical examiners.”

Radisch doesn’t think it’s essential for medical examiners to visit the places where people died, because they can usually get photos and details from police.

“There is little that the ME can add at the scene, especially with current investigative technology and extensive scene photography,” Radisch said last year.

Many national experts disagree. They say it’s important for medical experts to visit scenes because police aren’t trained to investigate the cause of death.

“Police make terrible death investigators,” said Dr. Steven Shapiro, chief medical examiner for Vermont, another nationally accredited system. “They are criminal investigators. If they see there’s nothing sticking out of the body, they’re done.”

**Were clues missed?**
In the case of Jason Amerson, a 35-year-old furniture plant worker, evidence at the scene was potentially telling. Sheriff’s investigators found drug paraphernalia and signs of a struggle.

Amerson’s body, meanwhile, appeared as though it “had been arranged,” Capt. Derrick Hill, of the Randolph County Sheriff’s Office, told the Observer.

“Due to evidence found in the room, I feel suicide may have been staged,” Hill said.

But Griffin chose to view the body at the hospital morgue rather than the death scene. Records show he handled the case the way he approached many others. According to state data, he visited death scenes in less than 7 percent of the cases he has investigated since 2001.

Griffin, now 78, has worked as a medical examiner since 1971. He said he generally goes to the scene only when police ask him to do so.

In his investigation report on the Amerson case, Griffin relayed this account from the victim’s girlfriend:

On a March morning in 2009, Amerson and his girlfriend had a violent argument at her home in Thomasville, about 70 miles northeast of Charlotte. He tried to strangle her, but she got away. The girlfriend then grabbed her handgun and fired three shots at Amerson, missing each time. Then, “he somehow got the gun and began to hit himself on the head with it.”
The girlfriend ran to a neighbor’s home and called 911. When sheriff’s deputies arrived, they found Amerson dead on a bed with the gun by his side.

“They thought the girlfriend had killed him and then denied the deed,” Griffin wrote.

Some experts question the medical examiner’s suicide ruling.

“If that one came in to our office as a reported suicide, we’d be incredibly suspicious,” said Dr. Todd Grey, Utah’s chief medical examiner.

A subsequent autopsy found that an injury on the top of Amerson’s skull – which Griffin had concluded was a bullet exit wound – was actually an entrance wound.

“If a person is going to shoot himself, is he actually going to put a gun on the top of his head and shoot downward?” asked Amerson’s ex-wife, Katina Craver, who remained friends with him after splitting up. “He’d have to be a contortionist.”

“… I don’t think he pulled the trigger.”

Following the autopsy, the state medical examiner’s office changed the official manner of death from suicide to “undetermined.”

The Randolph District Attorney’s office has not filed charges. That’s partly because Amerson’s girlfriend didn’t confess, said Hill, of the sheriff’s office.
Andy Gregson, the senior Assistant District Attorney for Randolph and Montgomery counties, said he could not discuss the Amerson case because it remains open.

But he said suicide rulings by local medical examiners – even when they turn out to be wrong – can make prosecution difficult.

“It is fair to say that is a barrier we have to hurdle,” he said. “… It’s not an absolute barrier. But can it be a problem? Yes.”

Griffin says he usually collects information from law enforcement officials, but not witnesses and family members.

“I always go by what (police) think is happening to make my opinions,” he said.

A big heart

Friends and family members say Amerson lived a tough life – but had never voiced a desire to end it.

After growing up in Florida and spending years in a boys’ home there, he moved to North Carolina at age 18 to live with his father.

Reserved but easygoing, he liked to hunt and draw cartoons. And he liked playing practical jokes, said his ex-wife, who recalled the time he glued her toothbrush to the bathroom counter.

He stood just 5-foot-5 but had a big heart, friends say. He was fiercely
protective of his now-teenage daughter.

His sister, Sylvia Jane Lara, said he once told her that even though his life was hard, he could never kill himself.

“He said, ‘I just couldn’t do that to (my daughter.)’ ”

Staff writers Gavin Off and Fred Clasen-Kelly, and staff researcher Maria David contributed.
Larry Green’s parents, Larry Alston Green and Ruby Kelly, react to the reading of a report regarding the actions of paramedics and the medical examiner. Their son was sent to a morgue after being hit by a car in 2005. Green’s family contends the mistake left their son permanently disabled.

