

1 I mean the Court doesn't have a problem with going past
2 five is what I'm saying because he's going to go past
3 five.

4 BY THE COURT: How much further; how much longer?

5 BY MR. ALLGOOD: Well of course that's going to be
6 a function of cross examination.

7 BY THE COURT: I suspect cross examination will
8 last awhile.

9 BY MR. KESLER: It will--I--I couldn't put a
10 minute figure, but, you know, it will not be perfunctory.

11 BY THE COURT: What are we talking about, an hour?
12 I want to get these people away and through too.

13 BY MR. ALLGOOD: I--I suspect an hour if not longer,
14 your Honor. It's probably--

15 BY MR. KESLER: Well if the State--is the State
16 saying they going to examine him for an hour?

17 BY MR. ALLGOOD: I probably won't examine him for an
18 hour, no, but I think at least--

19 BY THE COURT: Let's go ahead and get him on. Let's
20 get him on. Call your next witness, please.

21 BY MR. ALLGOOD: If your Honor please, the State
22 would like to call Doctor Steven Hayne out of turn, this
23 being because he has another trial in which he must
24 testify in in the northern part of the state.

25 BY THE COURT: Swear the witness please, clerk.

26 DOCTOR STEVEN HAYNE,

27 upon being called to testify as a witness on behalf of the State,
28 after having been first duly sworn by Deputy Clerk, Lloyd Cobb,
29 testified as follows, to-wit:

1 BY THE COURT: You may proceed.

2 BY MR. ALLGOOD: If I can have the Court's
3 indulgence just for a minute.

4 DIRECT EXAMINATION BY MR. ALLGOOD:

5 Q. Would you state your name please for the ladies and
6 gentlemen of the jury, please, sir?

7 A. Steven Timothy Hayne.

8 Q. And what is your occupation?

9 A. I'm a physician who practices in the fields of anatomic,
10 clinical and forensic pathology.

11 Q. And how long have you been so engaged in that practice,
12 Doctor?

13 A. For approximately twenty years.

14 Q. And, Doctor, if you would, give the--the ladies and
15 gentlemen of the jury the benefit of your training and experience
16 in the field of that, uh, endeavor we call forensic pathology:

17 A. I, uh, graduated, uh, from medical school at Brown
18 University; then, uh, went to, uh, Presidio San Francisco at
19 Letterman Army Medical Center for training in pathology with
20 rotations, uh, at different hospitals, uh, as well as the medical
21 examiner's officer for the city and county of San Francisco.
22 Subsequently, uh, leaving that, uh, training program going to both
23 Fort Leavenworth and Fort Campbell where I served as chief of
24 pathology and post medical examiner for those two, uh, installa-
25 tions, and then, uh, I spent two years in Alabama, uh, working as
26 a reference pathologist, and then came to Mississippi where I've
27 been on the list as a designated pathologist; I've also served as
28 the, uh--the state medical examiner for the State of Mississippi.

29 Q. Doctor, if you would, how many times have you had the

1 occasion to perform, uh, I guess you'd say forensic examinations
2 upon, uh, bodies which have been submitted to you for analysis?

3 A. In--in--

4 Q. Ballpark figure.

5 A. In the range of six to seven thousand times.

6 Q. And, Doctor, how many times have you been qualified as an
7 expert in the field of forensic pathology either in the courts of
8 this state or any other state or any other jurisdiction for that
9 matter?

10 A. Approximately three hundred and fifty to four hundred
11 times.

12 Q. And where are you currently employed and what are you
13 currently doing in terms of an occupation?

14 A. I'm the senior pathologist at Rankin Medical Center; I'm
15 also on the staff at the University of Mississippi Medical Center;
16 I'm the, uh, medical director of the Kidney Care Laboratories; I'm
17 also the medical director of the Rankin County Morgue. I'm a
18 designated pathologist, uh, for the Mississippi State Medical
19 Examiner's Office; and I also hold staff positions at other
20 hospitals.

21 BY MR. ALLGOOD: If your Honor please, we would
22 tender Doctor Hayne at this particular point in time
23 as an expert in the field of forensic pathology.

