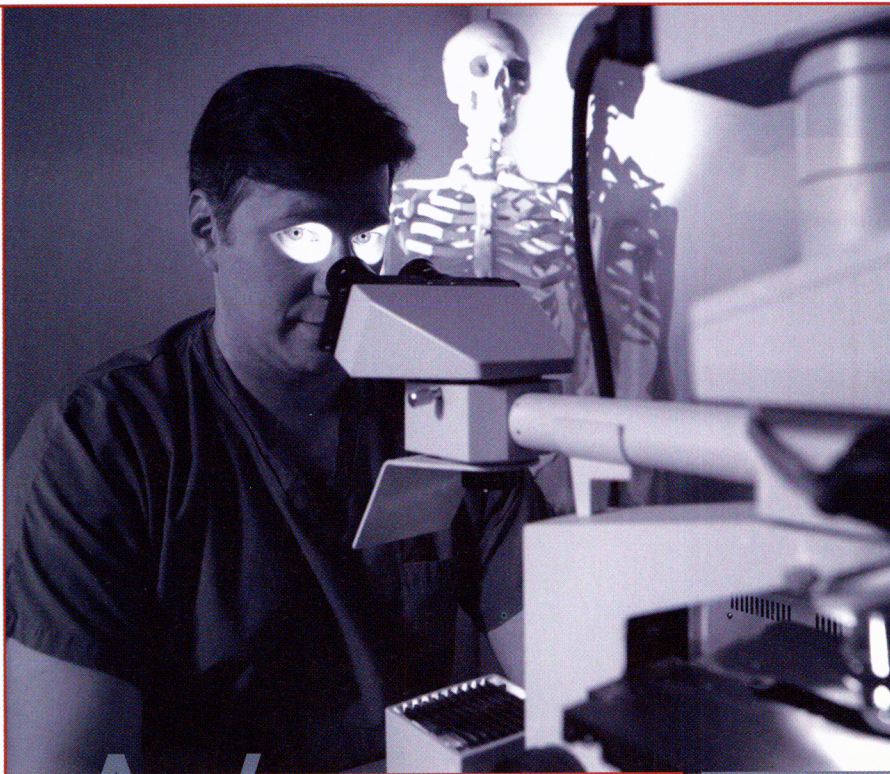


THE FINAL CUT

As a forensic pathologist at the Maricopa County morgue, Mark Fischione has the last word on the steady stream of bodies that come his way, and after performing more than 10,000 autopsies, he definitely knows what he's talking about.

BY KATHY KHOURY
PHOTOS BY TROY AOSSEY





When Dr. Mark Fischione gazes into his professional future, what he most looks forward to is having a table of his own. If he had a table of his own, he could set it up any way he wanted and it would always be just as he left it. The knives would always be sharp and in the right place. He wouldn't, say, pick up a pair of scissors only to find they are designed for someone left-handed. Most importantly, he wouldn't have to make a reservation to do an autopsy.

That's basically what he's doing this morning. "We're table-driven rather than driven by the number of doctors or the number of cases," he explains between phone calls from behind his desk at the Maricopa County Medical Examiner's Office. At the moment, he's coordinating table space in the autopsy suite with the two other pathologists who are "cutting" today.

Seven pathologists share the two tables in the main suite, plus a third located in a small multipurpose room. The trouble is, all three who are performing autopsies today have homicide cases, which require more space. The multipurpose room is too small. In August, when the office's new facilities are supposed to be finished, this kind of coordination won't be necessary. But until then, these early-morning negotiations are a fact of life.

Like most government offices, Fischione's is furnished with matching pieces in battleship gray. There is a metal desk with framed pictures of his wife and their 2-year-old son, a potted palm, an oriental rug, and a microscope with dual eyepieces atop a table with two chairs. Along with various framed diplomas and certificates, an Arizona license plate hangs on the wall. It reads 4N6DOC. (When he worked in Michigan, his plates read TOETAGR, but when he came to Arizona, he decided he wanted a change.) Also, there is a skeleton suspended on a pole that wore a set of scrubs until a technician complained that it was in bad taste.

After a few calls back and forth, Fischione agrees to use the multipurpose room for his non-homicide cases — a suicide hanging, a motor vehicle accident and a would-be burglar who was found dead at the scene. Last, he'll do the homicide — a shooting victim. By that time he figures a table in the main suite will be free. That decided, Fischione bounds off to the changing room, where he trades his collared T-shirt, shorts and loafers for a set of scrubs the color of Crest toothpaste.

Fischione displays a boyish exuberance that makes him immediately likable. He has broad shoulders, large hands and a trunk like a cottonwood, but his demeanor is so disarming, you don't notice his size at first. His hair forms a chestnut wave over pale blue eyes and a strawberries-and-cream complexion. His lips are thin, and when he smiles, which is often, his cheeks bob up like apples.