Mistake lands injured man in morgue
Larry Green was zipped into a body bag, but it was a huge mistake

By Fred Clasen-Kelly and Elizabeth Leland

Larry Green was zipped into a body bag, and then the medical examiner had him taken to the morgue. But it was a huge mistake.

Green was not dead.

The potentially fatal mix-up began on a cold night in January 2005.
when Green was hit by a car in Franklin County north of Raleigh. Emergency responders found him lying face down in a pool of blood, a gaping wound in his head.

A paramedic checked for vital signs and said he found none. Emergency responders then covered him with a white sheet and called the medical examiner.

When Dr. J.B. Perdue opened Green’s jacket and shirt, eight witnesses said they saw Green’s chest and abdomen move, according to court documents.

“Doc, I believe he’s breathing,” a paramedic said. “… Is he breathing?”

“That’s only air escaping the body,” Perdue replied.

At Perdue’s direction, Green was placed in a cooler at the jail. There, Perdue took a blood sample. Again, a paramedic noticed movement: Green’s right eyelid twitched.

“It was a muscle spasm,” Perdue told him, according to documents, “like a frog leg jumping in a frying pan.”
About an hour later, Perdue pulled Green’s body from the morgue refrigeration drawer and examined it a third time at the request of an N.C. Highway Patrol trooper who needed more details for his report.

Perdue watched in alarm as Green’s abdomen moved. He was alive.

Relatives contend that Green, who is 39, suffered permanent brain damage caused by the medical examiner’s error. More than two hours elapsed before he was taken to a hospital.

Today Green lives in a Wilson nursing home unable to walk or talk. He is nourished through a feeding tube.

His family has spent years battling in court. They reached a $1 million settlement with Franklin County, Franklin County EMS and two paramedics in 2009. But the N.C. Court of Appeals ruled that Perdue is immune from liability as an individual because he was an officer of the state carrying out his duties.

Green’s family is now suing the N.C. Department of Health and Human Services, which oversees the state medical examiner’s office. The suit alleges the medical examiner caused Green painful and permanent injuries.

A retired surgeon, Perdue had worked as a medical examiner for more than 30 years when he attended to Green. He said he was wrongly made a scapegoat. “In my opinion, the EMS messed up,” he said. “People don’t understand what a medical examiner does.”

State guidelines for medical examiners say “it is not the ME’s job to
pronounce people dead.” Dr. John Butts, then chief medical examiner, said Perdue did everything required of him.

Perdue said he feels sorry for Green, but said he should not be blamed for his disabilities.

“It looks bad. I know it does,” Perdue said. “But I don’t think it changed his overall outcome. I don’t think the delay caused any further damage.”

Researcher Maria David contributed.

NAVI G A T E  T H E  S E RI ES:
HOME | PART 1 | PART 2 | PART 3 | PART 4 | PART 5
Investigations leave unanswered questions in NC baby deaths

By Ames Alexander and Fred Clasen-Kelly
aalexander@charlotteobserver.com  frkelly@charlotteobserver.com

Posted: Monday, Dec. 29, 2014

Jennifer Cothern examines the bassinet where her niece, Isabella, died. Despite suspicious circumstances, the medical examiner who investigated Isabella’s death didn’t visit the scene – and omitted key facts from her report.

On the day in 2012 that 4-month-old James “Bo” Phillips died in coastal Brunswick County, the local medical examiner didn’t visit the scene or question the infant’s parents. But he ruled the death an accident.

Bo’s mother told hospital staff she’d been sleeping with the baby – and might have rolled over on him.

A year and a half later, it happened again. Bo’s 8-month-old brother, Luke, died under nearly identical circumstances. The medical examiner again called it an accident without visiting the scene.
“If there had been any serious investigation after Bo died, I feel like Luke’s death wouldn’t have happened,” said Seth Phillips, the father of the two babies.

While the deaths in Oak Island were unusual, the investigations were not.

