

**PUBLIC SAFETY COMMITTEE**  
**OF THE**  
**SUFFOLK COUNTY LEGISLATURE**  
  
**Minutes**

A special meeting of the Public Safety Committee of the Suffolk County Legislature was held in the Rose Y. Caracappa Legislative Auditorium of the William H. Rogers Legislature Building, 725 Veterans Memorial Highway, Smithtown, New York on Monday, June 2nd, 2014, at 3 pm, to discuss the matter of the Suffolk County Medical Examiner Nominee.

**Members Present:**

**Legislator Kate Browning - Chair**  
*Legislator Robert Calarco - Vice-Chair*  
Legislator Kara Hahn  
Legislator John Kennedy  
Legislator William Spencer  
Legislator Monica Martinez

**Also In Attendance:**

*D.P.O Jay Schneiderman - District #2*  
*Legislator Al Krupski - District #1*  
*Legislator Robert Trotta - District #13*  
George Nolan - Counsel to the Legislature  
Lora Gellerstein - Chief Deputy Clerk/Suffolk County Legislature  
Craig Freas - Budget Analyst/Legislative Budget Review Office  
Michael Pitcher - Aide to Presiding Officer Gregory  
Josh Slaughter - Aide to Legislator Browning  
Bill Schilling - Aide to Legislator Calarco  
Dr. Errol Toulon - Suffolk County Executive's Office  
Lisa Santeramo - County Executive's Office  
Tom Vaughn - County Executive's Office  
John Marafino - County Executive's Office  
Amy Keyes - County Executive's Office  
Alan Schneider - Director/Suffolk County Civil Service  
Kristine Sciangula - Senior Personnel Analyst/SC Civil Service  
Dr. Michael Caplan - Nominee for Suffolk County Medical Examiner  
Emily Constant - District Attorney's Office  
All Other Interested Parties

**Minutes Taken By:**

Alison Mahoney - Court Reporter

*(\*The meeting was called to order at 3:40 P.M. \*)*

**CHAIRPERSON BROWNING:**

Okay, good afternoon. We shall not delay much longer. I guess we're all here, we do have a quorum. If everyone could please stand for the Pledge of Allegiance led by Legislator Calarco.

***Salutation***

Okay, thank you. Have a seat. Okay, this is a Special Public Safety meeting to consider the approving of an appointment of Dr. Michael J. Caplan as our Chief Medical Examiner. Dr. Caplan, if you'd like to come up forward and introduce yourself and, you know, we'll give everybody an opportunity to ask any questions if they like. And Alan, you know, if you want to come up and join him. I know that you were involved; Dr. Toulon, I know you're here, members of the Search Committee. I'm not sure who all the Search Committee were; you're welcome to come up and sit with him in case there's any questions for the Search Committee. One of those mics does not need to be held. Can you make sure he's got -- maybe give him the mic that doesn't have to -- okay. So, welcome, Dr. Caplan.

**DR. CAPLAN:**

Thank you very much.

**CHAIRPERSON BROWNING:**

And you can begin.

**DR. CAPLAN:**

Okay. Well, I want to introduce myself. I'm Michael Caplan, and I want to thank you all very much for giving me the opportunity to come here.

Basically, I interviewed for this position back in mid-March -- members of the Search Committee interviewed me -- and visited, I believe it was April 16th. And I, you know, really -- I got a chance to tour the office, meet the people, the pathologists, the people in the lab and was really impressed at the building, and also the fact that all of the different forensic parts were in the same building, which is very different from some other places. And I believe that it would just be a great opportunity.

**CHAIRPERSON BROWNING:**

Okay. Can you give us a little -- I know most of us have received your resume, you know, but if you can give us a little bit of background.

**DR. CAPLAN:**

Sure.

**CHAIRPERSON BROWNING:**

Where you came from --

**DR. CAPLAN:**

Absolutely.

**CHAIRPERSON BROWNING:**

-- you know, what you've been working at.

**DR. CAPLAN:**

Sure. So, I don't know how far back you want to go, but I can basically say that I started in -- I was always interested in forensic science and criminalistics way back as a teenager, actually.

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And I think before profiling got to be a popular name, I was always interested in the psychiatric aspects of criminal behavior. And one of the things that I did is I went to Michigan State University originally, starting in hotel and restaurant management, because one of my role models was my uncle who managed a seafood restaurant in Cape Cod. But shortly after, I realized that I had taken a couple of criminology classes and I had a very strong interest in that.

Following that, I had some criminal investigation classes and I realized that while I was interested in the psychiatry aspect, I was even more drawn to the way that you get clues from a body in a way that's not conventional that you would get from a living person. And so really, I knew in college that I wanted to do something in forensic science. Pathology would be my favorite, but if that didn't work out, I was going to do something in forensic science.

As it turned out, I was accepted to University of Connecticut School of Medicine. And I remember my first year, we had an opportunity to write a little essay on a subject of interest. You know, some people were talking about, you know, the AIDS epidemic which was, you know, relatively new at that time, and various things. What I was most interested in was the time of death; what was the scientific basis for determining time of death. And I was lucky that I had people that supported that, that I was able to go into that in some detail and research that.

I knew -- again, it's always difficult as a medical student, you try to show that you're open-minded, but it was impossible for me not to, you know, be honest and say, really, forensic science is my main interest. And so I knew that I was, you know, going to go into pathology. I also considered at some point maybe doing internal medicine and pathology. As it turns out, I was accepted into a program at University of Michigan, and so from the late 80's to the early 90's I did my pathology residency there. And once again, I used every opportunity that I could to put a spin on forensics. So, for example, if it was a microbiology rotation I was doing, I'd talk about forensic entomology and how -- you know, what bacteria and insects could show. If it was clinical chemistry, I'd talk about ethylene glycol and how you determine that somebody, you know, has died from ethylene glycol. So basically, all of -- my interest was always tailored towards the forensics and so I used that as an opportunity to go into that.