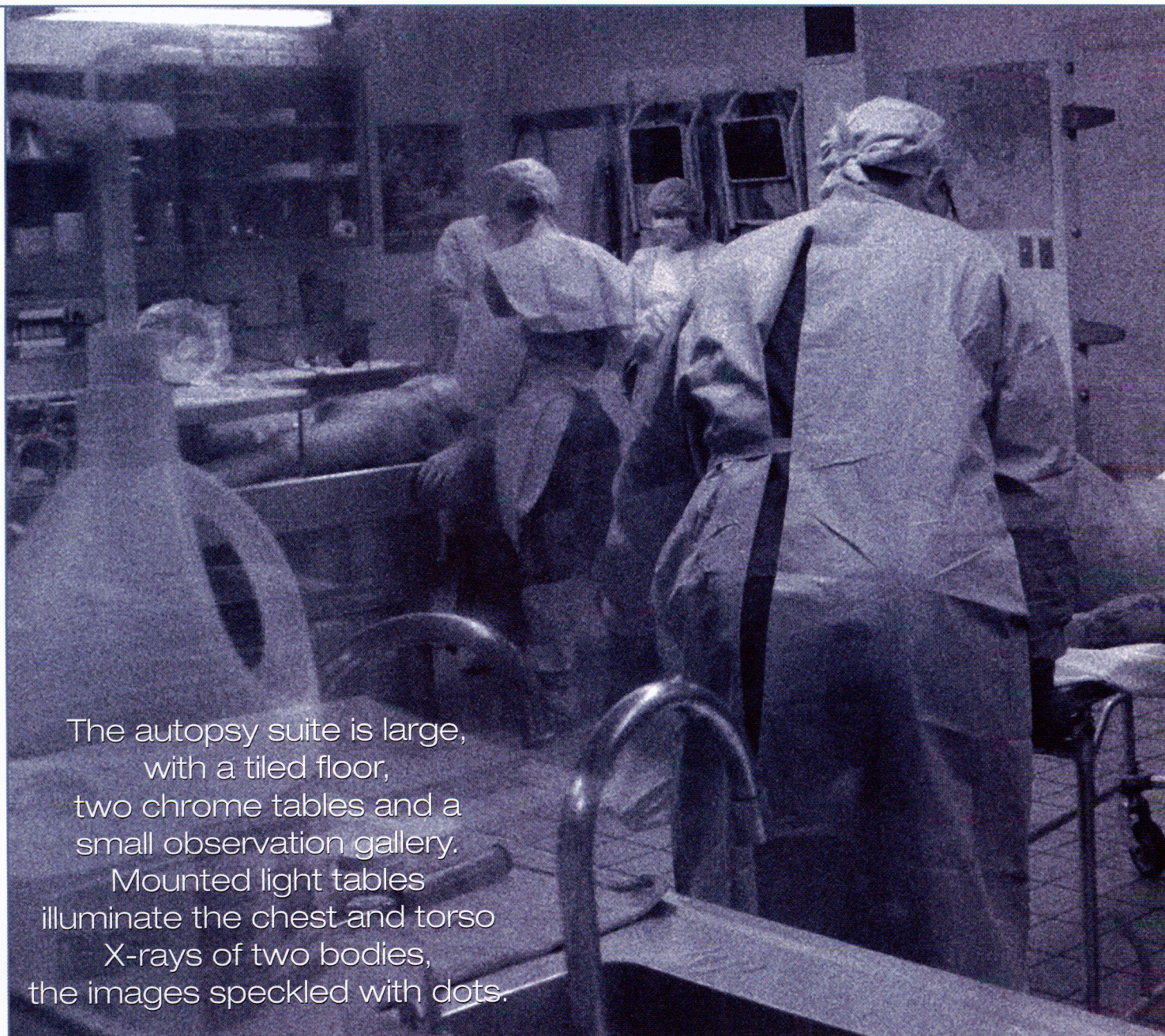
Having grown up in Michigan, Fischione speaks with the flattened vowels of a Midwestern native. His voice is rhythmic, patient and often takes on the explanatory tone a teacher might use with a student. Admittedly "100 percent Italian," he is every bit as warm and expressive as that might imply. He seems genuinely happy to see everyone he encounters, and greets visiting former employees with as much enthusiasm as if they were family members believed lost at sea. He seems, in a word, nice, which is surprising, considering that he sees the worst of what people can do to each other every day.

On his way to the autopsy suite, Fischione walks outside onto a small, fenced-in patio, and points to a mound of earth to the west. "See that blob of dirt?" he asks. "That's going to be the new office. I look at it daily. I can't wait for it to become three-dimensional."

Located in the shadow of the new federal courthouse in downtown Phoenix, the existing office dates to the mid-'70s. A small rectangle of concrete block, the ventilation is so poor that everyone in the building knows instantly when a badly decomposed body has been delivered. The floor of the office area is crowded with cubicles containing about half of the secretarial staff. The rest of the staff moved into a temporary module across the street about two years ago. The building contains a small toxicology lab, but DNA tests must be sent to one of three forensic labs in the Valley. Space is at such a premium that the observation gallery for the autopsy suite is used for office space, and an X-ray developing machine has been installed in the bathroom. Chief Medical Examiner Philip Keen commented dryly in a television interview once that it's the only building in the county in which it's possible to go to the bathroom, develop an X-ray and talk on the telephone without taking a step.

Keen fought for years to get the new facility. "No one wants to talk about a new morgue because it's about death," Fischione says. "And no one wants to talk about death."

But the consensus is that the new building will be worth the wait. It promises to be one of the top forensic science centers in



The autopsy suite is large, with a tiled floor, two chrome tables and a small observation gallery. Mounted light tables illuminate the chest and torso X-rays of two bodies, the images speckled with dots.

the country. Plans for the \$17 million facility include a large X-ray room, expanded toxicology lab, DNA lab, serology lab and trace evidence lab, so more analyses can be done on site, and turn-around time will be faster. Also, it will have a pathology library, an auditorium, conference rooms, a family room, expanded storage capability and room for growth.