24 BY THE COURT: Any voir dire on qualifications?

25 BY MR. WALTERS: No, your Honor.

26 BY THE COURT: He'll be accepted as an expert in
27 the field of medicine specializing in the field of
28 forensic pathology.

29 BY MR. ALLGOOD: Thank you, your Honor.

1 BY THE COURT: You may proceed.

2 Q. Doctor, if--if--if you would, first of all, tell us what
3 exactly is a forensic pathologist. Explain for us what that is,
4 please.

5 A. A forensic pathologist is a person, uh, who is trained
6 basically in the fields of pathology and, uh--and forensic
7 pathology as a subspecialty, and his basic task, uh, among, uh,
8 many tasks, but the basic task is to come to a conclusion as to the
9 cause and manner of death of an individual. The cause of death is
10 the medical reason the person died whether it be from a gunshot
11 wound or cancer, a motor vehicle crash, or one of a myriad of
12 possibilities. The manner of death, however, can only be one of
13 six possibilities, and those include homicide, suicide, accident,
14 natural and in some cases pending till additional information is
15 gathered, and in rare cases undetermined when one cannot come to a
16 conclusion.

17 Q. And--

18 A. This usually requires an--an autopsy or postmortem
19 examination but not always.

20 Q. How do you go about and I think you presaged my next
21 question--how do you go about making a determination in that
22 respect; what--what steps, procedures do you follow; what's the
23 generally accepted tool, if you will, of the forensic pathologist?

24 A. The most common tool and one of the most useful tools of
25 course is a, uh, postmortem examination in--in the broad sense, uh,
26 to include toxicology and other studies, uh, when necessary, but
27 the, uh, tool that is most commonly used of course is an autopsy.

28 Q. Now when you start talking about an autopsy, I think
29 essentially it's done in two steps, would that be correct?

1 A. There are two basic steps as well as, uh, preceding and
2 intervening steps as well concluding steps, but there are two basic
3 components to an autopsy.

4 Q. And those two components are what, Doctor, if you would,
5 please?

6 A. Uh, an internal and an external examination.

7 Q. Now insofar as, uh, the scientific community is con-
8 cerned, is in fact those two steps, the internal and external
9 examination of the body, uh, in a autopsy scenario, is it in fact
10 generally accepted as being conclusive for the determination of
11 cause of death?

12 A. It usually is in the vast preponderance of the cases,
13 though in some cases additional studies must be initiated and
14 completed before a cause and manner of death can be, uh, deter-
15 mined.

16 Q. Now, Doctor, in this particular case, on May ninth,
17 nineteen hundred and ninety-two, did you have the occasion to
18 examine the body of Christine Jackson?

19 A. I did, sir.

20 Q. Doctor, first of all, if you would, how was the body
21 attired when you first--

22 A. The body was--

23 Q. --saw her?

24 A. --clothed, uh, with a pair of panties, pants and a shirt.

25 Q. All right. Insofar as the--the, uh, article of clothing
26 that you, uh, remarked on this particular child, what did you do
27 with those articles of clothing?

28 A. The clothing was dried, secured, transported to the
29 Mississippi State Crime Lab on a chain of custody for analysis.

1 BY MR. ALLGOOD: May I approach the witness, your
2 Honor?

3 BY THE COURT: You may.

4 (BAGS SHOWN TO DEFENSE COUNSEL)

5 Q. I'm going to hand you two sets of sacks, Doctor, and ask
6 if you would to open those up and examine them and tell us if you
7 can identify those for us, please. Would you like some rubber
8 gloves, Doctor, before you open those?

9 A. I think I can open this one. (Witness opens bags) Yes,
10 sir.

11 Q. What are those, Doctor?

12 A. First, there are two paper bags and the bags are from an
13 RSVK-1111 sexual assault kit for contact clothing and non-contact
14 clothing, uh, and in, uh, the larger bag the, uh, shirts--shirt
15 and, uh, uh, pants are located; uh, in the, uh, smaller bag, uh,
16 panties are located.

17 Q. Those are in fact the clothing articles which were on the
18 body of Christine Jackson when you first observed it on May ninth,
19 nineteen hundred and ninety-two, is that correct?