Then I did my forensic fellowship in 1992, 1993 at the New York City Office of the Chief Medical Examiner, and Dr. {Hirsch} was my mentor. And, you know, I will say that, you know, I think the mark of somebody, in terms of a leader and a teacher, is not so much what you learn at the time, but how much you realize that you learned later on, five years later, ten years later. And, you know, while we don't agree on everything, the one thing I'll always be indebted to him for is that he established, for me, an approach, a thought process, a way to think about medical/legal death investigation that really made sense. And the other thing is he also taught me that it's okay to be uncertain about things; that it's worse to pretend that you know all the answers than to admit that sometimes we just don't know. And I think that's important as any physician or professional, but in forensic pathology it comes up once in a while, for sure.

After that, my fellowship training, then I went back to University of Michigan where I was staff pathologist and I trained residents and I was also a Deputy Medical Examiner there. They had a County system there. I worked there for five years, where, you know, I think I learned, you know, the difference between being a fellow and being protected and actually, you know, being a staff and being out on your own. So that was excellent experience.

And I probably would have stayed there except I had a family situation change. My wife and I were divorced and my kids moved to Connecticut, so I did move to Delaware to be closer to them. I stayed there for about five years as an Assistant Medical Examiner and I, you know, again found that very enjoyable. I did find myself missing the academic connection there, though. I had an adjunct teaching position at one of the community hospitals, but I also noticed that there were some areas in forensic pathology that made me especially uncomfortable, and that was child and infant

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deaths. Because I didn't feel I knew enough about normal development and what's different about an infant's, you know, anatomy and function than in an adult and I felt that I needed more training in that. And so that was one of the reasons why I decided to go back and pursue another fellowship in pediatric pathology, which I did in Pittsburgh, from 2003 to 2004.

And then after that, I took a job at Medical University of South Carolina where I was hired as a Pediatric Enerforensic pathologist working with residents. And that was really an ideal situation, because that allowed me to do everything that I loved, you know, the pediatrics, the forensics, working with residents, teaching medical students; that was really a wonderful job.

You know, as life being as it is, there were some personal circumstances that came up and my son -- who had been living with his Mom, this time he was about 16 -- came up to live with me, and this was in South Carolina, and he was having a lot of difficulty adjusting to being down there. To make a long story short, I ended up taking a position in private practice for a few years in Michigan with some people who I had done my training with back as a resident, and moved him with me and that turned out to be a better environment for him.

And then after he left and graduated, once again, I found myself missing the academics. And so my Chairman from Medical University of South Carolina accepted me back, and when I came back to Medical University of South Carolina this time, in 2011, I was doing more of a teaching role, mainly medical student in the gross anatomy lab. About 50% of my time since 2011 has been actually preclinical education, first and second year medical students. I also still do pediatric and forensic pathology, but to a little bit of a lesser degree.

And so that's what I was doing up until 2014 and I was -- a colleague of mine notified me of a potential opportunity here at the Suffolk County Medical Examiner's Office. I had worked with this colleague and we had kept in touch very regularly, we had done our training together, and so that's what led me to consider. And I had a Skipe interview, I believe it was around March 18th of this year, and then I came up April 16th or 17th and was notified of, you know, the decision by the Search Committee, and that's about where it ends, I guess, or that's about up-to-date.

**CHAIRPERSON BROWNING:**

Okay. Well, again, you know, it does have to be approved by the Legislature.

**DR. CAPLAN:**

I understand.

**CHAIRPERSON BROWNING:**

This is the Public Safety Committee. But I do appreciate that you were able to come up and I know you've got a lot going on.

Now, one -- I do see, your resume does say that you have a New York State license, which clearly you need to be licensed in New York.

**DR. CAPLAN:**

188131.

*(\*Laughter\*)*

**CHAIRPERSON BROWNING:**

I see your license in a few places. Do you want to give me all those numbers, too?

**DR. CAPLAN:**

That's the only one I remember.

(\*Laughter\*)

**CHAIRPERSON BROWNING:**

And also, we do not have a Deputy Director, and I just would like to know how you feel about not having that Deputy. Because I think the fact that, you know, pretty much all the pressure is on you. You know, when it comes to taking time off and whatnot, I just -- I wanted to know how you feel about that.

**DR. CAPLAN:**

Sure.

**CHAIRPERSON BROWNING:**

And certainly, if there's a need, it's something that we as a body would like to consider at some point, that we would have a Deputy.

**DR. CAPLAN:**

Absolutely. That's an excellent question. And I fully -- I would never, you know, go into a job like this potential without having a darn good idea of who -- on what would want to be as a Deputy. And it turns out that I have a definite candidate in mind who I'm actually going to be meeting with soon, and so I'm hoping that he will be coming on board, you know, shortly after I do. So I definitely have a candidate, a first choice in mind.

**CHAIRPERSON BROWNING:**

Okay. So I'm assuming maybe the Administration is considering hiring that Deputy?

**MR. TOULON:**

Yes, that's correct.

**CHAIRPERSON BROWNING:**

Okay, good. Glad to hear that.

I don't know if there's anyone else. I don't want to kind of hog all the questions.  
Legislator Krupski.

**LEG. KRUPSKI:**

How are you?

**DR. CAPLAN:**

Hi. How are you, Legislator?

**LEG. KRUPSKI:**

How familiar are you with the current system, the Medical Examiner system in Suffolk County?

**DR. CAPLAN:**

Well, I'm generally familiar with how it's being staffed and, you know, what have been the staffing issues over the last several years. You know, I've -- so I have some knowledge. I've had a chance to speak with some of the pathologists who -- you know, who are currently at the office. And I was actually an office mate of the former Chief Medical Examiner here, who I have not spoken with.

**LEG. KRUPSKI:**

Thank you.

