

Testimony
Health Services Interim Committee
July 27, 2016
University of North Dakota, School of Medicine and Health Sciences

Good morning Chairman Lee and members of the Health Services Interim Committee. My name is Dr. Mark Koponen and I am presenting this testimony at the request of Dr. Mary Ann Sens who could not attend today due to family medical reasons. Dr. Sens and I are in the Department of Pathology at UND School of Medicine and Health Sciences. We teach medical and health science students; provide and participate in public and population health monitoring and reporting; engage in scholarly activities in North Dakota and nationwide; and provide death investigation and forensic pathology services to North Dakota and other stakeholders in the region. I am here today to provide information you requested regarding a systems approach to death investigation and forensic pathology in North Dakota. To accomplish this, I will briefly outline where we are now and where the gaps occur in service delivery. I will outline a plan which could, in a cost-effective and synergistic way, bring death investigation in North Dakota to national expectations and standards.

Two offices, one in Bismarck and one in Grand Forks is working well for the State. Efforts are needed to stabilize adequate funding for Grand Forks operation. For several reasons, there is a more effective cost structure to this office, however, the significant disparity of funding (~ 1.5 M in Bismarck vs \$ 640,000 in Grand Forks per biennium) for the same population served and autopsies done creates challenges and fiscal vulnerability to operations in Grand Forks. This should be stabilized for future operations.

Currently, we have county based Coroners, with some Coroners, especially physician coroners, serving multiple counties. We have had this since Statehood; the "Physician Coroner" was state of the art in the 1800's; it is now widely replaced with more effective, efficient and responsive systems. North Dakota Coroners have a wide variation in background knowledge base, time and resources. Many are great, dedicated Coroners; others are challenged in performance. Counties have widely varying costs and resources for Coroners and death investigation functions.

In 2009, the ND Legislature revised the Century Code to allow State Forensic Examiner (or designed Forensic Pathologist) to require Coroners to report cases to the State Forensic Examiner and to allow the State Forensic Examiner to assume jurisdiction and investigate, including ordering an autopsy. Although well-intended, this provision is not working optimally. Many cases are not called to the Coroner; the Coroner does not report many cases to the State Forensic Pathologists; in short, we know we are missing cases which should be reported and investigated. Just a few months ago, we nearly missed the unexpected death of an infant; when we assumed jurisdiction with BCI, this was found to be a homicide. Numerous other examples exist; the frightening reality is we may not know what we are missing. We have provided assistance, on-line and in person training to Coroners, law enforcement and first responders within their counties. In the last year we held sessions in Grand Forks, Bismarck, Devils Lake, Watford City, West Fargo, Williston and on Aug 2, we will be in Minot. Education has helped but under-reporting of cases still exists. We believe there are cases missed and the State and citizens are not optimally served. We believe in addition to education and outreach, changes may be needed to structure of Coroner reporting to bring our system in line with more modern systems while maintaining local responsiveness. A regional system of trained death investigators, receiving reports directly from first responders and then reporting directly to forensic pathologist would enhance the system operation.

Building and infrastructure issues: The building in Bismarck was built for an anticipated 200 cases a year; this is far exceeded. It has limitations of body capacity and would need remodeling / addition for a second pathologist to assure 6 or 7 day a week operations. It is immediately adjacent to the new Crime Laboratory, which also is nearly out of space. There may be synergy in design of a new morgue and transfer of current facility to expanding crime laboratory needs. Grand Forks building was designed with ample body capacity and mortuary function; however offices and storage are largely at UND or a temporary annex. Neither Grand Forks nor Bismarck have basic level modern imaging, like Lodox (although the Grand Forks facility has space and electrical infrastructure necessary). There are no Level III biohazard facilities in North Dakota. These capital infrastructure needs could be addressed in staged plans as finances allow with a premier facility in the Bismarck area and enhancements to Grand Forks facility. Finally, although most of the state is within the national recommendation of a mortuary within a 2 hour drive (one way), the North-western “oil patch” exceeds this standard. A stronger base of death investigation within this region may be one solution short of a third mortuary based in the Williston/Watford City area.

Service expectations: A strategy for accreditation of all facilities, regional expansion of certified death investigators, educational and training programs for all within the medicolegal death investigation system are all critical to establish and maintain for North Dakota. The timely reporting and analysis of cases for public health, public safety, legislative needs and workforce safety must be integral to the system. Our information resources are not currently tailored or robust to provide this data in a timely manner. There are safety gaps we must monitor, for example the drug and opiate epidemic, growing family and workplace violence and the growing tragedy of suicides, particularly in youth and military, both with growing numbers. Farm and work-place safety is critically important in our state and monitored through fatality analysis. Sudden and unexpected deaths are often preventable with molecular diagnostic testing and / or risk analysis and education. Our families and citizens need to be served; even the support and referral of grief counselors for unexpected and violent deaths may produce future reductions in death and improved mental health. Finally our services and interactions must be respectful, timely and of service during time of stress and great need. These are all measurable components of a system we need to create on a statewide scale.

This concludes my testimony. I am happy to answer questions or to refer questions to Dr. Massello, Sens, UNDSMHS, ND DOH or others.