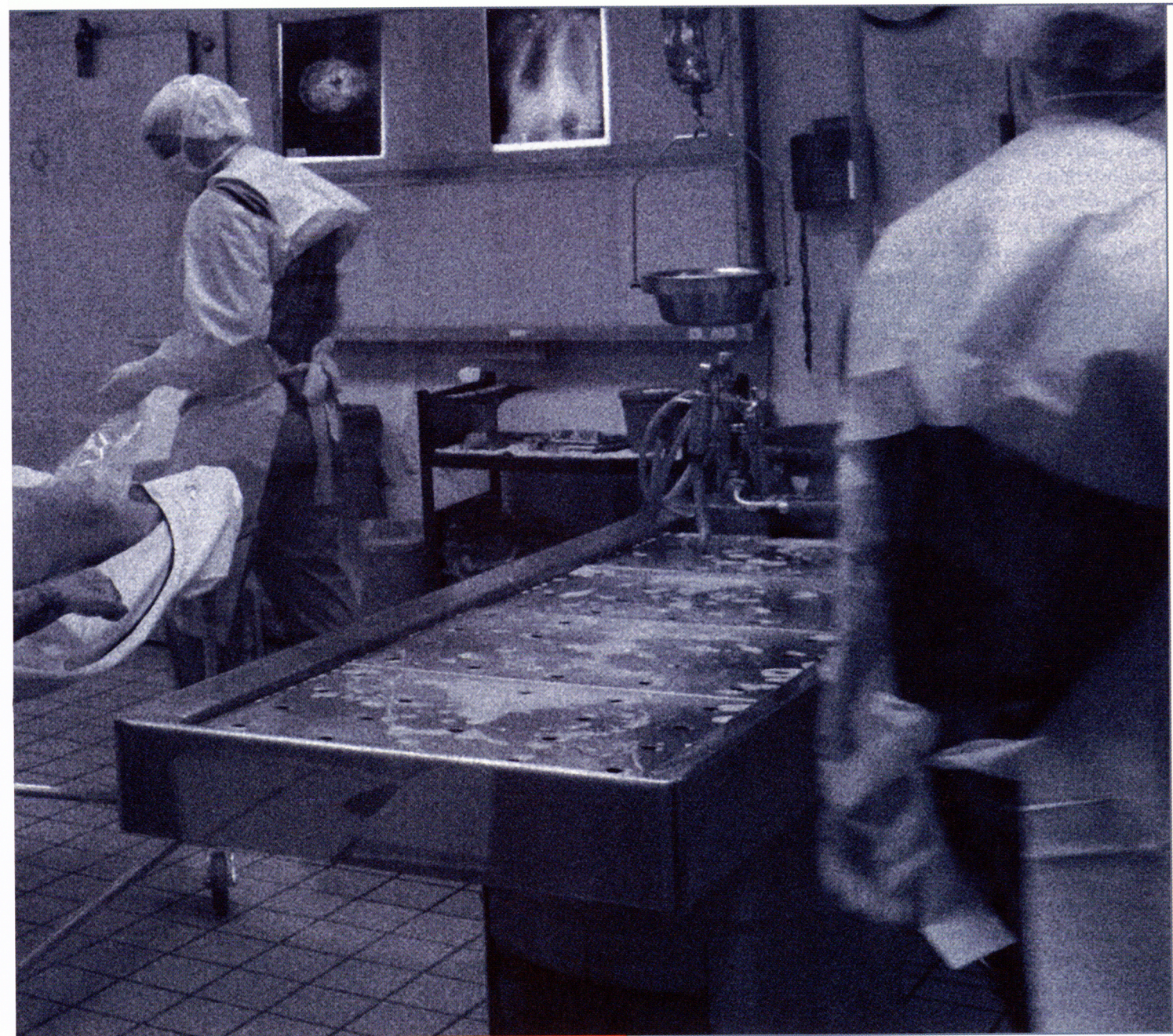
In it, the county will establish the first fellowship program for forensic pathologists in the state. There is talk of expanding the staff to include a family liaison and a total of 11 medical examiners, but it may take time. "Everything in the county is budget-driven," Fischione explains. "It's kind of like, 'OK, you've got your building, now go away. We've got to deal with the jail.'" But in the meantime, Fischione will finally get that table of his own.

The autopsy suite is large, with a tiled floor, two chrome tables and a small observation gallery. Mounted light tables illuminate the chest and torso X-rays of two bodies, the images speckled with dots. These are the first two homicide cases. The bodies have

been X-rayed while still sealed inside body bags (to preserve the chain of evidence), so pathologists can see where bullets — the dots — have lodged. The surgical look of the room contrasts oddly with the instruments, which could have been purchased from Home Depot: scissors, hedge clippers, hand-held vibrating saws and a fluorescent green, 25-foot Stanley Leverlock tape measure.

The multipurpose room, just off the receiving area, is hot and cramped (it has its own weather system, a technician quips), but similarly equipped. Norman and Chris, the assisting technicians, are obscured by scrubs, masks and goggles. Chris, who's as large as a bear, wears a disposable blue drape wrapped into a long headscarf that flaps when he walks. Norman is smaller and older, and the goggles give his eyes an owlish look.

On a gurney lies the first case, a young man clad only in sapphire blue Haines briefs with close-cropped sandy hair, pale freckles and watery blue eyes that stare vacantly. His thin lips are parted and dry, but darkly red as though he'd just feasted on berries. His



blackened tongue protrudes slightly, and his neck leans stiffly to the side. Loops of green and burgundy nylon camping cord coil loosely around his neck. His legs are purple, except for a white spot on each knee, and a moss-green stain, the color of too-old meat, is forming at the center of his stomach.