**CHAIRPERSON BROWNING:**

Okay. Legislator Kennedy.

**LEG. KENNEDY:**

Welcome, Doctor. And thank you for being here.

**DR. CAPLAN:**

Thank you.

**LEG. KENNEDY:**

I'm just taking a look at your CV and it's quite impressive, certainly very impressive. And I see that you have an extensive amount of teaching experience. Just as a personal aside, my oldest son is a physician, and as a matter of fact, he's in his fourth year up at Strong and he's just accepted a fellowship at Harvard in Critical Care.

**DR. CAPLAN:**

Wow. Great.

**LEG. KENNEDY:**

So I'm looking at you as somebody who might have been teaching somebody who was a first or second year --

**DR. CAPLAN:**

Sure.

**LEG. KENNEDY:**

-- and wondering about the role.

**DR. CAPLAN:**

Yep.

**LEG. KENNEDY:**

Talk to me a little bit about when you were with Delaware --

**DR. CAPLAN:**

Uh-huh.

**LEG. KENNEDY:**

-- and the volume. You know, Suffolk County as -- it's ironic. We are a County, but as you know, we really have a population larger than about eleven states. And over the course of years, we've had any number of different incidents that, on occasion, are large-volume incidents. Our ME's office played a critical role in Flight 800 when it went down; we also participated with 9/11 and some of the identification. So my understanding is that typically we operate with three to four pathologists who are involved in doing, you know, the autopsies and declaration of deaths and things like that. So to what extent -- what's your experience in working in a volume --

**DR. CAPLAN:**

Sure.

**LEG. KENNEDY:**

I don't want to call it a volume practice because this isn't a practice.

**DR. CAPLAN:**

Right.

**LEG. KENNEDY:**

But it's a volume function.

**DR. CAPLAN:**

Right, right. Well, sure. So in Delaware, you know, Delaware has three counties and I worked in Wilmington, New Castle County, and there, that was the main office, there was also an another office in Sussex County. But in the New Castle County, we handled, between autopsies and external examinations and certifications, you know, in the range of about a thousand cases a year.

**LEG. KENNEDY:**

Okay.

**DR. CAPLAN:**

We had three full-time pathologists that included a Chief, Deputy Chief and myself, Assistant, and then there was also a fourth pathologist who rotated call on the weekends. So the way that that worked out -- because the number of actual autopsies that was done was considerably less than that, it was probably total in the range of somewhere between maybe 700 and 800; there were a couple of years that got a little bit more than that. But basically it came down to the Deputy Chief and myself that we did somewhere around 250, maybe a little upward of cases, and then the Chief did cases, also took a day of the week, and then the fourth person took weekends. So it ended up, you know, where each pathologist did somewhere between, you know, 200 and maybe 275 cases a year.

**LEG. KENNEDY:**

Okay. So then I guess it would be safe for me to say that -- well, so in your past, you basically would be what I would characterize as kind of a working manager. You were managing the function, but you were also hands on as far as doing the functions associated with autopsy from time to time, or carrying a load, if you feel.

**DR. CAPLAN:**

Absolutely. And, you know, towards that point, I think it's a credibility issue. I think that, you know, if you are not actually doing cases and, you know, accruing knowledge day-to-day, then why -- the thing that always scares me about something like that is then you turn into -- your whole base of experience turns into the past. You have no new knowledge, you have nothing else that's challenging your way of thinking anymore. And so that's one of the reasons why I think it's critically important, at least I know for myself, to be actively involved and not just, you know, in an administrative role.

**LEG. KENNEDY:**

And so is that the vision that you have for this office, that in the compliment of physicians that you will be supervising, you yourself will be taking a direct role as well?

**DR. CAPLAN:**

Absolutely.

**LEG. KENNEDY:**

Okay. Let's talk a little bit about the forensic side of the equation, then, with the lab. We have been very fortunate that we have always had a certified lab. It is a complex one, it covers a wide variety of functions, intermittently involved with our District Attorney and our criminal investigations. You've gotten a chance to see all of the different aspects of the lab. What's your sense at this point?

**DR. CAPLAN:**

I'm very impressed. And you know what impresses me the most about that is that, you know, just going and going to all the different labs, just how proud everyone is of the job that's there. I mean, they really -- you know, I really felt, got the sense when I went through the toxicology, when I went through the trace evidence, the DNA, the firearms, everyone was -- you know, despite the fact that

they admitted that they needed leadership, it didn't in any way affect the effort to which they were trying to still do the very best that they could.

**LEG. KENNEDY:**

They do an excellent job, they do an outstanding job and, as a matter of fact, we're very fortunate. But let's stay on that certification process a little bit.

**DR. CAPLAN:**

Yes.

**LEG. KENNEDY:**

So my understanding is that certification is actually something that's done by a national-based organization that evaluates, I guess, the competency and the capabilities and the actual particular operations of the lab. Are you -- you're familiar with that?

**DR. CAPLAN:**

Yeah. And actually, there's two -- there's a couple of different certifying bodies. Okay? So for example, there is the National Association of Medical Examiners, or the NAME we call it for short, that certifies medical examiners offices. There's also the ASCLD, which is the American Society of Crime Laboratory Directors, that certifies crime labs. And so, you know, it's not uncommon for Medical Examiner Offices to have dual certifications, you know, by both of those certifying bodies. I know in Delaware that's what we had.

**LEG. KENNEDY:**

Okay. And so do you think that it will be something -- we'll be able to maintain our certification here for our lab?

**DR. CAPLAN:**

Yes, I am fully expecting that we would be able to do that. And one of the things that is important to be able to do that as far as the -- as far as the pathologist part goes is to make sure that we are -- that each pathologist is performing an appropriate range of cases that's commensurate with the guidelines put forward by the National Association of Medical Examiners.