North Carolina medical examiners almost never go to infant death scenes and sometimes flout a state requirement to look at the baby’s body – two steps that national experts say are vital to competent inquiries.

A recent Observer series revealed that the state’s medical examiners often fail to follow crucial investigative steps, raising questions about the accuracy of thousands of death rulings.

By some measures, medical examiners investigate infant deaths even less rigorously than those of adults – and less thoroughly than they did a decade ago.

Medical examiners visited death scenes in just 2 percent of infant death cases last year, compared with 7 percent in 2003, a new Observer analysis found. When investigating adult deaths, medical examiners went to the scene 9 percent of the time last year.

“That’s pretty dismal,” Dr. Gregory Schmunk, chairman of the National Association of Medical Examiners board of directors, said of North Carolina’s low rate of visiting infant death scenes. The numbers, he said, suggest that the state is falling far short of best practices.

Experts say infant deaths deserve special attention because children are vulnerable to abuse and neglect. Thorough infant death investigations, they say, help educate parents and identify dangerous caregivers. And they reveal patterns that help communities reduce infant sleep deaths, violence against youths and other threats to children.

Although the number of infant deaths has declined in recent years, the mortality rate in North Carolina – about 7 infant deaths for every 1,000 live births – remains above average, according to the National Vital Statistics Reports.

“We ought to be horrified about someone totally vulnerable being abused or killed,” said Dr. Brian Peterson, chief medical examiner for Milwaukee County, Wis., whose office is nationally accredited. “How do we protect those kids? By careful study.”
If someone dies under mysterious circumstances, one of the state’s roughly 350 medical examiners helps determine whether the death resulted from homicide, suicide, an accident or a natural cause. They decide which cases should be sent to pathologists for autopsies.

But North Carolina depends on untrained medical examiners and performs fewer autopsies than the nation’s top systems.

Officials with the North Carolina medical examiner’s office defend their practices, saying they’ve significantly improved infant death investigations.

They note that even when medical examiners don’t view the bodies of infants, trained pathologists usually do. Medical examiners failed to view bodies in 16 percent of infant death cases last year, state data show. Pathologists autopsied 93 percent of infant cases.

While medical examiners usually don’t go to infant death scenes, police officers almost always do, state officials say.

The state offers a voluntary two-day training session on child-death investigations, providing tips on how to identify signs of homicide, sudden infant death syndrome and other causes of death. Police are among the more than 3,000 emergency workers, medical professionals and others who have attended the training. That represents a fraction of the roughly 20,000 law enforcement officers who work in North Carolina.

“Our child death investigations in North Carolina, I’d put them up against pretty much anybody around us,” said Lisa Mayhew, the medical examiner office’s child death investigator and trainer.

But national experts fault the state’s approach. Police must focus primarily on solving crimes, the experts say, not on determining how people died.

What’s more, they say medical examiners in top systems get far more training in death investigations. In some places, new hires must shadow seasoned investigators for weeks before being assigned cases.

Chris Morgan, a former Raleigh homicide detective who retired in 2004, said two days of training isn’t enough to turn police officers into top-notch infant death investigators. Besides, he said, police officers have other responsibilities.
“I probably should have gone further on some of the ones I had questions about,” Morgan said of the infant cases he investigated. “But I had X number of hours in the day and four homicides that I knew were homicides.”

‘The eternal question’

Medical examiners are responsible for investigating high-stakes cases: suspicious, violent and accidental deaths. Their rulings help determine whether killers get charged, safety hazards get addressed and families get the life insurance payments they deserve.

But North Carolina has one of the nation’s most poorly funded medical examiner systems. It relies on doctors and nurses to perform death investigations in their off-hours, and pays them just $100 per case – regardless of whether they visit scenes or view bodies.

Some medical examiners consider themselves volunteers. The state doesn’t require them to get training, and rarely punishes them when they break the rules.

As a result, many infant deaths get little scrutiny. Consider:

• The medical examiner who investigated the death of 11-month-old Za’Vion Haywood in Raleigh in May 2012 did not go to the scene or view the body. The state ruled that the baby died of asphyxiation due to undetermined causes. But hospital staff suspected nonaccidental trauma, records show, and the manner of death was later changed to homicide. Police continue to investigate the case but have yet to make any arrests.