On the computer, Chris displays the photos taken at the scene: A rear view of the man, head slightly cocked, looking as though he is kneeling on the edge of a tub. A dark blue shower curtain is pulled to the side and a rope connects his neck with the curtain rod. Other photos show a metal pipe, a Bic disposable lighter and an assortment of liquor bottles, though his toxicology report will later show no trace of drugs and very little alcohol.

Fischione walks around the gurney, clipboard in hand, scribbling notes in tight, slanted script on a pre-printed diagram showing the front and back of an anatomical man, while Norman photographs the ligature marks on the neck. Everything he sees is consistent with a suicide, Fischione says, so nothing

will be gained by doing a full autopsy. The purpling on the legs is caused by blood rushing downward. The white spots are where the knees came to rest on the edge of the tub. The appearance of the lips, mouth and tongue all are typical of a hanging. The tongue comes out from the pressure of the rope on the neck, he says. The flow of blood — and therefore oxygen — is cut off from the brain, basically putting the person to sleep. “It’s difficult to hang someone else,” he says. “I look for marks under the arms.” Seeing none, he rules the death a suicide.

Norman draws up a sample of the jelly-like material in the eyeball, called vitreous humor, which will be tested for drugs and alcohol. He then takes a sample of cardiac blood for DNA purposes. All Fischione knows about the case is this: The victim was discovered in his residence, where he lived alone. His parents paid the rent, and it was they who discovered him. He left no note. Fischione assumes he was depressed. “The majority of suicides are,” he says. “We see more of them than we’d like.”

Neither Fischione nor anyone else in the room seem the least bit curious to know more, or appear at all troubled by the case, which is how real life is different from TV shows like *Crossing Jordan*. In the real world, pathologists don't much contemplate individual cases or get involved with police investigations or try to solve crimes. They need to know enough about a case to render a cause and manner of death. Beyond that, they don't want to know. There are simply too many bodies. Eight pathologists handled more than 4,100 cases last year. That's more than 500 cases each. And right now, there are three more in the cooler that need to be finished before lunch, because Fischione has a one o'clock appointment with members of a patient's family who want to discuss an autopsy.

"Let's put this guy away," Fischione says.

According to the report prepared by the medical examiner's field investigator, the next victim was a passenger in a car that was traveling down the highway when the driver missed the exit ramp and made a U-turn into traffic. The car was struck on the passenger side. When asked about the driver, Fischione says, "The driver's not a resident of our facility today, so I have to believe he's alive."

The expected scenario might have involved a couple of young guys out on the town who got drunk or stoned, and reckless. Instead, the bag opens to reveal a man with sparse strands of gray hair that thinly cover a shiny scalp speckled with age spots. He wears a neck brace, and a catheter protrudes from his chest. Inside, the white body bag is smeared with red. The man isn't wearing his lower dentures, so his lip looks sucked in, and his mouth is open, as if in surprise.

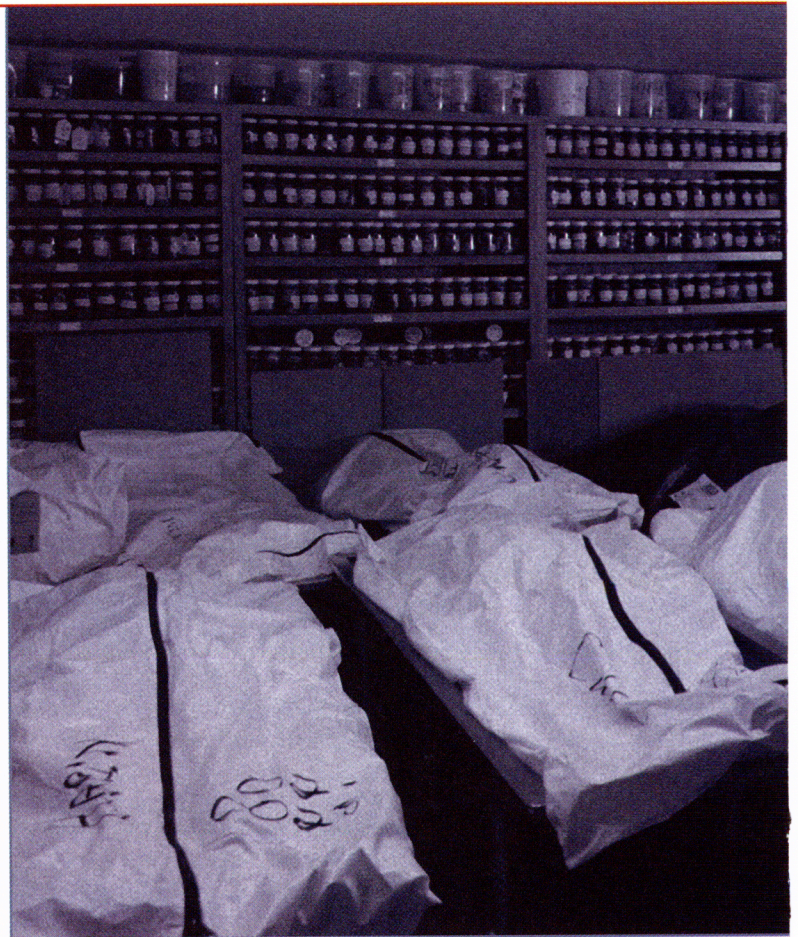
Fischione notes the location of the I.V.s and bruises. Then walks around the body, lifting, looking and squeezing, as a family doctor might do during a routine physical. He calls for the digital camera to photograph the head here, the back there, the leg over here. Then he says, "Let's lay him out."