**LEG. KENNEDY:**

You've gotten an opportunity to do a walk-thru, you've seen us, you've met us a little bit, but all of it, I guess, is probably a little bit at a surface level, or a 20,000 foot level.

**DR. CAPLAN:**

Sure.

**LEG. KENNEDY:**

Do you anticipate that there may be any kind of asks or requests that you may have of us when you get in there; a particular type of equipment, a particular type of process, something that you might think might help the -- help the functioning of the lab?

**DR. CAPLAN:**

You know, as far as -- I know from looking at the -- you know, I was down and I was in the autopsy room. The space was nice, the lighting was nice, I felt like there was room to do, you know, a good job, a quality job. I think there may be some particulars in terms of -- and I'll have to, you know, get some more of the details about this. You know, in order to do a really good forensic autopsy, you've got to have the tools to be able to have redundancy of documentation, meaning that, you know, I want to make sure that the photographs, you know, can be taken by -- in a quality where they can be stored and preserved, that there's going to be ample room to store tissue samples, ancillary studies. So, you know, it's hard to anticipate specifically. I mean, I didn't see any glaring

obvious deficiencies --

**LEG. KENNEDY:**

Okay.

**DR. CAPLAN:**

-- you know, when I was there, but certainly that is something I'll be evaluating.

**LEG. KENNEDY:**

Okay. Now, it's my understanding that you intend to keep an academic component associated with this, or you're going to attempt to affiliate with Stony Brook or Hofstra?

**DR. CAPLAN:**

That's correct.

**LEG. KENNEDY:**

Okay.

**DR. CAPLAN:**

Yes, I do. It is my intention to have an affiliate, an appointment, an academic appointment with Stony Brook, with the Department of Pathology.

**LEG. KENNEDY:**

I see Alan leaning in. There's been some conversation, Alan, to that effect?

**MR. SCHNEIDER:**

Yes, there is. I just want to state, Legislator Kennedy, that it is critical to the certification and maintaining the certification, that we have educational blessing of Stony Brook and the teaching component --

**LEG. KENNEDY:**

Uh-huh.

**MR. SCHNEIDER:**

-- that goes with it, and that is one of the big parts of what went on with our Search Committee.

**LEG. KENNEDY:**

Uh-huh.

**MR. SCHNEIDER:**

That we were unable to find both the pathology skills and the academic skills in a candidate until we came upon Dr. Caplan.

**LEG. KENNEDY:**

Okay. And so you've had some conversation with Dr. {Pastinak}, or whoever is --

**MR. SCHNEIDER:**

Dr. Shroyer, Ken Shroyer, who is the head of the Pathology Department at Stony Brook, was part of the Search Committee.

**LEG. KENNEDY:**

Okay.

**MR. SCHNEIDER:**

And he was extremely frustrated with the candidates that we kept coming -- that kept coming before our search team, until we were fortunate enough to find Dr. Caplan.

**LEG. KENNEDY:**

Excellent. I'm pleased to hear that. Just one last --

**MR. SCHNEIDER:**

He is very pleased with Dr. Caplan, to say the least.

**LEG. KENNEDY:**

Okay. I'll yield in a moment, Madam Chair. Just one other thing, Doctor. And you must have been familiar with this, but I'll ask anyhow. One of the many, many different functions, obviously, when it comes to the ME is the actual processing and then timely release of the bodies so that families and loved ones can go ahead and have them picked up and have proper services and things like that. In the past, from time to time, we've heard from funeral directors if there's been some difficulty with access. Do you foresee that that would be something that should be able to go smoothly?

**DR. CAPLAN:**

Yes, absolutely. And one of the things that I plan on doing, Legislator Kennedy, is I'd actually like -- one of -- and I forget, somebody actually wrote me a letter from Nassau, I don't remember if it was Nassau Suffolk Funerals --

**LEG. KENNEDY:**

Yes.

**DR. CAPLAN:**

-- Directors Association. I would like to, you know, sit down and just introduce myself to them at some point.

**LEG. KENNEDY:**

Excellent. I think that would be a good move, as a matter of fact, because that is a critical function of the office from our perspective.

**DR. CAPLAN:**

Absolutely, right.

**LEG. KENNEDY:**

It is probably one of the most difficult things we have to deal with when you're talking about, you know, that aspect of it. Thank you, Doctor, and I wish you good luck. I'll yield, Madam Chair.

**CHAIRPERSON BROWNING:**

Thank you, John. Legislator Schneiderman, you have a question?

**D.P.O. SCHNEIDERMAN:**

Thank you, Dr. Caplan.

**DR. CAPLAN:**

Thank you.

**D.P.O. SCHNEIDERMAN:**

Let me start out broadly. What qualities make a good ME, a good Medical Examiner?

**DR. CAPLAN:**

You know, that's -- and I'm not sure you'd get agreement across the board on that. But I can -- I'll give you, you know, my take from kind of a consolation of my experience and, you know, what I've seen in other people.

First of all, I mean, I think a good ME has to be somebody that knows what it's like to do the day-to-day work, okay, that has to know the process. Has to know everything, the importance of everything in a medical/legal death investigation from the minute that the call is reported of a deceased person to the time that that body is released to the family or to the funeral home. It's got to be somebody who's familiar with the issues that come up at the time, it's got to be somebody who's thoughtful about the different possibilities as to what must be going on. It's somebody who has to consider, you know, the fact that there may be some objections to an autopsy, either on the part of the family either from a religious standpoint or some other reason. It's -- I think it's got to be somebody who can translate what needs to be done in a medical/legal death investigation and do that right, but at the same time make sure that the public is understanding that part of it. Because forensic really means form, right, it's public. And so part of the function of a good ME is to, you know, keep that public connection. So I think that's one of the things that's very, very important.

