

**BERRIEN COUNTY
MEDICAL EXAMINER
2014
ANNUAL REPORT**

**Office of the Medical Examiner
2149 E. Napier Avenue
Benton Harbor, Michigan 49022**

2014 Berrien County
Medical Examiner Report

I am pleased to present the first ever Berrien County Medical Examiner Report. Our activities provide valuable data for public health, the criminal justice system, families of the deceased, and the citizens of Berrien County. The medical examiner's office is not only concerned with events associated with the end of life but activities that prevent unexpected, un-natural, and needless deaths. Participation in activities such as the Child Death Review Team and Fetal-Infant Mortality Review continue. Medical Examiner and Public Health activities intersect in many areas. I would like to thank law enforcement, the medical community, emergency medical technicians, local funeral homes, and our forensic pathologists Dr. Stephen Cohle and Dr. David Start at Spectrum in Grand Rapids.

A Few Reflections of a Medical Examiner Relating to Public Health:

1. So many deaths associated with smoking and hope that decreased smoking and smoke free environments will dramatically improve this.
2. How few individuals die of communicable disease (once upon a time the leading cause of death by far).
3. The tragic number of deaths from substance abuse and violence, which calls for a targeted focus of this issue at home, school and the community.

While thanking the County Commissioners for their support of this program, I am incredibly grateful to Kim Rodgers (my Executive Staff Assistant), Mary Baker, and the entire team!

With Gratitude,



Frederick (Rick) Johansen, MD, MPH

Since March, 2014, the Berrien County Medical Examiner's Office has undergone a few changes due to the untimely death of Chief Medical Examiner Dr. Robert L. Clark. Dr. Rick Johansen, the Medical Director of the County Health Department and Deputy Medical Examiner, accepted the appointment to the Chief Medical Examiner position by the County Commissioners. Berrien County now has a structure utilized by the majority of Michigan Counties: a non-pathologist medical examiner. Therefore, all forensic autopsies are now being performed at Spectrum Health in Grand Rapids by Drs. Steven Cohle and David Start. In fact, they have been performing some forensic autopsies for the county for many years.

Dr. Clark employed four Medical Examiner Investigators to assist him in his investigations: DeWayne Hellenga, retired Michigan State Police Officer, Lori Hellenga, Emergency Room Registered Nurse at Lakeland Medical Center, St. Joseph, Josh Kay, SMCAS paramedic and Mary Baker, retired Pathologists' Assistant. With 231 deaths referred to the ME Office in 2014, Dr. Johansen was responsible for issuing 192 death certificates and ME Reports. Administrative Assistant Kim Rodgers was enlisted to help Dr. Johansen with filling out the certificates and other duties that Dr. Clark handled, but this impacted her regular duties. The Chief Administrative Medical Examiner Investigator position was created by Dr. Johansen and approved by the Commissioners. The position was accepted by Mary Baker, who was employed by Dr. Clark and Pathology Associates for 27 years as a Pathologists' Assistant prior to her retirement.

Medical Examiner Program Expenitures 2013 and 2014

	2013	%	2014	%
Medical Examiner (Compensation)	15,000.00	8.95%	19,195.06	8.96%
Autopsies	41,692.26	24.89%	74,186.85	34.62%
Body Transport	44,201.50	26.39%	37,281.18	17.40%
Office Supplies / Other	1,373.07	0.82%	1,645.25	0.77%
Contractual Services	13,098.46	7.82%	18,291.85	8.54%
Health Services	52,150.00	31.13%	63,670.00	29.71%
Total	167,515.29	100.00%	214,270.19	100.00%
Average Cost/Case Investigated	\$841.79		\$919.61	

Deaths in County	1558		1723
Referred to ME Office	199		231
% of Deaths referred to ME Office		12.77%	13.40%
ME Cases Autopsied	22		38
% of ME Cases Autopsied		11.06%	16.45%

Demographics of Medical Examiner Cases

Figure 1: Medical Examiner Cases by Race/Ethnicity

White	Black	Hispanic	Native American	Asian/Middle Eastern	Other *	Total
188	36	1	2	2	2	231

* Race/Ethnicity not specified in report.

Figure 2: Medical Examiner Cases by Age at Death

<1	1-5	6-16	17-25	26-44	45-64	65+
6	2	3	21	39	89	71
				2		

Medical Examiner Reportable Deaths and Autopsy

The Michigan County Medical Examiners Law, P.A. 181 of 1953, as amended, and the Michigan Public Health Code, P.A. 368 of 1978, as amended, mandates that specific types of deaths (listed below, left) be referred to the medical examiner for investigation. Medical examiner investigation of a death may also be ordered by the county's prosecuting attorney, the Michigan Attorney General or, upon the filing of a petition, signed by six (6) electors of a county. Not all deaths referred to the medical examiner for investigation necessarily result in an autopsy; however, an autopsy is generally ordered in certain circumstances (listed below, right), to determine more accurately the cause and manner of death.