Norman, squeezing a yellow liquid onto the table, notes that except for the unfortunate circumstance of his death, the man does not look particularly beaten up. The bottle Norman holds looks like a household kitchen product. "Lubricant," Fischione explains. "It helps the body slide onto the table."

Norman holds it up for inspection. "Liquid Joy," he says, referring to the cheerfully colored dishwashing liquid. "That's what we use."

Once on the table, a prop is placed under the victim's back, causing his head and arms to fall back, as though supplicant. Norman places a small chrome stand over the patient's groin. On it, he opens a plastic jar and, above it, places a clear plastic bag about the size of a small trashcan liner. With a small knife, Fischione slices a "V" from shoulders to breastplate, then makes a second cut from the "V" to the groin forming a "Y." He peels back the skin as though stripping off a layer of stuck-on clothing, cutting it free with the knife. The exposed muscles are a deeper red than beef and are marbled with fat the color of margarine. The sight takes some getting used to.

Fischione removes the breastplate with the aid of the hedge clippers, and one by one removes the organs, which are weighed, sliced and examined. Small pieces of heart, lungs, brain and liver

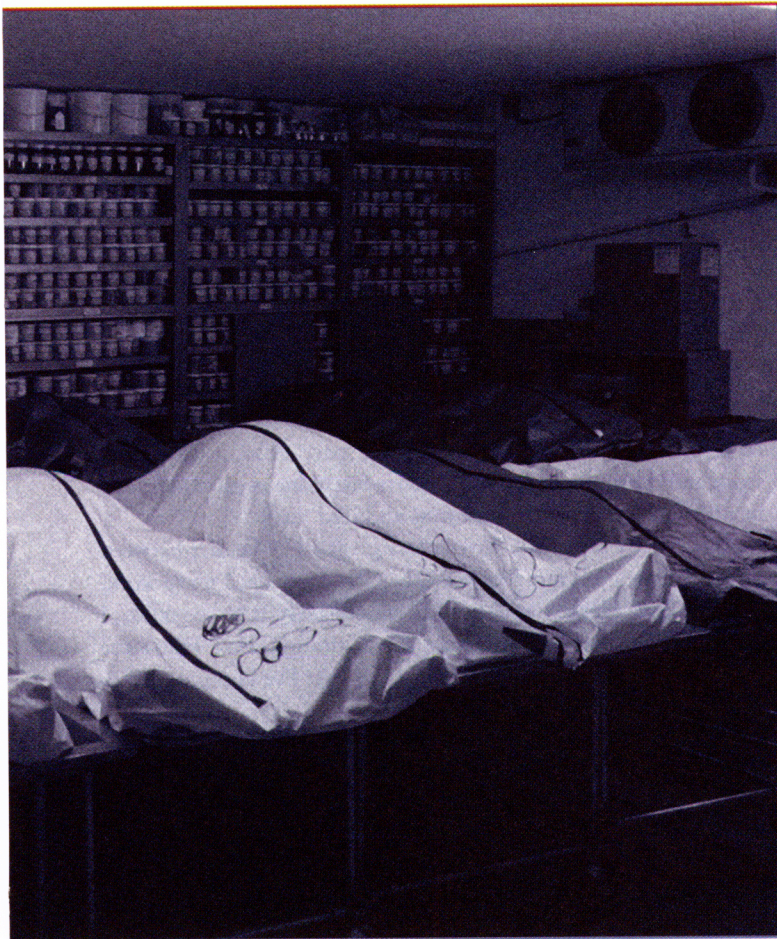


go into the tissue jar. The rest go into the plastic bag. The process doesn't much resemble surgery. It looks more like food preparation, and the knife Fischione uses to slice up the organs is a dead ringer for a carving knife. "Yes, I carve the turkey at Thanksgiving," he says. "All my students ask me that."

Norman weighs the organs and calls out their weights while Chris taps them into the computer. As he works, Fischione dictates his findings, speaking slowly and spelling out the difficult terms: "Large perirenal — P-E-R-I-R-E-N-A-L — hematoma, 5 inches by 4 inches, below the left hemi-diaphragm."

"Here's an interesting finding," he says. "Take a look at what's in his gallbladder." He cuts free something about the size and shape of a hen's egg. "One large, round, green, smooth stone occupying the entire gallbladder." He drops it on the stand, and it sounds like a pebble. When the body cavity is emptied, Fischione moves up to the neck. "Poor guy," he says. "This is his neck. See how it's broken? Let's get a picture of this." He notes the shattered pelvis and several broken ribs. Clotted blood is ladled out from the body cavity and measured — 800 ccs. The contents of the stomach and bladder are emptied into a specimen jar for analysis. Fischione lists the cause of death as multiple blunt force trauma; the manner of death, accidental.

By now, Fischione knows a great many intimate things about the man on the table, who is, to some extent, revealed in the details that have been recorded on his body. For instance, a scar on the man's chest tells Fischione that he had heart surgery, and the long scar down his left leg indicates that his own vein was used as a graft. Donor networks often call to request such leg



veins from the medical examiner's office for such uses. The office generally obliges, provided it has the family's permission.

From the inside, Fischione can tell that the heart surgery had been done a number of years ago, judging by the way it had adhered to the surrounding tissues, and that it was a double bypass operation. He examines a third vein, and finds that it, too, was beginning to stiffen. The man's kidney is small and pitted, indicating kidney disease. Mottled black tissue threaded throughout his lungs indicates that he was a city dweller, but the lungs also contain the telltale holes of emphysema, so he probably was a smoker. He had an extremely large gallbladder stone, which would have caused him a great deal of pain. And he wore dentures.