I think the other thing that's important is I think there's a fine line between being a leader who administrates and being somebody who also is willing to pitch in and really is a colleague. And so it's a little different with, you know, physicians because even though I -- you know, the person, whoever the person is who is going to be Chief may be working with deputies, Deputy Chief and Deputies, they still have a similar knowledge base, or similar training anyway. And so I think it's important for a good ME to establish a good atmosphere where there's give and take, where somebody isn't afraid to voice their opinions. Because I think that that's how you really get the best of an office, when you have people actively giving their opinions and keeping an open mind about a situation.

I think a couple of other things that makes a good ME is somebody who has respect for all the different ancillary -- all the different parts of forensic science. In other words, not that forensic serology or DNA or biology or criminalistics is there to serve the pathologists; no, that everybody is there to serve and to try to get the best of the death investigation. So having a respect for the expertise of everybody. And of course that includes all the people, you know, who may not be formerly trained but, you know, the people working in the autopsy room, the people -- the transcriptionists, everybody in the office who's involved.

**D.P.O. SCHNEIDERMAN:**

I assume you have all the qualities you just articulated (*laughter*), right; or at least you feel like you do?

**DR. CAPLAN:**

I don't know; I hope that I do.

**D.P.O. SCHNEIDERMAN:**

You -- Doctor, you are currently living in South Carolina?

**DR. CAPLAN:**

Correct.

**D.P.O. SCHNEIDERMAN:**

Okay. And so the plan, obviously, is to move to Suffolk. Have you identified where you may live?

**DR. CAPLAN:**

No, I haven't exactly identified, but, you know, my wife and I are going to be looking for a place to live. I can tell you that she is -- she's currently -- she works as a nurse in Risk Management in the Medical University of South Carolina, so she probably won't be moving permanently until probably close to the end of the year. So our plan, at least, is for me to -- I'd probably like to find an apartment or a place that's close to the office.

**D.P.O. SCHNEIDERMAN:**

I'll go to the reason why I asked that question in a minute, but first I just want to stay on background a little bit more. So your last related position was in Delaware as the -- were you the Chief ME or you were the --

**DR. CAPLAN:**

No, I was an assistant.

**D.P.O. SCHNEIDERMAN:**

Assistant ME. So this would be your first experience as the Chief Medical Examiner.

**DR. CAPLAN:**

That's correct.

**D.P.O. SCHNEIDERMAN:**

Okay, so that' training you had -- and what was -- when did you leave that office?

**DR. CAPLAN:**

That was in 2003.

**D.P.O. SCHNEIDERMAN:**

So eleven years ago.

**DR. CAPLAN:**

Correct.

**D.P.O. SCHNEIDERMAN:**

Are you -- have you stayed current? I know you've been teaching and you've been working in private practice. Do you feel like --

**DR. CAPLAN:**

Yes.

**D.P.O. SCHNEIDERMAN:**

-- you could -- it's like riding a bicycle, you jump right back in?

**DR. CAPLAN:**

I mean, it's -- yeah. It's not -- I don't know how well I'd ride a bike these days.

*(\*Laughter\*)*

**D.P.O. SCHNEIDERMAN:**

But there is eleven years there.

**DR. CAPLAN:**

Yeah, sure. So to answer your question, Legislator Schneiderman, just to give you an idea. So when I -- even though when I left Delaware and I did -- there has not been a year since that time

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where I have not regularly performed autopsies, in some function or the other. So for example, my 2003-2004, that was my pediatric fellowship year. I did -- and admittedly, that was a much less number of autopsies, but I did pediatric and perinatal autopsies. From 2004-2008, I did on the average of 150 to 200 cases a year, forensic and medical autopsies. The three years when I was in private practice, I did all of the autopsies for our private practice group, which, again, was a lesser number. But again, since I've been back at Medical University of South Carolina, I've also continued to do forensic and hospital autopsies. So I have -- you know, even though the number is not as great as what I had done in Delaware, I've never let it get to the point where I have just not known how to do them.

I was on call yesterday and we had -- just to give you a small example there, we had two cases going on. And usually typically what happens is there is somebody who does the evisceration, takes the organs out and the pathologist will actually dissect the organs. Well, there were two, so I said, *Well, let me do the evisceration on this case and the other person does the other*, and I was thankful that I was trained on how to do that. So the point I'm making is even though I hadn't done that in a little while, it did come back.

**D.P.O. SCHNEIDERMAN:**

How long does it typically take to do an autopsy? It probably depends on the nature, right?

**DR. CAPLAN:**

It really depends on the nature.

**D.P.O. SCHNEIDERMAN:**

If it's a murder, potentially it's going to take longer.

**DR. CAPLAN:**

Yeah. So if it is -- you know, and every case is different. But if it's -- let's say it's a natural -- let's say the circumstances are fairly benign; somebody who's found, let's say, dead in bed, or somebody who has a witness collapse -- and there no injuries on the body or nothing that's not due to resuscitation, and the findings related to that, they're fairly limited, say to the heart or the brain. Typically, a case like that when you have experience, that shouldn't really take more than a couple of hours. On the other hand, if you have a case that's very complex, if you have multiple gunshot wounds or even a very complex medical, natural, where there's multiple disease processes, that can take several hours. There's even been a time where I've had a case that was so complicated that I did it all day and I finished it the next morning; that's rare, but -- so it really does depend on the circumstances.

**D.P.O. SCHNEIDERMAN:**

There's probably extensive paperwork involved, too?

**DR. CAPLAN:**

Absolutely.

**D.P.O. SCHNEIDERMAN:**

You get the detail, you file a report, and then in some cases do you have to testify as well?

**DR. CAPLAN:**

Sure.

**D.P.O. SCHNEIDERMAN:**

If it goes to trial or something like that.

**DR. CAPLAN:**

Yep, that's right.

**D.P.O. SCHNEIDERMAN:**

In terms of caseloads, you had said back when you were in Delaware it was like 200 a year, and then you've been roughly a hundred plus even since you left that ME's office. What's the caseload in Suffolk?

