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Opinion: Overburden on Death Investigation System Will Worsen Without Roe v. Wade

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by *Nicholas V. Passalacqua, Marin Pilloud and MariaTeresa Tersigni-Tarrant*

Death investigations are an important, although an under-appreciated aspect of public health. Data on cause and manner of death, which are generated from autopsies and death investigations, are crucial to identifying public health issues. Once these issues affecting mortality are identified, public health initiatives can be developed to increase awareness and change behaviors which may result in death from these types of concerns. For example, it was in part because of the U.S. medicolegal death investigation system that we were able to understand the true extent of the opioid epidemic.

However, the U.S. medicolegal death investigation system is [currently pushed to the brink](#) due to the limited number of trained forensic professionals, and the inadequate resources to pay staff and produce analytical results. Forensic pathologists, the medical doctors who perform medicolegal autopsies, have unique expertise that requires around 13 years of education and training. However, they are severely underpaid and overworked.

Forensic anthropologists, like the authors of this piece, who are experts in the analysis of human skeletal remains, are no different. To make matters worse, the opioid crisis and the COVID-19 pandemic have only added to these disparities, resulting in increasing



overwork, burnout, and a further reduction in the workforce of forensic pathologists and other death investigation staff as they seek other less demanding and better paid professional opportunities.

The recent Supreme Court ruling to overturn Roe v. Wade will greatly limit access to safe abortions across the United States. Restricting access to safe abortions will result in increases in unwanted pregnancies being carried to term. Unwanted pregnancies result in unwanted children, with “unwantedness” being strongly associated with child abuse and neglect by parents and caretakers and that “[safe] abortion availability may reduce the number of unwanted children born to all women, leading to lower rates of child abuse and neglect.” (Bitler and Zavodny 2002:363).

In our capacities within death investigations, we frequently witness deaths resulting from child abuse. These cases are sometimes characterized by what is described as a “constellation of injuries,” because fatal abuse is often the end result of repeated instances of physical abuse which cause fractures in multiple bones that attempt to heal and are re-broken by later abuse. Fatal child abuse cases are horrifying to investigate due to the senseless nature of this type of violent and brutal death.

The U.S. already has the highest infant mortality rate among wealthy nations and this number will only continue to increase without access to safe abortions. Child maltreatment is already considered a “hidden epidemic,” on [average resulting in the deaths of 5 children every day](#). National statistics show child abuse and neglect fatalities per year increasing from 2015-2019. However, child abuse deaths are difficult to investigate due to the role of caretakers and the inability of infants to advocate for themselves prior to death (just consider the outcome of the Casey Anthony trial from 2011). Because of these type of issues, others have estimated fatal child maltreatment deaths may be under reported by as much as 75% (Schnitzer 2013). Increasing the potential for child abuse deaths at a time when the U.S. death investigation system is already struggling is a recipe for disaster. Not to mention the added potential deaths of mothers who may die from botched abortions.

We routinely see the fatal results of unwantedness in the form of violent deaths from child and domestic abuse and unsafe abortions. As we bear witness to these tragedies, we beg others to acknowledge the suffering and unnecessary death that limiting access to abortions will cause. We urge everyone who believes that life is precious to work to ensure that abortion care is safe, legal, and readily available across the U.S. Without this basic reproductive care, people will die, and the system designed to investigate the cause of these deaths will be unequipped to handle this additional and unnecessary burden.

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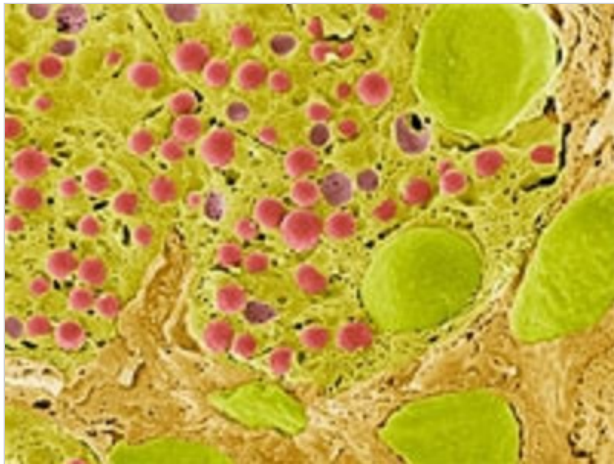
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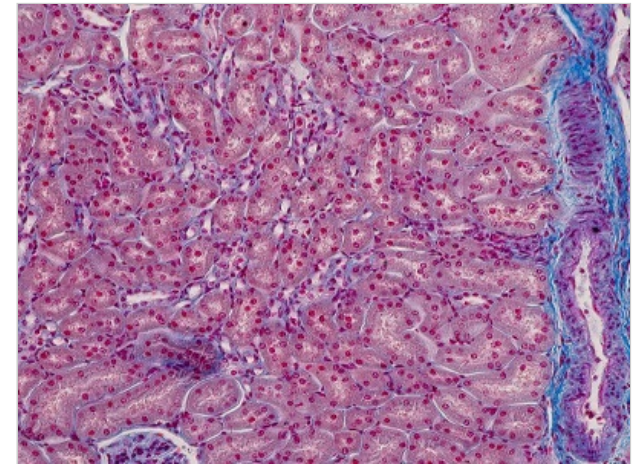
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