The toxicology report eventually will come back negative for drugs or alcohol. Fischione does not normally examine slides of the liver and lungs in motor vehicle accidents, as the cause of death is known. If he cared to, though, he would be able to tell whether the man normally drank alcohol and how much by the condition of his liver. Under the microscope, a tissue-thin slice of a normal liver contains neat rows of identical cells. A cirrhotic liver, by contrast, looks like clusters of balloons separated by ribbons of scar tissue. Fischione sees a lot of them. Back in his office, when trying to find an example of a healthy liver to demonstrate the difference, he has to look through several specimens before finding a single good example.

Now, it's 9:55 a.m. Norman closes the bag of organs, places it inside the man's chest, and sews it up using thread about the diameter of packing string.

Patient number three, the would-be burglar, has laid out all night with his foot caught in a fence and his head on the ground, so his face is swollen and purple. Even so, it's easy to see that he was a handsome man in his late-20s, with large, blue eyes, high cheekbones and a small, thin mouth. As Fischione circles with his clipboard, Norman calls out an inventory of his belongings: Blue T-shirt; two brown hiking boots; green shorts; Marlboro cigarette box, nearly empty; plaid boxer shorts, bloodied; one gray baseball hat; one orange glove; two white socks; one white metal pocketknife; one black, plastic pocket comb; some sticks of Exxtra gum, sugarless; one quarter; two dimes; two nickels. His toxicology report will show that he "had a good amount of alcohol on board" and his liver will reveal early stages of liver disease.

The cause of death is not immediately apparent. Because of the position of the man's neck in the photos, Fischione suspects that his airway was cut off, causing positional asphyxiation, but he proceeds methodically from the beginning anyway, using the process of elimination. About the time Fischione is discovering the neck fracture that killed the burglar (at the site of a previous fracture, and therefore a more vulnerable spot), a police detective and police photographer walk in. Both are clad in disposable Tyvek coveralls called bunny suits, surgical caps, masks and booties that rustle when they walk. The detective chuckles when he sees the robber, explaining that an officer in his unit was assigned the case. "He brought back the pictures and we laughed like hyenas," he says.

In the main autopsy suite, the detective recounts what he has been able to piece together about the homicide shooting, which he figures is a prostitution deal that spun out of control. The victim and his girlfriend were in the parking lot of a bar on McDowell near 36th Avenue. Beer in hand, the victim approached two men in a car and had a brief exchange that abruptly ended when the driver shot the victim and sped away. Two employees coming out of the bar saw the car and called the police. Responding officers found the girlfriend tangled up in some barbed wire trying to flee. They also stopped the suspects in a traffic stop and ordered them out of the car.

"The passenger complies, but the driver doesn't," the detective says. "So they 'assist' him. Turns out, the driver is a paraplegic, with a colostomy bag and everything. Rumor has it that he shot a cop on the LAPD. We took the clothing off the paraplegic and sent him to jail wearing a bunny suit. The passenger was an illegal. He's on his way back home wearing a similar outfit."

As the detective pays out the tale, the victim submits impassively to various pokes and prods. He has soft brown eyes, a round face and a mustache. His hands are taped in paper bags to preserve any evidence that might be there. Unlike the previous victims, his skin is not purple or green, but a tawny gold, with perfect tan lines where his socks would be. His arms and legs are dusty, and a string of spittle slides from the corner of his mouth onto the gurney. His dusty red shorts and sneakers are placed in a brown paper bag and marked with a black Magic Marker. Meanwhile, on the autopsy table, the police photographer is taking shots of the victim's T-shirt, which has a tiny hole on the left side of the chest.

"So I'm in the car with the girlfriend," the detective continues. "We're driving down the highway and the girlfriend says, 'So, is he dead?' and I think she already knows, so I say, 'Yes, I'm sorry, he's expired because of his injuries.' And right there she loses it. She starts kicking the windshield and the door, kicking the shit out of me. So I'm doing 70 with one hand on the wheel and one hand on the automatic door lock trying to keep her in."

Fischione listens without comment, scraping away chest hairs from the edges of a perfectly round hole, then pokes his gloved finger into it. When he removes it, a trickle of blood spills out.

"He's losing blood," the detective says. Then adds, "I have a friend who's interested in forensics. She's bright. Any advice?"

Without looking up, Fischione says, "She's got a long road, about 15 years."

The detective lets out a long whistle. "I didn't realize it took that long."

Fischione puzzles over the victim, trying to piece together the account of the story with the appearance of the wound to determine the angle and direction of the shot. "I can actually poke right through," he muses, as though to himself. "The dilemma is, one seems to be going this way." Then, to the detective, "How close was he to the guy in the car when he fired?"

"From you to me."

"He had to have spun around after being shot," Fischione says. "He would have done it like this [turns, his arm leading], so the shot here went across and exited. It would be consistent with him holding something. Make sense?"

The detective nods.

"OK. There you go," Fischione says. "I've given you finger nails [clippings]. I'm going to give you clothing. I'm going to give you a tube of blood, and that's it. Are we ready? Let's rock 'n' roll."

Fischione makes his first incision and momentarily recoils. "Oooh *man*, this guy smells like alcohol." Then he begins the tedious process of tracing the trajectory of the bullet through the body, stopping often, so the police photographer can document every part of the bullet's path as it pierced the ribs, sliced through a lung and exploded the pericardial sack.