**DR. CAPLAN:**

My understanding, from speaking with a pathologist there, is it's about 1200 a year. That's the figure -- that's figure that I was given.

**D.P.O. SCHNEIDERMAN:**

Okay. And how many people do we have -- including yourself, then, and it may be some time before we have a Deputy, so how many pathologists, how many people who could conduct autopsies do we have?

**DR. CAPLAN:**

Well, my understanding is that there will be three, I'm aware of three pathologists and myself, that would be --

**D.P.O. SCHNEIDERMAN:**

So four. And the caseload of, what, 200? Is that a normal caseload? That's only 800; we're still short, right?

**DR. CAPLAN:**

Yes, that's right. And so one of -- and so, you know, one of the things that I am planning on actively seeking is to see -- you know, I'd like to be able to, if we could, to be able to bring in, if possible, another pathologist.

**D.P.O. SCHNEIDERMAN:**

What happens when there's a backlog in an ME's office?

**DR. CAPLAN:**

Well, various things. It -- a lot of -- I think it depends on, you know, the degree of the backlog, it depends on how many high profile cases are involved in that backlog, and it also depends I think on whether there's a plan in place. Is there a strategy in place?

**D.P.O. SCHNEIDERMAN:**

Does it mean that like funerals don't happen, they have to be delayed and things like that?

**DR. CAPLAN:**

No. So when we talk about backlog, we're not talking about -- there is -- so just to explain, when an autopsy is done, the body can be released to the funeral home. And in this state, and if I remember correctly, you may not know exactly what the cause of death is. And so you can certify what we call as *pending further study*, okay, in which case the death certificate would be revised at a later time. But once the autopsy is completed, that's not what the backlog is. My understanding of a backlog is a backlog in -- is when the actual autopsy reports are finalized.

**D.P.O. SCHNEIDERMAN:**

Okay. So is there currently a backlog?

**DR. CAPLAN:**

I am not aware of -- there may -- I wouldn't be surprised if there wasn't a small one, but I'm not aware of --

**D.P.O. SCHNEIDERMAN:**

All right. So the autopsies are being done in a timely fashion because they have to; they're probably working overtime, I imagine, to keep up. How does a person -- after they die, what brings that -- what brings the ME involved? Obviously a lot more than 1200 people die a year in Suffolk County.

**DR. CAPLAN:**

Sure, sure.

**D.P.O. SCHNEIDERMAN:**

These are --

**DR. CAPLAN:**

So what brings it to the attention of a medical/legal jurisdiction is that by law there are certain kinds of deaths that must be reported to a medical/legal agency, either the Medical Examiner or the Coroner's Office, and broadly those include any deaths in which there's injury of any component, and that could be a motor vehicle accident, it could be a fall, it could be a gunshot wound, or even somebody who has a natural disease if injury played a part in that death. For example, say somebody who's got a problem with her heart and they have to take blood thinners and then they've fallen and develop bleeding outside of the brain. So that would be something that would be referred to the Medical Examiner. Any unexpected or any unexplained death that's in an otherwise healthy adult or child. Any death that's in custody, okay, or in a prison or jail in which there's, you know, the possibility of anything other than a natural death. Anything with public health or safety is an issue. Any time there's a suspicious circumstances or skeletonized remains, or even if a person can't be identified; all of those -- those are the broad categories in which deaths would be referred to the Medical Examiner system.

*(\*Legislator Spencer entered the meeting at 4:18 P.M. \*)*

**D.P.O. SCHNEIDERMAN:**

Let me get to my last question, and this relates to where you end up living. So the former Medical Examiner, who actually lived out in my district, I think in the Flanders/Riverside area, kind of central to Suffolk County in a way, and the issue was this. The Medical Examiner apparently has to be present if there's a fatality on the road to -- I guess they cordon it off, it's a crime scene investigation and the Police do their work, but then they wait for that ME to arrive to make the death pronouncement. The problem is the ME often is stuck in the same traffic that everybody else is in and it takes -- sometimes it was taking hours before the Medical Examiner could get there. And this was a big issue out on the East End of Long Island because, you know, roads would be closed for like six hours, we only have one made road, it basically shut down the entire economy; and of course everybody understands, somebody lost their life and we're sensitive to that. But we were in the process with Yvonne of trying to have the Medical Examiner maybe designate other individuals in the community who could make that death pronouncement, so that the Police could clear the roads in a more timely fashion. I'm really not asking you so much for an answer to this question because you're just coming on board, but to continue that dialogue and see if we can come up with a system by which, you know, maybe a First Responder or a local doctor or somebody could make that -- I think Alan wants to weigh in on this issue.

**MR. SCHNEIDER:**

No, I don't.

**D.P.O. SCHNEIDERMAN:**

No? Okay. That somebody could make that official death pronouncement so that we could clear the crime scene, clear the road and get traffic moving again.

**DR. CAPLAN:**

Yep, yep. And I agree with you. I mean, that's something I certainly would be willing to continue a dialogue on. I know that in some other jurisdictions where I've been, you know, a medical doctor doesn't necessarily have to be physically there, that death can be declared, you know, by people other than a physician. Now, I don't know if in this state if there's -- what the exact law is as far as that goes.

**D.P.O. SCHNEIDERMAN:**

I believe that's the case, too. But I would think that you would need to work with the communities and some of those EMTs or whatever it might be, just to tell them the exact procedure. They're uncomfortable doing it.

**DR. CAPLAN:**

Yeah.

**D.P.O. SCHNEIDERMAN:**

So, you know, there has to be like a list, a checklist or something so they can go through it and make sure they're doing it exactly the way you want it done so that you're comfortable with that. So what I would do is invite you to meet with the East End Supervisors and Mayors, that's what the former ME was doing right before she left, and we can then continue that dialogue and sort this out. All right. Thank you, sir.

