

# SOLVING DEATH'S MYSTERIES

Kentucky's chief medical examiner talks about the issues facing her office / Kelly Foreman, Public Information Officer

The hallways leading to Dr. Tracey Corey's office are stark, cool and quiet – much as you would expect the hallways surrounding a morgue to be. The dim lights lead to heavy doors, marked with signs averting those whose business is not of the dead. But inside her office there is life – pictures of her two boys, her horses and the chatter of co-workers unfazed by the tragedy and grief just down the hall. Even though she spends her days listening to the silenced voices of the dead, as Kentucky's chief medical examiner, Corey never forgets that her work is vital to the living. It is her job to help the families – and investigators – solve the mysteries of death.

**How long have you been doing this?**

I have been with this office since 1987 – first as a resident, then as a fellow, then as a staff person and now as the chief.

**When did you become Kentucky's chief medical examiner?**

September of 1997.

**What made you decide to go into this line of work, and why do you keep doing it day after day?**

I went into forensic pathology because each case is a unique puzzle. In this job you have never seen it all, and each case will have something slightly different. I stay because I enjoy serving a public service role in Kentucky. I feel the medical examiner is an integral and essential part of the criminal justice system.

**What do you see as your main concerns for your office as a whole?**

My main concerns are, No. 1, physician recruitment, and No. 2, new facilities for Louisville and northern Kentucky. Pretty simple. And we need money for both of those things, and that is the bottom line. Unfortunately, with the times in which we are living now, the executive branch of government and the legislative branch of government are having to make difficult decisions. So, it is not that I feel like we are slighted, I am well aware of the reality of the economic situation. I think that for a long time, we really were not on people's radar. But, I think now, in the past three to four years, at least the Justice and Public Safety Cabinet truly understands the need for new facilities here and supports it. The problem is there is no money. But yes, we truly are in need.

**You have four offices and 10 forensic pathologists. Are there a lot more cases across the state than 10 forensic pathologists can handle? >>**



/Photos by Elizabeth Thomas



>> Well, yes and no. We have an opening in the Louisville office currently. The problem is that there are not a lot of forensic pathologists nationwide. There are less than 400 full-time practicing forensic pathologists in the United States. There is a shortage and that shortage is predicted to grow.

**Why is that?**

There are many reasons. The main reason being, it takes a long time to become a forensic pathologist. To be a forensic pathologist you have to go to college for four years, then you go to medical school

them how long it takes, and they say, 'Oh, never mind, maybe I won't do that.' So it takes a long time. You have to have the grades to get into medical school and then you have to be able to complete medical school. You have to want to do this for a living after you finish medical school. One of the problems with forensic pathology is that because most of the jobs are government jobs, you actually do an extra year of training – that forensic pathology fellowship – but then when you get done with that extra year, you make less than if you just went straight into hospital pathology. You do an extra year of training to make less money. So you have to really love the job to want to do it.

**Are there budgetary restraints that keep you from moving those salaries up to be what they would be at a privately-operated hospital?**

Oh yes, absolutely. And that is a problem nationwide. But it is particularly a problem in Kentucky, where salaries for medical examiners are significantly lower than all of the surrounding states. Even West Virginia pays better than Kentucky – and not just a little better. Like, starting salary \$30,000 better.

**So other surrounding states probably exceed that?**

Yes.

**Is that something that you have worked toward changing?**

Well, we would like to work toward changing it, but especially in lean budget times, things are tough. It is something that will continue to be a recruitment problem. I have an opening here in Louisville. It is not like a situation where you are trying to recruit a general practitioner. You have a very small pool of potential takers nationwide and there are openings in almost every single major metropolitan area in the country. You have your choice if you are somebody newly out of training and you are looking around, you can go to Chicago, you can go to California, you can go to a coastal area and live on a waterway if you want. So recruitment is a very tough issue for us. Most of our forensic pathologists here in our system basically have strong Kentucky ties. And the reason that we are here is because we are Kentuckians. We grew up here, our families are here and so we want to stay here.