20 A. That's correct, sir.

21 BY MR. ALLGOOD: If your Honor please, we would
22 tender these as exhibits to this witness's testimony
23 at this time.

24 BY MR. WALTERS: No objection, your Honor.

25 BY THE COURT: Let them be received and marked.
26 Do you want them separate exhibits?

27 BY MR. ALLGOOD: If your Honor please, yes, sir.

28 BY THE COURT: Mark them separately, court
29 reporter.

1 (COURT REPORTER MARKS BROWN BAG CONTAINING PANTIES
2 OF VICTIM AS STATE'S EXHIBIT NUMBER 5 IN EVIDENCE)

3 (COURT REPORTER MARKS BROWN BAG CONTAINING SHIRT AND
4 PANTS OF VICTIM AS STATE'S EXHIBIT NUMBER 6 IN EVIDENCE)

5 BY THE COURT REPORTER: Okay.

6 BY THE COURT: You may proceed.

7 Q. Doctor, uh, when in fact you found these--these articles
8 of clothing, where were the panties located, if you would?

9 A. The--

10 Q. Consult your--your--your report, if necessary, but where
11 were the panties actually located on the child?

12 A. As I remember they were on the body, and they were, uh,
13 folded in the, uh, pocket of the pants:

14 Q. Now, Doctor, that's the condition you received them at,
15 right, the--the--the panties were folded in the pocket of the
16 pants, is that correct?

17 A. Yes, sir.

18 Q. Now, Doctor, insofar as the actual dimensions of
19 Christine Jackson, how--how tall or long, if you will, was
20 Christine Jackson?

21 A. Thirty-nine inches, sir.

22 Q. And how much did Christine Jackson weigh?

23 A. Approximately forty-five pounds.

24 Q. Having made those I guess initial observations, did you
25 in fact at that point proceed to your external examination of her
26 body?

27 A. I did, sir.

28 Q. And what did you note when you began, uh, examining the
29 body just on the outside, grossly I think is the term y'all use

1 which means the--the big picture, so to speak.

2 A. On the external examination there was obvious decomposi-
3 tion to include putrefication and, uh, autolysis, uh, the body was
4 breaking down. There was, uh, skin slippage, uh, identified over
5 the face, and there was a green discoloration, uh, to the abdomen.

6 Q. Now when we start talking about skin slippage, first of
7 all, tell the ladies and gentlemen of the jury what that is and
8 what causes it, if you would.

9 A. After a period of time, uh, from death the skin becomes
10 disattached from the underlying dermis and it will actually slough
11 off, become separate, and, uh, initially it will appear as, uh,
12 bubbling, uh, forming small pockets of fluid underneath commonly,
13 and, uh, those bubbles will break and then, uh, larger pieces of
14 skin will become, uh, uh, separated, uh, from the body itself.

15 Q. Now you also mentioned two other terms, putrefication and
16 autolysis. If you would, tell the ladies and gentlemen of the jury
17 what that--those two items are, please, sir.

18 A. Putrefication is the breakdown of the body by, uh,
19 bacterial, uh, organisms, uh, that are found initially within the
20 body, but also enter the body, uh, externally; they cause, the foul
21 smell as well as predominantly the bloating and production of gas
22 within the body. Autolysis is the enzymes of the body, itself
23 breaking down the tissue. They're two different processes, uh,
24 both involved in decomposition.

25 Q. Insofar as this child was concerned, Doctor, how far
26 advanced were these processes?

27 A. It was early to moderate.

28 Q. Now, Doctor, upon examining her--her head area on the
29 outside, what did you remark?

1 A. That there was skin slippage over the face, but most
2 importantly there was non-circumferential, uh, abrasions or scrapes
3 to the skin, uh, located, uh, about the neck, that is, non-
4 circumferential, they did not go all the way around the neck, and
5 they did not form a furrow around the neck.

6 Q. All right. These particular abrasions, first of all,
7 define abrasion for us. Tell us what an abrasion is, please, sir.

8 A. An abrasion is a scraping of the skin, uh, usually
9 producing a linear pattern, uh, by scraping the most superficial
10 layer of the skin away. It does not extend to the point where you
11 have any significant bleeding.