• The medical examiner who investigated the death of 3-month-old Za’hiem Ocean in Southern Pines in 2010 also didn’t visit the death scene or examine the body – despite questionable circumstances.

According to notes taken by a state official, the baby’s mother came home drunk with the infant around 1:30 a.m. and fought with the father. The notes also state that the mother later snatched the baby out of his crib, took him to her room and went to bed. Later, the boyfriend found the baby cold and unresponsive.

The cause of death was labeled “undetermined,” and the Moore County district attorney’s office declined to prosecute.

The medical examiner, a registered nurse named Max Muse, said authorities in his county work well together to investigate infant deaths. He said he prefers to visit death scenes when he can because “you can learn so much more from viewing all your information
firsthand." But he could not recall why he didn’t view the body or visit the scene in the Za’hiem Ocean case.

Muse, 57, has worked as a medical examiner since 2001. Since then, state data show he has visited death scenes in about a third of all of his cases – significantly more than most North Carolina examiners. But Muse also failed to view bodies in about 23 percent of all of his cases, twice the state average.

• After 2-month-old Joseph Kirby died in Cumberland County in 2010, the medical examiner attributed the baby’s death to the accidental complications of intestinal surgery. But he ordered no autopsy. The state later ruled that Joseph died a natural death but again ordered no autopsy.

Dr. Ljubisa Dragovic, chief medical examiner for the nationally accredited Oakland County, Mich., office, said he finds it “unbelievable and unacceptable” that the manner of death in Joseph’s case was changed from accidental to natural without an autopsy.

An autopsy, he said, could have helped to determine whether mistakes during surgery – or any infection that might have developed afterward – played a role in the baby’s death.

“We should give the family the information they want and need,” he said.

“They want to know. They want to understand. They have the eternal question, ‘Why?’ ”

What police may not see

Top medical examiner offices order trained police investigators to interview caretakers and parents, fill out a checklist of questions and document details from the scene, such as the presence of drugs or alcohol.

The Observer interviewed nearly a dozen national experts. Best practices, they said, call for trained medical examiners to visit every scene and ask caretakers to use dolls to re-enact what happened.

Dr. John Howard, chief medical examiner for the nationally accredited office in Spokane County, Wash., said relying on police for interviews and scene information increases the likelihood that medical examiners will misdiagnose infant deaths.

“A medical investigator has seen many more deaths,” he said. “They may see something a patrol officer in a hurry to get back on patrol may not see.”
North Carolina's system, which is not accredited, doesn't require examiners to attend death scenes. Instead, the state medical examiner's office relies on police to interview witnesses, take photographs and gather other evidence.

Since 2011, new police officers have received about 30 minutes of instruction on infant death investigations as part of their four-month training.

North Carolina officials insist it's not necessary for examiners to visit scenes because they can get detailed information from police. Mayhew, the state investigator and trainer, said improved police work has enhanced the understanding of infant sleep deaths.

“It's getting done quite well,” Mayhew said. “… It's just that law enforcement is responsible for it.”

But Dr. Victor Weedn, a nationally recognized forensic pathologist, questions why North Carolina would rely on officers with little training and experience handling infant death cases.

A detective may investigate one child death in a year, Weedn said.

“There are people who devote their entire careers to just that,” Weedn said. “They (police) are not trained medically, and we can sometimes catch things they don’t.”

‘Twice in the same house’

On the night of June 25, 2012, Seth Phillips was stationed on a Coast Guard ship docked at Oak Island when he talked to his wife by phone. He could tell from Katherine Jennings' voice that she'd been drinking, he said. The next morning, Phillips got the news: His son Bo was dead.

“If anyone had even talked to Katherine, I think they would have discovered that she’d been drinking too heavily,” he said.

Records show Jennings had a history of legal problems involving alcohol. She has been charged at least four times with driving under the influence in Georgia.

When Bo died, Jennings said she had been sleeping with her son and must have “rolled over on him,” though she wasn’t sure, according to a report by staff at Dosher Memorial Hospital in Southport. She woke to find the baby unresponsive.
The medical examiner, an internist named Dr. Douglas Hiltz, was responsible for investigating. But he never visited the home or talked to the baby’s parents.