**How do the state facilities need to be addressed to bring them up to par?**

Well, basically we have four offices. Two of the facilities are relatively new and up to date. The Frankfort office at the central laboratory facility was built in 1994 and it is a beautiful facility. The western Kentucky office in Madisonville is less than 10 years old and it is a very nice facility. On the other hand, [the Louisville] office is in a building that was built in 1923. We basically took an existing building and it was retrofitted in 1990. It was the Highlands Baptist Hospital. We have problems with the roof leaking – the roof leaked into our X-ray equipment and broke our X-ray equipment. We have lots of problems with the elevator. When we had the power outage this summer, the elevators went down and the cooler went down. We managed to get a generator going for the coolers. The Louisville-Metro government does an excellent job in being supportive and helping us deal with the situation, but still, when the elevators were down, we had no way to get decedents up and down. We have seven floors. For a period of time, nobody could come in or out. And then the northern Kentucky office is actually in St. Luke's Hospital. They have been wonderful to the state medical examiner's system in providing office space, autopsy facilities, etc., but we really need a free-standing facility – our own, dedicated, free-standing facility in northern Kentucky – and we definitely need a new facility in Louisville. Because of the way it is retrofitted, if we have a mass fatality event that occurs in the Louisville area, this physical structure cannot handle it. Basically you are working in a facility that was not designed for a lab, much

less a medical examiner's facility.

**When you say mass fatality, what kind of number are we talking about?**

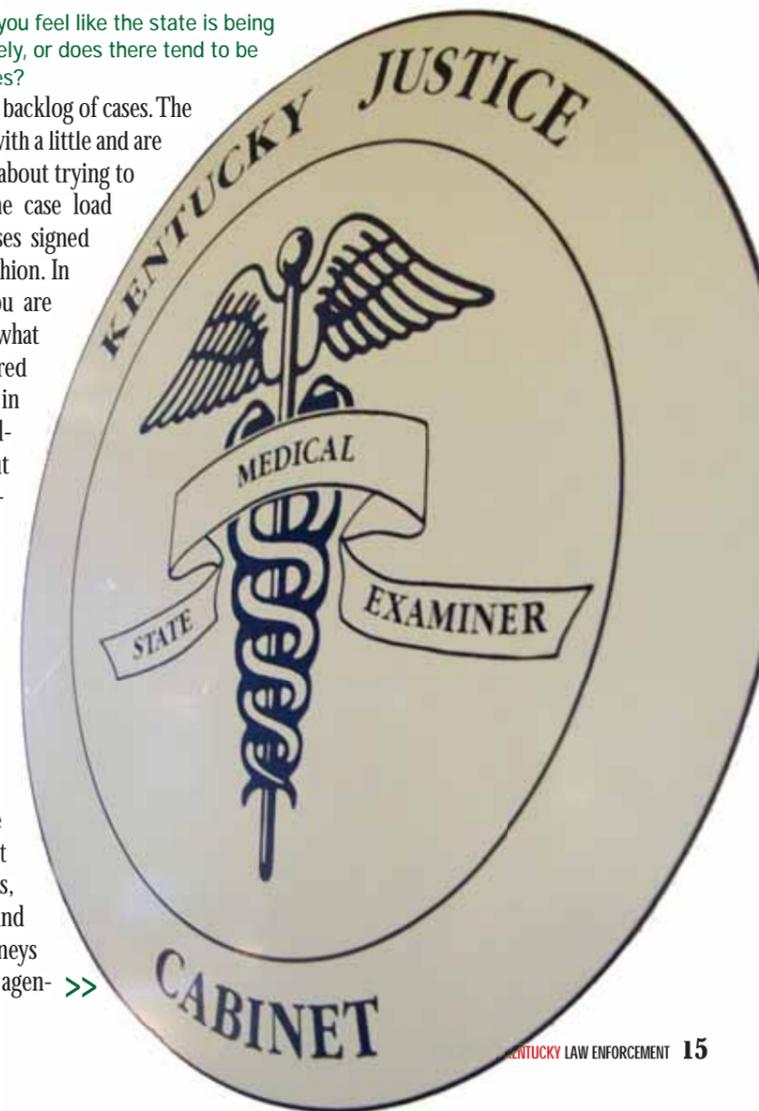
It depends. A mass disaster is defined as something that overwhelms your system. Here in Louisville, if we were dealing with more than say 30 fatalities in an event, or even, let's say 25 fatalities, then I would have to basically move the operation elsewhere. I would have to move it to Frankfort. The Frankfort facility is where we responded to Comair flight 5191. It was designed as a dedicated laboratory facility for state government. The people who designed it did a very good job. It is a great example of a facility that, if and when I can get funding for a new facility in Louisville, we will model it, to a degree, off of the design in the Frankfort facility.

**Do you have any kind of time frame for when that might happen?**

As soon as possible. If it is up to me, as soon as possible.