12 Q. And I believe you've testified that in this particular
13 case there was real no pattern to this, uh, abrasions that you saw,
14 is that correct?

15 A. There was no pattern that I could identify, either the
16 pattern of a hand, uh, specifically, or the placement of a ligature
17 about the neck.

18 Q. Insofar as the size of these particular, uh, pattern or--
19 or--or--or wounds that you saw, abrasions that you saw, what size
20 are we talking about, Doctor?

21 A. They measured slightly less than one inch, uh, up to two
22 two--up to two centimeters.

23 Q. Doctor, do you have an opinion based on the training and
24 experience in your field to a reasonable certainty as to what those
25 abrasions represented on the neck of this child?

26 A. They represented the application of force on the neck
27 while the child was alive.

28 Q. Now, Doctor, uh, you have said one thing, uh, at that
29 point that--that, uh, is--is something that's important for us to

1 develop, and that is you said while the child was alive. Explain
2 for the ladies and gentlemen of the jury why and how you can tell
3 that the child was alive when this force was applied.

4 A. That determination was made on internal examination of
5 the neck and that there was hemorrhage or bleeding to involve the
6 strap muscles, the sternocleidomastoid muscles that connect the jaw
7 with the, uh, clavicle, uh, the bone running across the upper part
8 of the chest.

9 Q. When we start talking about hemorrhaging, how does that--
10 and bleeding, how does that indicate that someone was alive when
11 the wound was administered? Explain that for the ladies and
12 gentlemen of the jury.

13 A. It would indicate that there is active blood pressure,
14 and when there is active blood pressure that is one of the
15 definitions of life. There are many definitions of life, but one
16 of them is that there's active blood pressure, that there is--the
17 heart is beating, and in this case there was injury to the, uh, uh,
18 small blood vessels, uh, of the, uh--of the neck to involve the,
19 uh, uh, uh, muscles that are running down the side of the neck, uh,
20 causing them to tear, and then with the blood pressure existing by
21 action of the heart it allowed for bleeding into the, uh, areas of
22 muscle to involve the right and the left sides of the neck.

23 Q. So without some type of blood pressure, without the heart
24 pumping, so to speak, creating that blood pressure, then there can
25 be no bruising or hemorrhaging, would that be correct?

26 A. That's correct. You would have to have two components,
27 one there has to be a tear of the, uh, vessel, and there has to be
28 bleeding.

29 Q. And insofar as just putting it I guess quantified and in

1 simple terms, you can't bruise a dead body. I think that would be
2 a fair statement to say. Would that be correct?

3 A. It is essentially difficult and almost impossible to do
4 that.

5 Q. Insofar--going back to the--to the out--

6 A. Well we might--might I also add that there was another
7 finding within the neck that confirmed that the abrasions on the
8 anterior surface of the neck were of an antemortem nature, that is,
9 occurring before, uh, uh, a death. That is specifically on gross
10 examination, there was an area suggestive of bleeding underneath
11 the voice box, on the lining of the voice box that subsequently on
12 microscopic evaluation revealed that there was bleeding or
13 hemorrhage at that site giving additional information that, uh,
14 when the injuries occurred to the outside surface of the neck, the
15 child was alive.

16 Q. Now insofar as going back to the--to the external
17 examination for awhile yet, uh, on the right upper extremity, that
18 portion we call the right upper extremity which I believe is hands,
19 uh, forearm, shoul--up to the shoulder or so, what did you find in
20 your examination of that particular area externally?

21 A. There were multiple abrasions, scrapes to the skin
22 located on the front lateral and, uh, posterior surfaces of the arm
23 and forearm as well as the hand and focally to involve the digits.

24 Q. And when we start talking about these abrasions, what
25 sizes are we talking about in these terms?

26 A. The abrasions located on the back of the left hand
27 measured one point five centimeters, uh, maximally; that would be
28 up to approximately, uh, uh, five-eighths of an inch located on
29 the, uh, uh, back of the, uh, uh, arm as well as the forearm, uh,

1 and on the palmar surface of the hand the abrasions measured up to,
2 uh, one centimeter which would be, uh, slightly greater than three-
3 eighths of an inch.

