



Pathology Biology Section – 2007

G91 Preliminary Findings of the Bureau of Justice Statistics 2005 Census of Medical Examiner and Coroner Offices

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After attending this presentation, attendees will gain an enhanced understanding of the nation's death investigation systems. The presentation will be based on findings from the Bureau of Justice Statistics (BJS)-funded Census of Medical Examiner and Coroner Offices (CMEC).

This presentation will impact the forensic community and/or humanity by providing the forensic community with reliable and previously unavailable information on the personnel, functions, resource needs, workload, and specialized death investigations reported by U.S. medical examiner and coroner offices.

Medical examiner and coroner offices serve the public by conducting medicolegal investigations, primarily of unnatural or suspected unnatural deaths, throughout the United States. The 2005 Census of Medical Examiner and Coroner Offices (CMEC) represents the first data collection effort by the Bureau of Justice Statistics (BJS) to focus on medicolegal investigations of death. The goal of the census is to provide accurate and timely information on the capabilities and resource needs of medical examiners and coroners. RTI International, a nonprofit research organization, administered the census on behalf of BJS.

Medical examiner and coroner offices were asked to voluntarily complete the census, which covered a variety of topics, including jurisdictions, budgets, funding sources, staffing, workloads, data and database usage, records and evidence processing and retention, and investigations of infant deaths and unidentified decedents. The collection effort began in October 2005, when the census was mailed to 1,920 medical examiner and coroner offices. As Hurricane Katrina had recently devastated the states of Louisiana, Mississippi, and Alabama, the census was not sent to these states during the first phase of the data collection effort. In February 2006, the census was mailed to 154 medical examiner and coroner offices in Alabama and Mississippi. The data collection effort will be finalized by August 2006.

A multimodal data collection process enabled the death investigation offices to complete the census by mail, facsimile, or Web (<https://cmec.rti.org>). All offices were mailed a unique access code for Web access. In a final effort to improve response, RTI and BJS developed a reduced-length survey instrument that collected basic information about laboratory operations. Currently, the overall response rate for the CMEC is 85%, and the response rate for offices covering populations of 250,000 or more is 92%. Of the 49 states included (Louisiana was omitted), 23 had a 100% response rate across their medical examiner and coroner offices. Overall response rates for medical examiner and coroner offices were similar.

This presentation will highlight similarities and differences in the nation's medicolegal death investigation systems. Variables include the types of systems found across states, expenditures, caseload measures by type of procedures involved, turnaround times for case completion, investigation protocols, and reporting levels for specialized death investigations. For example, the geographical distribution of types of offices, as well as aggregate population and jurisdictional coverage, will be detailed. In addition, the number of accepted cases for 2004 will be presented, with discussion of the various functions performed on a case, such as death scene investigation, autopsy, toxicology, and crime scene processing. This presentation will also summarize the policies for handling unidentified human decedents and infant deaths, as well as the related caseloads and resource needs.

The CMEC provides valuable information on the status and needs of medical examiner and coroner offices in the United States. Information collected in the 2005 CMEC may emphasize specific funding requirements or other areas that require further assessment of the nation's death investigation systems. These preliminary data represent the compiled data that will be available in a comprehensive BJS report on <http://www.ojp.usdoj.gov/bjs>. Understanding these issues will inform the development of plans to improve both the efficiency and functionality of medical examiner and coroner offices.

Medical Examiner, Coroner, Census