Hiltz concluded that the baby died as a result of accidental suffocation. The state medical examiner’s office later changed the cause of death to “undetermined.” It’s unclear why. Officials with the medical examiner’s office did not respond to questions about individual cases.


On Dec. 13 of that year, Seth Phillips was on his ship when he got an early-morning phone call. Luke, too, had died.

Hiltz again did not visit the home or talk to the parents. He concluded the baby accidentally suffocated. The state medical examiner’s office agreed and said that “co-sleeping” – when parents sleep with infants – was a contributing factor.

David Crocker, a deputy coroner who said he collaborated with Hiltz on the investigation, said he did go to the house after the second death and initially agreed with the medical examiner’s findings. Now, however, he questions whether Luke’s death should be called an accident.

“Twice in the same house? … That has to be investigated,” Crocker said. “You have got to stop and take a second look.”

Hiltz noted that he works as a hospital emergency room doctor and generally cannot leave to attend death scenes. He said it is unfair to expect medical examiners to visit most death scenes.

“It’s a volunteer job,” said Hiltz, who has worked as a medical examiner for more than 20 years. “It’s done for community service.”

Hiltz said he does not believe police pay much attention to medical examiners unless they can identify signs of trauma on the corpse. “The police are not expecting much from me. … Basically what they want from me is the time of the autopsy.”

For North Carolina to follow national best practices, such as sending medical examiners to each scene, it “would have to have a different system,” Hiltz said.
In August, after the Observer began asking questions about the deaths, Brunswick County prosecutors charged Jennings with involuntary manslaughter in the second baby’s death. She was released from jail after posting a $50,000 bond. Her lawyer, Dustin Sullivan, won’t allow her to talk to the press.

Sullivan said it’s too soon to say how Jennings would plead and whether the state was justified in filing the involuntary manslaughter charge.

“No matter what happens, everybody loses,” he said.

STAFF WRITER GAVIN OFF CONTRIBUTED.

**N.C. vs. best practices**
The Observer contacted nearly a dozen chief medical examiners and national experts to learn the best practices for investigating suspicious deaths of babies. Below is a list of best practices and whether North Carolina requires medical examiners to take those steps.

<table>
<thead>
<tr>
<th>Best practice</th>
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<tr>
<td>Visit death scene</td>
<td><strong>No</strong></td>
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<tr>
<td>View the body</td>
<td><strong>Yes</strong></td>
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<tr>
<td>Complete infant death checklist</td>
<td><strong>No</strong></td>
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<tr>
<td>Interview caretakers/parents</td>
<td><strong>No</strong></td>
</tr>
<tr>
<td>Perform doll re-enactment</td>
<td><strong>No</strong></td>
</tr>
<tr>
<td>Request autopsy</td>
<td><strong>Yes</strong></td>
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SOURCE: Observer research
Infant deaths under less scrutiny

When infants die under mysterious circumstances, medical examiners in top performing systems visit virtually every death scene and view every body. They also order autopsies in almost every case. That’s not how it works in North Carolina.

2% Infant death cases in which N.C. medical examiners visited the death scene

84% Infant death cases in which N.C. medical examiners viewed the body

93% Infant death cases in which autopsies were conducted

SOURCE: Observer analysis of data from the N.C. Office of the Chief Medical Examiner.
RALEIGH Saying that North Carolina's medical examiner system has “serious and significant performance issues,” lawmakers Monday recommended major reforms, including requiring training for examiners and increasing their pay.

But at least one legislator – Sen. Tommy Tucker, R-Union – warned that the state “does not have pots of gold” to fix the problems.

The medical examiner’s office is under scrutiny for operating a system in which examiners skip basic steps when investigating homicides, suicides and other suspicious deaths. The system has been poorly funded for years.
A five-part Observer series published in May found that medical examiners don’t go to death scenes in 90 percent of their cases. They also violate a requirement to view the bodies in 1 of every 9 deaths.

Faulty investigations can allow criminals to go unpunished and leave grieving families without insurance payouts.