4 Q. And, Doctor, what about on the left; what did you find on
5 the left, uh--

6 A. There were--

7 Q. --extremity?

8 A. There were similar abrasions located on similar loca-
9 tions, the backs of the, uh, extremity as well as the front surface
10 of the extremity, uh, and measured, uh, approximately the same size
11 up to, uh, one centimeter, and the equivalent of slightly greater
12 than three-eighths of an inch.

13 Q. Doctor, if you would, tell the ladies and gentlemen of
14 the jury what a defensive posture wound is, please, sir.

15 A. A defensive posturing injury or wound is a wound, uh,
16 pattern identified on an individual consistent with that individual
17 trying to ward off an attack. Usually it's found over the back of
18 the hand, uh, as well as the, uh, forearm, but may also be found on
19 the palm or front surface of the hand. Uh, they can consist of
20 abrasions, contusions, and sometimes even slash wounds or, uh, uh,
21 other types of injuries.

22 Q. Doctor, do you have an opinion based on the training and
23 experience in your field to a reasonable certainty as to whether or
24 not these injuries that you observed on both the upper right and
25 the upper left, uh, extremity of Christine Jackson were in fact
26 such injuries, that is, defensive posturing injuries?

27 A. They would be in part consistent with, uh, defensive
28 posturing injuries.

29 Q. And consistent with what else, Doctor?

1 A. Other types of injuries.

2 Q. Such as? Describe that for the ladies and gentlemen of
3 the jury, if you would, please, sir.

4 A. They were subsequently identified, uh, by another expert
5 that was called into this case.

6 Q. Now, Doctor, insofar as the right lower extremity and the
7 left lower extremity, what did you find on your examination of
8 those areas?

9 A. Again, there were abrasions or scrapes to the skin
10 located predominantly on the front surfaces of the extremity, uh,
11 located on the thighs, uh, as well as the, uh, lower part of the
12 extremity, and, uh, near the, uh, uh, back of the right knee, and
13 those individually measured up to, uh, approximately two centi-
14 meters which would be, uh, approaching three-quarters of an inch.

15 Q. Once again, Doctor, are these injuries consistent with
16 that which we have already discussed as, uh, defensive posturing
17 injuries?

18 A. Those would be less likely to be defensive posturing
19 injuries. They--they're located in areas that are not commonly
20 associated with defensive posturing injuries in that the--the
21 defensive posturing injuries are commonly found on the backs or the
22 fronts of hands and forearms.

23 Q. Insofar as these injuries are concerned though, we're
24 talking about the tops and insteps of feet and things of that area,
25 is that correct?

26 A. Yes, sir.

27 Q. Doctor, do you have an opinion insofar as a reasonable
28 medical certainty is concerned as to whether or not based on your
29 observations on the exterior of the body of Christine Jackson she,

1 in fact was thrashing and fighting as best she could for her life?

2 A. I do, sir.

3 Q. And what is--

4 BY MR. KESLER: Your Honor, we'll object to the--
5 the--the latter phrasing of that question.

6 BY THE COURT: Overruled. You can answer.

7 Q. And what is that opinion, Doctor?

8 A. She was, sir.

9 Q. Doctor, you--you've already commented on some green
10 discoloration. Where did you find that green discoloration?

11 A. That was found over the abdominal wall.

12 Q. And what was that indicative of? Explain how that green
13 discoloration got there and--and what that is in fact indicative
14 of.

15 A. That is supportive of, uh, decomposition change,
16 specifically putrefication; there was the production of sulfhydryl
17 groups by the bacteria in the GI tract after death and sulfhydryl
18 groups, uh, have sulfur in them by definition, and they impinge a
19 green discoloration to anything they come in contact with. It's
20 indicative of bacteria growing after death, a specific type of
21 bacteria that metabolized sulfur in part and they produce a, uh,
22 distinctive green, uh, color that was found on the decedent's, uh,
23 abdomen.

24 Q. Doctor, having comple--

25 BY THE COURT: Excuse me. Let me interrupt you
26 just a moment, counsel. I'm going to take a brief recess
27 here. We've been going a pretty good while; I'm going
28 to take a brief recess. We must finish this physician's
29 testimony today, but I do also want to keep the jury's