**DR. CAPLAN:**

Thank you.

**CHAIRPERSON BROWNING:**

Okay. Legislator Martinez.

**LEG. MARTINEZ:**

Good afternoon. I just have one quick question, which possibly may become two. But as the Medical Examiner, you have the right to deny an autopsy?

**DR. CAPLAN:**

I'm sorry?

**LEG. MARTINEZ:**

Are you -- as a Medical Examiner, are you -- can you decide if an autopsy is going to take place or not.

**DR. CAPLAN:**

Yes. But if I -- but Legislator Martinez, if I could clarify that. Once -- the process is this, that there is no -- there is no law that says an autopsy ever has to be performed. The only law is that certain kinds of deaths have to be reported to the Medical Examiner. Once the Medical Examiner assumes jurisdiction, then it's at his or her discretion as to whether an autopsy is to be performed.

**LEG. MARTINEZ:**

So let's say there's a family, okay, who would like an autopsy performed on their family member who has just passed, and you deem it, *no, it's not necessary*. How would you respond to that family then?

**DR. CAPLAN:**

Yeah. So in a situation like that, what I would try to do is if it's clearly a death that's not, you know, related to a medical/legal jurisdiction, what I would say to them is try to work with them and find an alternative. So basically they need somebody, they want somebody to perform an autopsy on their loved one.

So the first thing I would find out would be, you know, hospitalization. Sometimes even if a person hasn't -- didn't die inside of a hospital, if it's a person who is known to be a long-term patient, especially in a cancer facility, sometimes hospitals have arrangements where their pathology department will perform those autopsies. That would be the first thing I would do.

If that did not work, then what I would try to do is try to assist them. Typically Medical Examiners Offices have a roster of other pathologists that will do private autopsies in situations like that. But what would be ideal, I would always try to do it, connect them with a hospital where they would not have to pay, if I could.

**LEG. MARTINEZ:**

Okay. Thank you.

**CHAIRPERSON BROWNING:**

Okay. You know, I notice Emily Constant is here from the DA's Office. I'm just curious, have you met with the DA's Office at all?

**DR. CAPLAN:**

No, but I've met with Emily.

**CHAIRPERSON BROWNING:**

Okay (*laughter*).

**DR. CAPLAN:**

But that is certainly one of the things I plan on. And again, as a Medical Examiner, I think that's -- every job that I've had, whenever I've been -- when I was in Washington County in Michigan, when I was in Delaware, one of the first things I did the first week I was on the job was go over to the -- there they call it the AG, the Attorney General in South Carolina, it's the solicitor's offices. The first thing I did was go over there and I said to them, *What's the kind of -- you know, What are the kinds of things that you need from us, you know, to make the system work the best?*

**CHAIRPERSON BROWNING:**

You know, the reason -- one of the reasons why I mention it is, you know, obviously you are independent of the Health Department, you will have a very close relationship with the District Attorney's Office and, you know, there are cases that currently exist right now, unsolved cases. I don't know if you've familiarized yourself with anything yet. One of the things that comes up to my mind is Gilgo Beach and the --

**D.P.O. SCHNEIDERMAN:**

Serial killer.

**CHAIRPERSON BROWNING:**

The serial, so-killer, assumed serial killer. I don't know if you've familiarized yourself or if you've heard --

**DR. CAPLAN:**

I know a little bit about it, but not much.

**CHAIRPERSON BROWNING:**

Okay, yeah. You know, again, I'm not a doctor, I know most of us here are not.

**D.P.O. SCHNEIDERMAN:**

One is.

**CHAIRPERSON BROWNING:**

So -- but we do have the one doctor, so I was holding the good one to the last. You know, I think it's important because that is -- it's an unsolved crime and, you know, the role of the ME's office is obviously very important in this -- in the event someone else shows up.

**DR. CAPLAN:**

Absolutely.

**CHAIRPERSON BROWNING:**

But anyway, with that, I'm going to pass off, next -- maybe the last; like I said, the good one to the last, is our one doctor who is also a Legislator, Legislator Spencer.

**LEG. SPENCER:**

Thank you, Madam Chair. Hi, Dr. Caplan. How are you?

**DR. CAPLAN:**

Hi, Dr. Spencer.

**LEG. SPENCER:**

Nice to see you. I know that one of the major issues with the Medical Examiner dealing with hospitals is, again, deciding, as you mentioned earlier, which case is an ME case and that authority. I guess you're not doing every autopsy, you have examiners that are under you that are making those decisions. And when I look at your credentials, obviously they're very, very strong, and I know you were a Deputy several years ago and you've become current, and I think one of the things that's important in your new position is being able to be an administrator and work with people. And ultimately, when we look at -- obviously, you know, the ME can make or break many murder cases and things of that sort. So I guess looking at your credentials and understanding, I think that you're clinically qualified. What has been your experience in terms of with regards to managing colleagues and being in leadership roles and having, you know, other physicians that are -- being able to kind of direct them and turn out a quality product.

**DR. CAPLAN:**

Well, I would say that since I've been in -- I'm trying to think of, you know, when -- because when I first started, of course I was a junior. But I would say that since I've been in South Carolina, I've had -- you know, because I've had the most experience, I've had the opportunity to work with the other forensic pathologists, which was a total of six, and we basically have conferences each week, you know, where we discuss difficult and challenging cases and give our opinions. And that's -- you know, one of the nice things about that is having an opportunity. When I hear them present cases that I've struggled with, I can, you know, be of -- one of the things I can do is offer guidance and say, *This is what worked, this is what didn't work*. Very analogous to the kind of guidance that was given to me when I was, you know, a fellow in training and a junior. So I would say informally on that basis, I've done, you know, a lot of consultation. And also, even some of the junior pathologists. You know, one of the scariest things is going from that -- as you know, going from that fellowship training to being a, quote, *attending* where --

**LEG. SPENCER:**

Uh-huh.