Types of Deaths Reportable to the Medical Examiner, P.A. 368 of 1978

1. Sudden deaths and unexpected deaths (all deaths occurring in operating room, in recovery room, anesthesia related, natural death but not expected, occupational related deaths, subdural hematoma, intracerebral hemorrhage, etc.)*
2. Accidental deaths (motor vehicle, burns, drowning, falls, broken bones, drug overdose, drug toxicity, subdural hematoma, recent or past trauma, etc.)
3. Violent deaths (homicide, gunshot, stabbing, suicide, subdural hematoma, etc.)*
4. Suspicious circumstances surrounding a death.*
5. Deaths occurring as a result of an abortion.
6. Upon written order of the prosecuting attorney or the attorney general or upon the filing of a petition signed by six (6) electors of a county.
7. Death of a prisoner in any county or city jail who dies while so imprisoned.
8. If a fetal death occurs without medical attendance at or after the delivery.

In terms of a physician attendance: for the purposes of the medical examiner program, we consider that an investigation is required when:

- A. The deceased was last seen by a physician more than **ten (10) days before his or her death, if the cause of death appears to be other than the illness or condition for which the deceased was being treated.
- B. The attending physician cannot accurately determine the cause of death.
- C. When the deceased has not received any medical attention during the ***48 hours prior to the hour of death unless the attending physician, if any, is able to accurately determine the cause of death.

* All trauma related deaths no matter when the trauma occurred.

** The ten (10) day requirement relates solely to physician attendance.

***The 48 hour requirement triggers an investigation when there has been no medical attendance of any kind (i.e., nursing care, etc.)

Types of Medical Examiner Cases for which Autopsy is Generally Ordered

1. Sudden deaths and unexpected deaths only when in the medical examiner's judgment, sufficient medical history is not available to determine cause and manner of death.
2. Accidental deaths such as motor vehicle, burns, drowning, etc. If an individual has been hospitalized for a length of time, it is the medical examiner's decision to order an autopsy.
3. Violent deaths such as homicide, suicide, gunshot, stabbing, etc.
4. Suspicious circumstances surrounding death, including unidentified bodies.
5. Death related to an abortion.
6. Sudden infant deaths (SIDS) and deaths of children 18 and under without significant medical history.
7. Death of a prisoner imprisoned at any county or city jail.
8. In a fetal death occurring without medical attendance at or after delivery.
9. An autopsy may be ordered at the discretion of the medical examiner if the cause of death appears to be other than the illness or condition for which the deceased was being treated, or if the attending physician cannot accurately determine the cause of death.
10. Anesthesia-related and unexpected deaths of patient in health care institutions.
11. Partial autopsies are not done because it is not best practice.
12. Views are performed in cases in which there is adequate history to explain the death, but there are external findings, such as injuries, that require direct examination to determine whether they may be significant injuries that mandate full autopsy.

Manner of Death

Figure 3: Medical Examiner Cases by Manner of Death

Natural	Accident	Suicide	Homicide	Indeterminate
125	74	26	4	2

Figure 4: Manner of Death by Race/Ethnicity

	Natural	Accident	Suicide	Homicide	Indeterminate
White	98	63	23	2	2
Black	22	9	3	2	
Hispanic		1			
Native American	1	1			
Middle Eastern	2				
Other	2				
Totals	125	74	26	4	2

Figure 5: Homicides by Race

White	Black	Hispanic	Other
2	2		

Figure 6: Homicides by Age

0-19	20-44	45-64	65+
	3	1	

Manner of Death

Figure 7: Homicide Cases by Method Used

Gun	Asphyxia	Stabbed	Assault	Other
4				

Figure 8: Gun Homicides by Age

0-19	20-29	30-39	40+
		2	2

Figure 9: Suicide Cases by Race

White	Black	Hispanic	Native American	Other
23	3			

Figure 10: Suicide Cases by Age

1-19	20-44	45-64	65+
2	10	12	2

Figure 11: Suicide Cases by Method Used

Gun	Hanging	Drug Overdose	Carbon Monoxide	Other
11	11	2	2	

Cause of Death

Figure 12: Drug Deaths by Age

<21	21-44	45-64	65+
2+	24	12	2
+ Both Alcohol			

Figure 13: Drug Deaths by Gender

	Female	Male
Accident	10	26
Natural With		
Drugs Mentioned		2
Suicide	1	1

Figure 14: Medical Examiner Cases by Cause of Death

Natural	Vehicle*	Bike/Ped.*	Gun	Drug OD*	Poison*	Fire	SIDS	Fall	Asphyxia*	Other*	Indeterminate
125	11	3	14	34	6	0	0	10	18	9	1

* Vehicle: Car/ Horse & Buggy

* Bike/Pedestrian: Pedestrian-Train/Car/Truck

*Drug OD: Drug Overdose including Alcohol

*Poison: High Carbon Monoxide Levels Due to Fire

*Asphyxia: Hanging/Chest Compression/Positional Asphyxia/Aspiration

*Other: Hypothermia/Tree Fall/Drowning/Pulmonary Emboli/Jumping from Overpass/Medical Complications of Prematurity