"It did go into the heart," Fischione says. "See, there's a big old hole."

"That's what he gets for trying to sell his girlfriend," the police photographer says.

"She says she's never dated anyone for money before," the detective says. "That's probably why she's had seven children taken away by CPS." Pointing to the victim, he adds, "This one's wanted on a \$10,000 bond for kidnapping."

The detective, who ascended to homicide via undercover and organized crime units, admits he's worried about proving the case. Police recovered the gun and found a casing in the suspect's car. They hoped to match them with bullet fragments recovered from the body, but there weren't any. The bullet went straight through and exited. Now they can only hope to recover the bullet at the scene and make a match. "This will be difficult," the detective says. "Unless there's biological matter on the bullet, they can say it's indigenous," that it had been there before the incident. "There's not much we can do to disprove that."

But, having done his part, Fischione looks happy, like a student who has correctly solved a difficult algebra equation on the

chalkboard. And it's time for lunch. "That girl?" he says to the detective, referring to the friend who is interested in forensics. "Give her my number."

Crazy Jim's is an inconspicuous sandwich shop located on the ground floor of an office building on Washington Street. It's where Fischione heads whenever he goes out for lunch. It's a cheerful place with faux-painted chairs and a robust lunch crowd of downtown workers in crisp suits, but the restaurant's chief virtue is that it's located within walking distance of the office, so eating there doesn't involve a hunt for the elusive downtown parking space. Also, it has a good steak and mushroom sub. That's what Fischione usually gets, and he orders one now, with steak fries and iced tea.

"Everybody says, 'You have such a great job,'" he says between bites. "I have a job just like any other job. I get up; I go to work. When I leave work, I take my hat off and leave it at the office. I don't bring it home with me. In the beginning, that wasn't the case. Not that I've become hardened, it's that I've become used to it, the sameness for 12, 13 years.

"I've learned three things," he says, ticking them off on his fingers. "One, that human life has no value, that someone would kill a person for \$15 or a pair of shoes. Two, that we are fragile beings — it's easy to die. And three, I always wear my seatbelt. I'm cautious now in the things I do. I don't take anything at face value when it comes to human beings, especially when it comes to money. That's basically the bottom line."

A former obstetrical scrub nurse, Fischione decided to go to medical school and became enamored with forensics while doing a rotation during his residency. "I went from birth to death, and skipped all the life in between," he says. "That's basically what I did.

"I like knowing everything about the body. I like the idea of solving puzzles. Growing up, I loved *Quincy*. I think that was a big factor."

Yet most people don't go into medicine to do this kind of work, Fischione admits. Despite the popularity of shows like *Autopsy*, *Crime Scene Investigator* and *Crossing Jordan*, there's a shortage of board-certified forensic pathologists — nationally, there are fewer than 500. Part of the reason is the training. Forensic pathologists are medical doctors who undergo five years of residency training in pathology (the study of disease), and spend another year serving a forensics fellowship. In all, it takes two years longer to become a forensic pathologist than it does to become a general surgeon. Fischione gets several calls a week from people who are interested in the field. When he tells them it takes 15 years after high school, that's usually the last he hears from them.

"You work for a county system, so you do supplement your income," Fischione adds. The pay's not great anywhere, but it's particularly low in Maricopa County, where, depending on certifications and experience, the starting salary begins at around \$95,000 per year and tops out at around \$140,000 — not much of a return on an investment of 15 years of expensive schooling. Most of the county pathologists stay just long enough to get experience — an average of two years — and then move on to places like California, where the pay is better.

To supplement his income, Fischione takes some private cases, performing autopsies at funeral homes, usually at the request of the families. He carries a portable kit in what looks like a fishing tackle box, and might make \$1,500 per autopsy. But mostly he teaches. He's done it for about 15 years, since he was a resident, and plans to finish his career working as a full-time educator.

"Not that it's a thankless field," Fischione says, "but no one will come up to you and say, 'You did a wonderful autopsy on my mother, thank you very much.'" Sometimes families want to come in to talk about an autopsy. Most want to know if there was any suffering. Sometimes they bring a lawyer. "It's not like talking about a disease," he says. "They look at you with a little contempt."

But there is a pay-off, it's just different. "I think of myself as a voice for the dead," Fischione says. "That's my reward. Testifying in court, seeing that justice is delivered." Besides, he adds, "compared to delivering babies, this is nothing."

Fischione works four, 10-hour days at the medical examiner's office. On Tuesdays and Thursdays he makes an hour-long commute to the Arizona School of Health Sciences campus in Mesa, where he helps train future physicians' assistants. During his first two years at ASHS, Fischione taught just one class, but nonetheless was voted Teacher of the Year both times. In his third year, he accepted a three-quarter-time faculty position. Recently, he also took on responsibility for the school's forensics certification program, a new program at the school and the first of its kind in the U.S. The students are practicing P.A.s in various parts of the country, and the curriculum is delivered primarily over the internet.

On this particular Tuesday, Fischione is expected in court, so he leaves campus as soon as his 7 a.m. class lets out at 10. "Teaching is a passion of mine, it's not a profession," he says. "I do it because I like it."

In a way, everything Fischione does is about teaching, and court is just another classroom. "I like to get out of the [witness] box, stand up, and talk to the jury," he says. "My colleagues say, 'You just want to put on a show.' But my job is to teach the jury. I want them to remember my testimony. That's what they're going to take back to the jury room. It's too important."

