**Forensic Pathology Support for the Drug Crisis**

Forensic pathologists work as medical examiners or for coroners to perform autopsies to determine the cause and manner of death. There has been a severe shortage of forensic pathologists, but now they are being overwhelmed by drug overdose cases. State and local governments have not been able to keep up with this crushing burden. Some offices have stopped performing toxicology to save costs due to the strain on their budgets. The Connecticut Medical Examiner's Office lost its accreditation over the forensic pathology workloads and Maryland expects to lose its accreditation.

The first or second sentence on the current opioid crisis by then President Obama and now by President Trump is the number of deaths due to drug overdoses. It is this mortality data that emanates from medical examiner and coroner offices that defines the crisis and how the citizenry relates. The federal government would like to use this objective statistic to measure the success of their response. It would be useful to tie drug seizures to deaths, when confronting Chinese officials in discussions over their efforts to stop the flow of mail-order drugs to the U.S. There are many reasons why the current data is untimely and poor.

Medical examiners and coroners have full authority to conduct the forensic toxicology testing on the biologic specimens needed to conclusively determine the drugs in a body falling under their jurisdiction. Emergency rooms conduct only drug screens for routine drugs—these tests are unconfirmed and suffer from a lack of specificity and sensitivity. These offices routinely collect the place of death, the home of the decedent, and often the place of work of the decedent, that would be useful for cluster intelligence/investigatory information. Cellphones at scenes might harbor the telephone number of their dealer.

Despite the hundreds of millions of dollars the federal government has expended on the drug crisis, virtually none of it has gone to the medicolegal death investigation community—forensic pathologists and forensic toxicologists. It is an overlooked gap in the federal response that requires attention—it falls outside of prevention, interdiction, and treatment efforts.

There is no federal medical examiner system, except for that of the Armed Forces. HHS has a total of perhaps three forensic pathologists, none of which are practicing forensic pathology and all are buried deep in the system; the CDC has none. Thus, there has been no one within the federal government to recognize and give voice to this need. Medicolegal death investigation is a state and local concern--yet, the federal government has a strong interest in the data from medical examiners and coroners.

A National Office of Medicolegal Death Investigation has been proposed by the National Commission on Forensic Science. The Consortium of Forensic Science Organizations, that represents 21,000 forensic scientists and particularly by the National Association of Medical Examiners (NAME) and the International Association of Coroners and Medical Examiners (IACME), has drafted legislative language for a proposed Office of Forensic Medicine (OFM) within the CDC. This proposal calls for a revenue neutral wiring diagram change that would create an office, directed by a forensic pathologist, with an operational mission and grant-making capacity to help address this need; however this sets up a mechanism for funding streams that can be added later. This proposal also broadens the scope of the Office to include living victims treated by forensic nurses, forensic psychiatrists, and other forensic medical specialties.

We believe the creation of an OFM within CDC is needed to help address the drug crisis.