



OSCA NEWS

Ohio State Coroners
Association

Fall 2020

PRESIDENT'S MESSAGE



Darren C. Adams, DO
Scioto County Coroner

I am honored to assume the role of President of the Ohio State Coroners Association. I would like to thank each of you for electing me to serve you. It is a privilege to have the trust of my fellow members to lead this organization.

Due to COVID-19 restrictions, we have been having our regular board meetings via Zoom and had to postpone the annual conference. Hopefully we will be able to resume those in the near future. In the meantime, please bear with us.

With the continued support and dedication of my colleagues on the Executive Committee and the Board of Directors, I look forward to serving you as President. Feel free to contact me with any questions or concerns at our OSCA office email which is office@osca.net.

Thank you,

Darren C. Adams, D.O.

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UPDATES FROM OSCA'S EXECUTIVE DIRECTOR



David P. Corey, MBA
OSCA Executive Director

Welcome back to OSCA News! We are looking forward to providing you with relevant information and would like to provide you with a quick update on a few items: OSCA's new email address, an OSCA Education Update and 2020 Election

Dates.

As always, we hope that you will reach out to us with any questions, concerns or needs that your office may have.

Ohio State Coroners Association

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ohiocoroners.org

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UPDATES FROM OSCA'S EXECUTIVE DIRECTOR (continued)

NEW OSCA EMAIL ADDRESS

Many of you know that longtime OSCA Executive Secretary Judy Martin decided to retire on March 31, 2020 (after 44 years!). We all miss her very much, but we are excited for her future—CONGRATULATIONS Judy!!

You may have noticed that we've started using a new OSCA email address office@osca.net for OSCA communications. Please update your address book accordingly.

OSCA EDUCATION UPDATE

2020 Annual Meeting

- This CME requirement does not need to be met in 2020 since the Annual Education Conference was not held due to COVID-19.

OSCA's Full New Coroner Training Postponed to 2021 but abbreviated one scheduled for December 4, 2020

- At the September 16, 2020 Board Meeting it was decided to postpone OSCA's New Coroner Training Program, which was previously scheduled for December 4—6, 2020, to Fall/Winter 2021. We know that attending the New Coroner Training Program in person is beneficial for both networking purposes and for live question/answer sessions so it would not be best suited to present it virtually or hybrid. This year's new coroners will be working with Kent Harshbarger, MD, JD, MBA (Montgomery County Coroner and OSCA's Chief Forensic Officer) individually to review the curriculum and will be connected to a local mentor.

Once things are "back to normal", we will be able to conduct the New Coroner Training in person and will be able to capture new deputies and staff members. Once the new 2021 date has been determined we will provide you with an update.

The December 4, 2020 Abbreviated Training for New Coroners will be held from 3:00 pm—5:00 pm (ET) via Zoom. Look for a registration email soon and a virtual Zoom link.

Current CME Opportunity

- Death Certificate Training—We have applied for two (2) CME credit hours for the Death Certificate Training presented on September 15, 16, 24 and 25 by Kent Harshbarger, MD, JD, MBA (Montgomery County Coroner and OSCA's Chief Forensic Officer) and his office. We will provide an update once the application has been approved by the American Academy of Family Physicians. Additional training dates are December 5th and 11th. Look for a registration email soon.
- Mass Fatality Virtual Tabletop Exercise —On September 30, 2020 we completed the Mass Fatality Virtual Tabletop Exercise which had a cross section of coroners, funeral directors, emergency management agencies, national guard, etc. attend. We are planning to hopefully conduct this program virtually for

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UPDATES FROM OSCA'S EXECUTIVE DIRECTOR (continued)

each OSCA Regional Meeting this Fall/Winter. The content will be narrowed to two hours and it will be very worthwhile to have each county coroner's office be involved so they can regionally identify some additional challenges, best practices and gaps. Once the Regional Meeting dates have been determined we will provide you with an update.

Future CME Opportunities

- 2021 Annual Education Conference, Embassy Suites, Dublin—May 6-8, 2021
- 2021 New Coroner Training, DoubleTree, Worthington—Date Coming Soon, Fall/Winter 2021

2020 ELECTION INFORMATION

November 3—General Election

November 24—Results Certified by
County Boards of Election

**HAS YOUR OFFICE'S CONTACT
INFORMATION CHANGED?**

Please send us an update—office@osca.net

HELPFUL LINKS AND RESOURCES

It was discussed at the September 16, 2020 Board Meeting to work towards creating an OSCA Resource Page and/or Lists to help share useful information. We will continue to provide this information in future newsletters and will eventually add them to OSCA's website.