**At this point, do you feel like the state is being covered adequately, or does there tend to be a backlog of cases?**

We do not have a backlog of cases. The doctors do a lot with a little and are all conscientious about trying to keep up with the case load and get their cases signed out in a timely fashion. In general, what you are looking for and what is really considered standard of care in forensic pathology is to sign out your cases generally within eight weeks or so. All of our offices manage to meet those goals most of the time. There are cases that take longer. There are a lot of cases that take less time. But I think families, unfortunately, and sometimes attorneys and even police agen-



“ We are always having to balance depth of study and completeness with efficiency. ”

for four years, then you do four years of residency in anatomic pathology then you do a one-year fellowship in the sub-specialty of forensic pathology. So if you go straight through and do not take any breaks, you finish your training when you are 32 (years old). So it takes a long time to get there. We have high school kids who see CSI or whatever and they call and say, 'Oh, I want to do that.' And then you tell



>> cies that are not used to dealing with us, have unrealistic expectations. A lot of that, at least with the lay public, comes from TV where things get done a lot more quickly. Our job is to be efficient, but our job also is to make sure that we are complete. And so we are always balancing getting as much information as possible and making sure that we are properly interpreting all the laboratory values that we have. We are always having to balance depth of study and completeness with efficiency.

**How do you balance what you see every day at work with your life outside of the morgue?**

Well, my life outside of work is my stress relief, obviously. My family and riding horses, those are my two big stress relievers. But I think what you have to remember when you are doing a job such as forensic pathology is that if you lose your objectivity, if you become emotionally invested in the case while you are trying to investigate it, then basically you are doing a disservice to the decedent. When you lose your objectivity you may miss things. While performing the examination, while I am doing an autopsy, of course, I recognize sometimes the tremendous suffering that someone might have gone through. But you have to remain objective and in-

vestigate the physical findings. If you get caught up in the moment, so to speak, when you are doing the examination, there is a likelihood that you may miss findings or clues that you would need to help the decedent tell his story. Because that is really what we are here to do. We are here to basically help the decedent tell the story. They cannot speak to us verbally anymore, so they speak to us through the physical findings. And it is our job to make sure that we are paying attention.

**You are married to a police officer, right?**

Yes, Don Burbrink. He is actually a major with the Louisville Metro Police Department and is in charge of training. We have been married five years.

**Does his background coincide with yours in such a way that he can understand what you are dealing with at work?**

Yes. And being married to a police officer, I really, truly understand better than someone who was not in the family of a policeman, what their job requirements are and what they are looking for during an investigation.

**And you have two sons?**

I do. I have a freshman in college, his name is John.

He is 18, and he is a freshman at Centre (College). My other son's name is Ben, and he is 13.

**What do they think about what you do?**

Ben, I always tell people, vacillates widely. There is no middle ground. Sometimes he says, 'You have the coolest job in the world.' Then other days, if I am on the phone talking to a coroner about a scene, he will say, 'You have the grossest job in the world.' He swings between those two.

**Do you ride horses competitively?**

Yes, I do. I do not have a farm myself, but I have two horses that I board at a friend's farm. They are both off-the-track thoroughbreds that I have retrained. Their names are Patriot's Pride and Supernova. I compete pretty often during the season.

**I bet that means you are excited about the World Equestrian Games?**

I am so excited! I have already bought my tickets.

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**Have you ridden horses all your life?**

No, I rode competitively all through high school and when I went to college, I had to give up my horses. It took me 25 years to get back in. I just started riding again in 2004. It was something I always wanted to do, but I didn't have the time or the financial ability to do it. I was a college student, then a medical student, then a resident. And then I had babies and all of a sudden I turned around and said, 'I'm 43, if I'm ever going to start again I better do it now!' You know, as a Kentuckian I feel a tremendous gratitude to the thoroughbred. A lot of my friends own other breeds of horses, what are called warm bloods, but the thoroughbred has given Kentucky so much and there are so many ex-race horses who need another job. J

## Examine the Examiner

Centre College, Bachelor of Science, with distinction, 1983

University of Louisville, School of Medicine, 1987

Internship: Internal Medicine, University of Louisville School of Medicine, 1987-1988

Residency: Anatomic Pathology, University of Louisville School of Medicine, 1988-1992

Fellowship: Forensic Pathology, University of Louisville School of Medicine, 1990-1991

Board qualification:

- Anatomic Pathology, American Board of Pathology, 1992

- Forensic Pathology, American Board of Pathology, 1993

Chief Medical Examiner, Commonwealth of Kentucky, 1997-Present