During a two-hour hearing, a legislative oversight subcommittee recommended rebuilding or replacing buildings at regional autopsy centers, increasing the reimbursement per autopsy, and building new facilities in the southeast and western parts of the state.

Legislators said they are appalled that medical examiners sometimes fail to view bodies and promised to propose legislation when the General Assembly reconvenes in January.

Currently, doctors and nurses serve as medical examiners and investigate cases in their off-hours. They are rarely disciplined for taking shortcuts.

When officials at the Office of the Chief Medical Examiner suggested waiting until 2016 to finalize a report on replacing the volunteers with full-time professionals, lawmakers objected. They said any delay in completing the study beyond early next year is “unacceptable” and ordered a report by March 2015.

In one tense exchange, state Chief Medical Examiner Dr. Deborah Radisch said she wanted to postpone studying the possibility of hiring full-time investigators while officials begin training the current medical examiners.

“We have 470 boots on the ground,” she said. “They need training. We have people who can be brought up to a higher standard. … I don’t want to be set up to fail.”

State Rep. Justin Burr, R-Stanly, interrupted, saying, “We’ve already passed that (point).”

Burr repeatedly noted the state’s failures after an elderly couple died in a Boone hotel room in April 2013. The local medical examiner, Dr. Brent Hall, did not warn the state toxicology lab in Raleigh about the circumstances, and it took six weeks to determine that leaking carbon monoxide killed the couple. In June 2013 11-year-old Jeffrey Williams died of carbon monoxide in the same room.
“I understand training, but the medical examiner in Boone, what were his qualifications?” Burr asked rhetorically. “He was a pathologist. He had training and it didn't save that little boy’s life.”

Burr said the state’s system for investigating suspicious deaths should not depend on volunteers. He added: “It’s not really 470 boots on the ground. They are part-time. It’s … if they have the time and if they decide to show up.”

**Lawmakers’ proposals**

After the newspaper’s series, Gov. Pat McCrory promised to make changes. Legislators later approved an extra $1 million for the medical examiner’s office – half what McCrory requested.

Monday’s recommendations from the legislative subcommittee will now go to the Joint Legislative Oversight Committee on Health and Human Services for consideration.

Many of the ideas are similar to the suggestions experts proposed more than a decade ago, after a previous Observer investigation.

Among the recommendations:

- Mandate minimum training for medical examiners. Unlike states and counties with leading death investigation systems, North Carolina currently requires no training.

- Raise the fee paid to examiners to $250 per case. Examiners receive only $100 per case, which gives them little incentive to drive to death scenes and take other steps to ensure cases are thoroughly examined.

- Spend money to replace aging autopsy centers in Winston-Salem and Greenville and help pay for renovations to the Mecklenburg medical examiner’s office.

Lawmakers’ proposals did not include a requirement that medical examiners view bodies in each case, but State Sen. Jeff Tarte, R-Mecklenburg, said they should enact a new law.

When examiners do not take such a routine step, “the optics are egregious,” Tarte said.
Department of Health and Human Services Secretary Aldona Wos disagreed. She and Radisch said there are circumstances that sometimes prevent medical examiners from inspecting the bodies. Sometimes hospitals and other institutions fail to call medical examiners before bodies are buried or cremated, Radisch said.

Funding concerns

Even with the $1 million lawmakers added earlier this year, North Carolina spends only about 93 cents per capita on its system. That’s far less than most systems with accreditation from the National Association of Medical Examiners, a group that sets guidelines. They typically spend about $3 per capita, according to a recent study.

Last month, DHHS proposed a reform plan that would cost the state about $6 million more per year. One-time expenses under that plan would total about $53 million.

At Monday’s hearing, Tucker, the Union County Republican, warned officials they may get less money than they want.

Tucker said that achieving national accreditation in government is usually expensive. He asked whether the state could bolster the medical examiner system without attaining that goal.

“I am trying to get y’all up to standard without all the bells and whistles,” Tucker said.

But he later suggested lawmakers take money from reserves designated for Medicaid. The state had set aside about $186 million that it would not need to spend, Tucker said. The Medicaid money, however, could only go toward one-time expenses, such as a building, rather than recurring expenditures.