Below you will find a list of **COVID-19 Coroner –related Websites** provided by Lisa Mannix, MD (Butler County Coroner) and her office. Also provided is a **Forensic Anthropologist** list provided by several of OSCA's Board Members.

COVID-19 Coroner-related Websites:

Ohio Dashboard

<https://coronavirus.ohio.gov/wps/portal/gov/covid-19/dashboards/overview>

PM guidelines—Updated 3/25/20, 4/30/20, 6/4(15)/2020

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-postmortem-specimens.html>

CDC MDI FAQ

<https://www.cdc.gov/coronavirus/2019-ncov/community/medicolegal-faq.html>

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HELPFUL LINKS AND RESOURCES (continued)

NAME dropbox

<https://name.memberclicks.net/covid-19>

IACME

<https://theiacme.com/page/COVID-19>

EPA N-list

<https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2>

National Funeral Directors Association

<https://www.nfda.org/covid-19/technical-information>

Release from isolation—Updated 7/20/2020

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-in-home-patients.html>

Health Care Worker Return to Work—Updated 8/10/2020

https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhealthcare-facilities%2Fhcp-return-work.html

FDA testing info

<https://www.fda.gov/medical-devices/emergency-situations-medical-devices/fags-diagnostic-testing-sars-cov-2#serology>

Forensic Anthropologist List (listing alphabetical by last name)

Dennis Dirkmaat, PhD, D-ABFA

501 East 38th Street Erie, PA 16546
814-824-2105
814-397-3771 (cell)

Cheryl A. Johnston, PhD, D-ABFA, FAAFS

Forensic Anthropologist
614-315-1598
johnston.268@osu.edu or cheryljohnston268@gmail.com

Elizabeth A. Murray, PhD, D-ABFA

Professor of Biology and Forensic/Biological Anthropologist Mount St. Joseph University
5701 Delhi Road Cincinnati, OH 45233-1672
513-244-4948
elizabeth.murray@msj.edu

2021 CORONER SALARIES AND ANNUAL OSCA DUES

Following are the salary tables for both Coroners **with a Private Practice** and **without a Private Practice** as certified by the Ohio Auditor of State. OSCA Membership Dues are **4½%** of the Annual Salary **plus** a \$750 Education Assessment to cover the cost of educational programs required by the Ohio Revised Code.

If the new population numbers place an elected official in a lower pay class, such official is to remain in his/her current pay class for the remainder of his/her current term of office. Ohio Revised Code Section 325.22 provides that an official's salary cannot be reduced during the remainder of his/her term of office on account of a decline in population of the county. However, upon commencement of a new term of office, such official would be paid at the lower salary to correspond with the 2020 census data.

Coroners with a Private Practice

| Class Number | Population range | Calendar Year 2021 Salary | 2021 Dues | Education Assessment | Total Due |
|--------------|---------------------|---------------------------|-----------|----------------------|-----------|
| 1 | 1 - 55,000 | \$34,768 | \$1,565 | \$750 | \$2,315 |
| 2 | 55,001 - 95,000 | 50,912 | 2,291 | 750 | 3,041 |
| 3 | 95,001 - 200,000 | 63,334 | 2,850 | 750 | 3,600 |
| 4 | 200,001 - 400,000 | 78,233 | 3,520 | 750 | 4,270 |
| 5 | 400,001 - 1 million | 88,166 | 3,967 | 750 | 4,717 |
| 6 | Over 1 million | 93,456 | 4,206 | 750 | 4,956 |

Coroners without a Private Practice*

| Class Number | Population range | Calendar Year 2021 Salary | 2021 Dues | Education Assessment | Total Due |
|--------------|---------------------|---------------------------|-----------|----------------------|-----------|
| 3** | 175,001 - 200,000 | \$143,099 | \$6,439 | \$750 | \$7,189 |
| 4 | 200,001 - 400,000 | 143,099 | 6,439 | 750 | 7,189 |
| 5 | 400,001 - 1 million | 146,575 | 6,596 | 750 | 7,346 |
| 6 | Over 1 million | 150,050 | 6,752 | 750 | 7,502 |

* Coroners serving counties of 175,001 or more in population and without a private practice shall receive supplemental compensation of 50 percent of their annual compensation provided in ORC Sections 325.15 and 325.18 provided that the following conditions are satisfied:

- The office operates as a regional forensic pathology examination referral center, and the operation generates sufficient coroner's laboratory fund income that exceeds the fund's expenses and is sufficient to provide the supplemental compensation;
- The coroner is a forensic pathologist certified by the American Board of Pathology; and
- The coroner performs a minimum of 75 post-mortem examinations annually.

