Coroner Systems in Investigation of Deaths in Custody

System Designs in US – Four types

a. State Medical Examiners – 22 states broken into either centralized, county/district level
    1. Centralized - state- level medical examiner office is responsible for conducting death investigations.
       Will typically appoint regional or local deputy medical examiners throughout the state, but all work done is under the purview of the state medical examiner.
       16 states – Alaska, Connecticut, Delaware, Maine, Maryland, Massachusetts, New Hampshire, New Mexico, North Carolina, Oklahoma, Oregon, Rhode Island, Utah, Vermont, Virginia, West Virginia (plus District of Columbia)
    2. County/District - 6 states Arizona, Michigan, Florida, Tennessee, Iowa and New Jersey. Five states have county level medical examiners that are appointed by county officials
       Three of these states also have a state level medical examiner that assists the county medical examiner with conducting autopsies. Tennessee, Iowa, New Jersey (County based with State ME)
       Florida is district based where multiple counties are served by a single appointed district.
b. County or District Coroners – 14 states
   Typically elected or appointed.
   May not need any formal education or medical training.
   Louisiana, Kansas and North Dakota are required to be licensed physicians.
   4 of these 14 states also have a state-level medical examiner, however, the county coroner is still the primary authority for determined cause and manner of death.
   The ME provides assistance to the county coroner by performing autopsies only.
c. Mixed County Coroner and State Medical Examiner -14 states
   Typically elected coroners or appointed.
   9 of these 14 states require the Coroner to hold a medical license.
   In 2 of these states, the State Medical Examiner Oversees the County Coroners.
   The state ME provides the services of autopsy .

Alabama – County Coroners (elected in most counties); State Forensic Sciences provides Tox and Autopsy services at no cost; No oversite of Coroners

Strengths

- Cost
  The county coroner system can perform death investigations at a significantly reduced cost compared to a medical examiner system.
  County is the funding source for these offices.
  Coroner can determine what type of testing needs to be performed, if any.
- Scene Investigation
  Most counties are small enough that they can provide the essential scene investigation for all deaths.

Weaknesses

- Elected Coroner
  No real qualifications - AL requirements are 25 years old, high school graduate, live in the county, must not be a felon and registered to vote. They are typically elected with no medical knowledge/forensic knowledge and cannot make an accurate determination of cause and manner of death.
- Funding
  Elected Coroners are funded by the county they serve. In an ongoing Alabama study, we have found that the average coroner's office receives less than 0.1% of the counties' yearly budget.
  The offices do not receive funding for basic tools needed to perform the job i.e., camera, morgue, body bags, disposables, phone, office, vehicle, computer.
  In counties where the population is less that 50K, which is half of the counties in AL, the Coroner has another full time job, due to lack of financial support. Leads to the question if the job of Coroner is being fulfilled to the extent it should receive.
  Low pay and lack of office support, makes the job unappealing to more qualified candidates.
  In some cases, the office is held by a Funeral Home Director, which is in my opinion, a direct conflict of interest.
  Funding also effects the over support staff of the Office. There is often no pay for any other employee, which leads to poor death investigations or death investigations not being performed, particularly scene investigations.

- Lack of knowledge about the Role of Coroner
  County officials, state officials, the population as a whole (and sometimes the Coroner himself) lack the knowledge of the importance of the Coroner.
  They do not know what we do and the implications (for the county, state and country) of not doing the job accurately.
- Lack of Standards for Investigations
  Alabama has no standards for investigation.
  Besides the State Medical Examiner System and Jefferson County, there are only 2 County Coroner offices that are IACME accredited.
  There are no state mandates for following the national standards and recommendations for coroners.
  The Code of AL is vague, ambiguous and outdated to current practices.
  Law makers, state and local, have no interest in changing or updating mandates.
  This again, is in part due to lack of understanding the importance of our job and funding requirements.

<u>Opportunities</u>

- Mandated Protocols/Standards
  Change current practices to align with national recommendations; specifically on what is reported, defined roles/powers, investigation functions and procedures, defined autopsy requirements
- Mandated Oversite
  A state board to oversee hold Coroners and Counties accountable, with enforceable implications
- Hospital and Doctor Requirements
  Mandated education for all current physicians and students on accurate death certification.
  Education on what cases require involvement or consultation with the coroner
- Funding
  Increased funding, with certain requirements, to bring all county coroner offices up to professional and national recommendations.
  There are some federal grants available to ME and Coroner offices, however, these grants rarely, if ever, make it into the hands of a true elected county coroner such as AL.
  Funds coming into the state, must be earmarked specifically for the county coroner NOT the state ME.

Threats

- Poor understanding of Deaths
  Without real changes in the county coroner system, we will fail to realize true causes of death within our communities and states.
  We need to understand the causes, circumstances, populations and places of deaths occurring within our communities and state.
  By knowing this vital information, we can make a true effort into combating disease, promoting lifestyle changes, providing mental healthcare, directing medical research, understanding socioeconomic needs

Deaths in Custody – Alabama

- Unique situation in AL
- 2 Universities that were contracted with ADOC(AL Dept of Corrections) have stopped doing autopsies for the DOC after a series of law suits by families of inmates.
  UAB and USA were contracted to do all "natural" death cases for the DOC.
  The State Dept of Forensics (ADFS) refuses to do any "natural" autopsy cases for DOC.
  ADFS will only perform autopsies from DOC in homicide or suspicion of homicide cases.
  ADFS will not perform any autopsies of cases of potential or probable overdose.
  ADFS will not even perform the toxicology draw for these cases.

  The exception to this is the independent Medical Examiner County of Jefferson.
  Jefferson County assumes jurisdiction of all DOC deaths within Jefferson County and performs full autopsies on all the cases.

  Why are DIC important?
  Unique population
  - The responsibility of the person in custody has shifted to a law enforcement officer or the State agency. That agency is now responsible: food, shelter, clothing, basic health care and safety of that individual – safety from themselves and others.
  - Transparency is a necessity!

- Notification of the Coroner
  All in custody deaths must require the notification of the coroner no matter what is believed to be the manner of death.
  Coroner must respond and perform a death investigation to include autopsy or medical record review.

- Compile, track and report all deaths in custody
  Currently in AL there are no accurate statistics on deaths in custody and no mandated reporting system.
  Most deaths certifications are done by the contracted prison healthcare physicians or the warden. This is an egregious conflict.

Jefferson County Medical Examiner, who is independent of ADFS, is the only consistent system in AL that assumes jurisdiction on all in county in custody deaths and completes the medical certification of death for these cases.