Burr, the Stanly Republican, bristled at the suggestion the state would not spend what’s needed.

“This is a core function of government,” Burr said. “I think it’s a priority. When you have been kicking the can down the road for years and years, it means the price is going up. This is a prime example of that. We have got to step back and look at the long term.” Reporters Ames Alexander and Gavin Off contributed.

Clasen-Kelly: 704 358-5027
Supplemental story
Did medical examiner’s office withhold murder evidence?

By Gavin Off
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A dispute in the state medical examiner’s office over a bullet fragment could lie at the heart of an unsolved murder.

For more than two years, the bullet remained tucked away in a desk at the N.C. Office of the Chief Medical Examiner, while detectives near Fayetteville searched fruitlessly to find who killed 19-year-old Terrell Boykin.

Like any mystery, this one raises many questions, but the most important is this: Why didn’t officials, including N.C. Chief Medical Examiner Dr. Deborah Radisch, tell detectives about possible evidence in a double homicide?

It was only after a tipster notified the State Bureau of Investigation late last year that the bullet finally reached detectives. They are trying to match it to guns or shell casings in hopes of closing the Cumberland County sheriff’s only unsolved double-murder.

After the SBI probe, a prosecutor ruled that no one in the medical examiner’s office committed a crime involving possible evidence. But the pathologist who performed Boykin’s autopsy and the technician who said he discovered the bullet – and prodded his bosses for months to investigate it – no longer work there.

To unravel the story behind what happened, the Observer requested emails about the case four months ago. The state, which first argued they were confidential personnel records, provided them on March 3.

The office’s turmoil over the bullet follows other concerns, including heavy autopsy caseloads and a 40-day wait for the completion of blood tests after two people died last year in a Boone hotel. The tests revealed carbon monoxide poisoning, but the information was not made public until after an 11-year-old boy died in the same room.

A misplaced bullet?
Boykin and his childhood friend, Rodriguez Harris, 23, were shot and killed around 4 a.m. May 8, 2011, during a gun battle at a mobile home park near Fayetteville. Detectives questioned several people but made no arrests. They appealed to the public for help.

Two days after the shooting, Dr. Clay Nichols, 59, performed Boykin’s autopsy in the state lab in Chapel Hill. The medical examiner’s main office has since moved to Raleigh.

Nichols, who joined the department that year, was one of the state’s busiest pathologists. In 2012, he conducted more than 400 autopsies – 60 percent more than the nationally recommended standard.

According to his autopsy report, a bullet entered the left side of Boykin’s skull. Nichols described the wound as “perforating,” meaning the bullet or part of it passed through Boykin’s head.

“No bullet is recovered,” wrote Nichols on Boykin’s report.

But technician Kevin Gerity, who cleaned the morgue after the autopsy, later wrote that he found a bullet lying near Nichols’ cutting board. He said the bullet “appeared to be the same piece of metal” visible in an X-ray taken of Boykin’s head.

Gerity, a 21-year veteran of the office, said he put the bullet in a plastic evidence bag and gave it to Nichols.

He later complained to Radisch that the autopsy report was wrong. Four months after the autopsy, Gerity felt strong enough to put his concerns in writing.

Gerity, 57, declined to be interviewed. His account of events is outlined in the September 2011 letter to Radisch and Dr. Lou Turner, the state’s deputy chief of epidemiology.

Gerity said he believed a mistake was made – and nothing was done to correct it.

“I feel our office has an obligation to be as thorough as possible in performing autopsies, as well as being as accurate as possible in the reports we release,” Gerity wrote. “Releasing a report that we know is inaccurate, not only puts me in a precarious position personally, but also puts this entire office in jeopardy.”
In an interview last week, Nichols defended his handling of the bullet fragment. He said Gerity broke the chain of custody by collecting the evidence himself. Nichols said he couldn’t be certain the fragment came from Boykin’s body.

Gerity should have called him into the autopsy room to gather the bullet, said Nichols, acknowledging that the medical examiner’s office did not have written protocols for such situations.

“A fragment was delivered. Not labeled, not sealed, not identified. It was done without my supervision,” Nichols said. “I can’t turn over evidence that I can’t attest came from that person.”