Fischione figures he's performed about 10,000 autopsies and testified about 185 times. Many of those have been high-profile cases. While in Michigan, he testified in the so-called "Jenny Jones murder trial," in which a guest on *The Jenny Jones Show* shot another man to death after the man confessed on-air to having a crush on him. The case grabbed national headlines and resulted in three Court TV appearances for Fischione. He also was peripherally involved in the Jack Kevorkian physician-assisted suicide cases, although he never had to testify. Kevorkian used to deliver the bodies to the medical examiner's office, he says, but the chief medical examiner insisted on doing all the autopsies himself.

In Phoenix, Fischione's prominent cases have included Trudy Calabrese, who was murdered while delivering food to a neighbor, and the so-called Torso murder, in which the owner of a tony Scottsdale beauty shop was accused of chopping off her husband's arms and legs and depositing him in a Dumpster.

Dealing with the medicolegal aspect of the job sometimes requires a combination of sensitivity, tact and creativity. Once, family members of a murdered shopkeeper objected to an autopsy because the victim was an Orthodox Jew. They argued that cutting open the body would violate his religion. But because the death was a homicide, the law required an autopsy. Eventually, Fischione reached an agreement with the family. He would perform the procedure, but a Rabbi would be present to pray over the body. "Not very far into the autopsy, I hear this thud, and there he is, out cold," Fischione says. "I said, 'I think you'll have to do your praying in another room. I'm sure if I can hear you, it's OK.'" He finished with the Rabbi shouting prayers in the background.

The case being tried on this day is a 1999 shooting. "A verbal altercation turned physical" is all the surrounding detail Fischione knows. That's the verbatim description from the medical examiner's official report, parts of which Fischione has highlighted and memorized in preparation for the trial. At his office, where he picks up a copy of his notes, Fischione stops to return a phone call to a lawyer who has asked him to review slides from one of her cases. On the phone, he says, "I can't testify to an overdose if she had big-time pneumonia."

When he gets off, he explains that the attorney is shopping for testimony. Because he won't give the testimony she'd like, she won't be using him. "They pick and choose what they want," he says.

Today's testimony is relatively uncomplicated. The case is simple and the defense is not contesting the shooting. On the stand, Fischione listens politely to each question, then turns to the jury and addresses them as he answers. His courtroom persona is like the one he adopts in class. He employs a patient tone, and with a pleasant smile describes the path of the bullet, the extent of the injuries, and how long the victim might have lived after being shot, while jurors scribble furiously on yellow legal pads.

In the course of his testimony, some of the autopsy photos are projected on a TV monitor, as are the X-rays and Fischione's notes on the anatomical man. Fischione describes the bullet's trajectory as "left to right, front to back and downward."

"Are you able to draw any conclusions about the position of the shooter?" the prosecutor asks. "Is it possible he was above him, with the weapon?"

"Yes, it is possible."

"Is it possible he was bending over?"

"Yes, that is also possible. Those are the two main possibilities, but still coming from the left side."

Fischione also testifies that the shooter was more than three feet away, because he found no particles of gunpowder or soot on the victim's skin.

Probing for inconsistencies that might cast doubt on Fischione's testimony, the defense attorney asks about the levels of alcohol found in the vitreous humor of the eye and the cardiac blood, which are slightly different. Fischione explains that the difference is caused by the distribution of fluid before death.

The attorney then turns several times to questions about the victim's hands.

"Did you note any abrasions to his hands?"

"No I did not."

"Do you find that people who cut palm trees sometimes have abrasions on their hands?"

"I don't know anyone who cuts palm trees."

"Have you ever touched a palm tree?"

"No I have not."

Giving up momentarily, the attorney asks about the possibility that bones could deflect the bullet, and Fischione admits that bones do factor into the equation.

"So it's fair to say, you cannot depict the exact angle?"

"Yes, but the angle is still downward."

"And you can't tell the precise angle of entry, the angle the gun was raised, or how far [the shooter] was bent over without additional information?"

"That is correct."

"You don't know exactly how far away the shooter was, and every inch backward changes the trajectory?"

"Yes."

The lawyer then returns to the question of abrasions. Fischione insists there were none. An autopsy photo is projected on the monitor. The hand appears speckled.

"On the outside palm surface, do you note a scrape or abrasion?"

"No I do not," Fischione says, explaining that the discoloration is called lividity, a discoloration that occurs after someone dies.

Walking back to the office, Fischione muses about what the defense lawyer was hoping to accomplish. "Who knows about attorneys?" he says. "They try anything and everything to get their clients off, even if it means badgering witnesses. There are

ways to handle it. Normally when that happens I get very explanatory and start talking about how the person's brain was oozing. Then they know they'd better get you off the stand fast."

In a follow-up interview not long after September 11, Fischione said the office was busier than ever after a brief lull following the terrorist attacks on the Pentagon and New York's twin towers. In the three days prior to the meeting, the office had processed 65 bodies, forcing the pathologists to "cut" in shifts. Nothing terrorism-related — though the staff had been briefed about how to detect pulmonary anthrax — just an unusual spike in the usual mix of homicides, suicides and motor vehicle accidents.

Strained by the enormity of its task, the medical examiner's office in New York City had put out a call to medical examiners across the country for volunteers to spend a three-week rotation there. Fischione considered it, and even talked it over with his wife. In the end, he decided he couldn't miss six lectures at the Arizona School of Health Sciences.

Meanwhile, the new office building had finally become three-dimensional, and Fischione had agreed to head the department's fledgling fellowship program. He admitted he still dreams of having a table of his own. Maybe two. Two tables would come in handy on weeks like this. "That's the standing joke," he says. "I could do two autopsies at once."

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