**DR. CAPLAN:**

-- all of a sudden you're supposed to know everything and you're ready to run out of the room because it's so scary. So I think one of the things I try to provide is that, you know, don't ever let your anxiety get you to the point where you're afraid to ask questions. You know, I learned -- and I was lucky to have people that I could always get on the phone and consult when I wasn't sure about something, and so I try to do that for junior colleagues as well.

And then the other thing in terms of administration or managing, I had an experience when I was in private practice in Northern Michigan where I was the Medical Director of a community hospital, which I had not been before. And so I had to educate myself in lab management, administration, different shifts, you know, animosity between the ER nurses and pathology staff. So, you know, while I'm not -- I'm trying to say unseasoned at all, I think I did get a little taste of that.

**LEG. SPENCER:**

No, that's the experience I was looking for (*laughter*). It makes a big difference when you're a Medical Director. I mean, obviously I'm reviewing your credentials and they are impeccable, but I plan to support you for another reason. I noticed right up top, you got your M.D. 1987, University of Connecticut; I was the Class of '89.

**DR. CAPLAN:**

Really?

**LEG. SPENCER:**

Yes. So as -- so I know you're well trained; at least I felt I was.

**DR. CAPLAN:**

Well, thank you.

*(\*Laughter\*)*

**LEG. SPENCER:**

So it's nice to see you.

**DR. CAPLAN:**

Thank you.

**LEG. SPENCER:**

I was an underclassman. You probably -- at that particular point you were a third year when I started my first year, so I was probably very insignificant at the time. But it's good to see you. Thank you.

**CHAIRPERSON BROWNING:**

Yeah, really, not anymore, kind of the roles reversed a little bit, or maybe you're just trying to say *I'm younger than you*.

*(\*Laughter\*)*

And as you know, this is a six-year position. And I think we all know only too well, it took us quite some time to find a Medical Examiner. I guess they're not easy to come by. So, you know, we like to hope that with the six-year commitment on the part of the County, to make it a six-year commitment on our end, it would be a six-year commitment on your end if this Legislature approves you.

**DR. CAPLAN:**

Thank you. Absolutely.

**CHAIRPERSON BROWNING:**

Alan, did you have something to say?

**MR. SCHNEIDER:**

*(Shook head no).*

**CHAIRPERSON BROWNING:**

Oh, okay. You looked like you were ready to say something.

So with that, is there any more questions?

**D.P.O. SCHNEIDERMAN:**

Just on that administrative experience; I'm trying to find it on the resume. What year and place was that?

**DR. CAPLAN:**

It was 2008 - 2010, from July, 2008, to December, 2010.

**D.P.O. SCHNEIDERMAN:**

Okay. So you had two plus years in an administrative capacity at --

**DR. CAPLAN:**

Two-and-a-half years, yeah.

**D.P.O. SCHNEIDERMAN:**

Okay. At a community hospital?

**DR. CAPLAN:**

Yeah. It was at Mercy Cadillac Hospital in a little town, Cadillac, Michigan, about an hour north of Grand Rapids, Michigan.

**D.P.O. SCHNEIDERMAN:**

Okay. How many people did you oversee?

**DR. CAPLAN:**

About 30 in the lab total.

**D.P.O. SCHNEIDERMAN:**

Okay, great. Thank you.

**CHAIRPERSON BROWNING:**

I guess there's another question? Legislator Kennedy.

**LEG. KENNEDY:**

Yeah, this is a two-fer actually, Doctor, and this may involve something with Ms. Constant. One of the things that we have here in Suffolk County, I believe, is a practice for our DWIs in particular where we have a group of PAs, Physician Assistants, that actually will go out to a scene, I believe, and assist with the blood draws?

**DR. CAPLAN:**

Yes.

**LEG. KENNEDY:**

My understanding is that from the DA's perspective, that is a preferred method of obtaining it. It helps on the prosecution side. Is that something you're familiar with and is that something that you see keeping in place?

**DR. CAPLAN:**

Yes, I am familiar. In my original Skype interview, I was informed about that practice and, yeah, that seems to be working well. So there's no reason to not continue with that, as far as I'm aware of.

**LEG. KENNEDY:**

Okay. All right. Thank you, Madam Chair.

**CHAIRPERSON BROWNING:**

Okay. So I guess we'll call the vote.

We have Resolution **1446-14 - Approving the appointment of Michael J. Caplan, M.D., as Chief Medical Examiner (County Executive)**. I'll make a motion to approve. Do I have a second?

**D.P.O. SCHNEIDERMAN:**

I'm not on this committee, but I would vote for you if I was.

*(\*Laughter\*)*

**CHAIRPERSON BROWNING:**

Okay. The second, Legislator Spencer. And all approve? Opposed? Abstentions? Okay, ***it's approved (VOTE: 6-0-0-0)***.

I guess we will see you tomorrow. What did you say -- I believe you have to leave at some point tomorrow.

**DR. CAPLAN:**

Yes. Actually, my flight isn't until first thing Wednesday morning, so.

**CHAIRPERSON BROWNING:**

Oh, it's on Wednesday, okay.

**LEG. CALARCO:**

(Inaudible).

**CHAIRPERSON BROWNING:**

*(Laughter)* We're not going to beat him up like that. He might quit if he has to stick around too long *(laughter)*.

**DR. CAPLAN:**

I can leave earlier if you want.

*(\*Laughter\*)*

**CHAIRPERSON BROWNING:**

But we will see you tomorrow, so the rest of the Legislators can meet you. So thank you for coming in today and we look forward to tomorrow.

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**DR. CAPLAN:**

Thank you very much.

**CHAIRPERSON BROWNING:**

Good.

*(\*The meeting was adjourned at 4:33 PM\*)*