The discovery of the bullet came on a slow day for the medical examiner’s main office. Boykin’s body was one of two autopsied at the state lab that day, data show. The second involved the natural death of a 54-year-old woman.

**SBI tipster**

It’s unclear what – if anything – Radisch did to address Gerity’s concerns in 2011.

The same day she received his letter, she emailed Nichols: “So, he’s been waiting for you to do something, and is armed with the attached (letter) … So, I will need to speak with you and learn what happened.”

Nichols, the state’s deputy chief medical examiner at the time, said he never saw Gerity’s letter and did not recall meeting with Radisch about the case.

If the chief medical examiner doesn’t discuss such a case with a pathologist, “that’s a problem,” said Dr. Gregory Hess, chief medical examiner in Pima County, Ariz.

Two years passed before a tipster told the SBI that evidence in the case was mishandled. Nichols gave the bullet to state investigators and it was finally turned over to the Cumberland County Sheriff’s Office.

Lt. Bobby Reyes said he was surprised to receive the evidence so late. He said law enforcement experts have since compared the bullet fragment to ones from other cases in an attempt to catch Boykin’s killer.
Reyes declined to say whether any evidence matched the bullet, though he said the murder case remains open.

Said Billy West, Cumberland County’s district attorney: “My concern was that if there was any evidence that could shed light on this unsolved case, that we have it. It’s unfortunate that we didn’t get it from the beginning.”

**Pathologist’s departure**

Nichols, who earned more than $192,000 annually, lost his job in November during the SBI investigation. Gerity retired a month later.

State officials will not say why either left, contending the reasons for their departures don’t fall under North Carolina open records laws.

A state spokesman said Gerity’s letter “reveals only one side of this situation.”

“As a result of the DHHS personnel investigation in this matter, appropriate personnel action was taken and protocols within the Office of Chief Medical Examiner (OCME) have been strengthened and are being incorporated into new written policies and procedures,” said Kevin Howell, a spokesman for the Department of Health and Human Services.

In a recent interview, Radisch said the office is understaffed but state pathologists are not overworked “to the point of making serious errors.” She declined to answer specific questions about the bullet fragment, including whether she investigated Gerity’s complaints in 2011 and why no one alerted detectives.

Radisch, who earns $217,000 annually, joined the medical examiner’s office in the 1980s and had been chief for a year when the controversy emerged.

Nichols is now a contract pathologist for East Carolina University, where the medical examiner’s office sends some of its cases to be autopsied.

Nichols said he’s not certain why he was forced out. His last job evaluation was excellent, he said. But he suggested the Boykin case may have played a role.

“You can’t ignore the timeline,” Nichols said.
Jim Woodall, the Orange County district attorney who reviewed the SBI's findings late last year, said no one at the medical examiner’s office altered, destroyed or stole evidence connected to Boykin’s case. Such actions could be considered crimes.

But Woodall said the case raised questions about how the medical examiner’s office documented evidence, adding that it was incumbent on DHHS to review the process.

**Wrong to ‘sit on evidence’?**

Two pathologists interviewed by the Observer said they would have turned the bullet fragment over to authorities if they thought there was any potential it could be used as evidence in a criminal case.

“To sit on evidence seems wrong if you think it is from this body,” said Dr. Victor Weedn, a forensic pathologist and professor at George Washington University.

Dr. Greg Davis, professor of pathology at the University of Kentucky, said: “If it were my case, I would have photographed (the bullet), thanked the technician and called the detective and said, ‘This may or may not be of value, but you probably should come get it.’ ”

If there were questions about where the bullet came from, DNA testing might have helped answer them, said Gregory D. Lee, a California criminal justice consultant and retired supervisory special agent with the U.S. Drug Enforcement Administration.

As a detective, Lee said, “It would irritate me to no end” to receive a bullet after such a long delay. “You just pissed away two and a half years.”

Reporters Ames Alexander and Elizabeth Leland contributed.
Correction:

A photo caption in the series gave inaccurate figures for the number of on-call medical examiners in Maryland and North Carolina. The Observer promptly corrected the error.