If the coroner does not satisfy the first or third criteria, the coroner may still receive supplemental compensation of 25 percent of the coroner's annual compensation for serving as a Board-certified forensic pathologist and performing the county's forensic examinations. The supplemental compensation is subject to board of commissioner's approval.

** Class 3 for Coroners without a private practice begins with a population of 175,001, unlike Class 3 for the other county elected officials. This difference is due to the fact that the law only allows coroners in counties with a population of 175,001 or more to have the option to earn a higher salary in exchanges for forgoing a private practice.

OSCA MEMBERSHIP UPDATES

2021 Dues

Please refer to the Annual OSCA Membership Dues table on page 5 when planning your budgets. The 2021 OSCA Membership Dues Notices will be sent early January 2021.

2020 OSCA Membership Roll of Honor

We are pleased to report that **all 88 OSCA Members** have paid their 2020 dues and are placed on the **OSCA 2020 Membership Roll of Honor**.

Welcome New Coroners

Jason Stienecker, DO Auglaize County

209 S. Blackoff St., Suite 201

Wapakoneta, OH 45895

Phone: 419/739-6540

E-mail: coroner@auglaizecounty.org

Douglas Virostko, MD Coshocton County

349 Main St.

Coshocton, OH 43812

Phone: 740/502-0257

E-mail: douglasvirostko@coshoctoncounty.net

John J. Racciato, MD Defiance County

500 Court St., Suite A

Defiance, OH 43512

Phone: 419/782-4761

E-mail: coroner@defiance-county.com

Changes to the OSCA Membership Directory

Franklin County—New Mailing Address

Anahi Ortiz, MD

2090 Frank Rd.

Columbus, OH 43223

Phone: 614/525-5290

E-mail: amortiz@franklincountyohio.gov

Hancock County—New Email Address

Mark R. Fox, MD

200 W. Pearl St.

Findlay, OH 45840

Phone: 419/424-0380

E-mail: ahughes@bvma.com

Union County—New Email Address

David T. Applegate II, MD, MBOE, F-ABMDI

128 S. Main St.

Marysville, OH 43040

Phone: 937/645-4145

E-mail: dapplegate@unioncountyohio.gov

ELECTION OF OFFICERS & BOARD MEMBERS

Due to the fact that OSCA was unable to have our normal Election of Officers & Board Members at the cancelled OSCA's 2020 Annual Meeting, it was necessary to conduct the election by mail. We were very fortunate this year to have a total of five (5) candidates that were interested in the three (3) open Board positions. Ballots were returned by June 22, 2020.

Election Results

Officers for the term 2020-2022

| | |
|-----------------|--|
| President: | Darren Adams, DO (Scioto County Coroner) |
| Vice President: | Kevin Park, MD (Williams County Coroner) |
| Secretary: | Thomas Gilson, MD (Cuyahoga County ME) |
| Treasurer: | David Applegate, MD (Union County Coroner) |
| Board Chair: | Amy Jolliff, MD (Wayne County Coroner) |

Board Members Term Expiring 2021

| | |
|---------------|---|
| Board Member: | Benjamin Mack, MD (Lawrence County Coroner) |
| Board Member: | Lisa Mannix, MD (Butler County Coroner) |
| Board Member: | Russell Uptegrove, MD (Warren County Coroner) |

Board Members Term Expiring 2022

| | |
|---------------|--|
| Board Member: | Scott Jarvis, MD (Van Wert County Coroner) |
| Board Member: | Mark Komar, MD (Lake County Coroner) |
| Board Member: | Carl Ortman, MD (Athens County Coroner) |

REGIONAL DIRECTORS

The 2020—2021 Regional Directors are:

| | |
|-------------------|--|
| Central Region: | Anahi Ortiz, MD (Franklin County Coroner) |
| Northeast Region: | David Kennedy, MD (Mahoning County Coroner) |
| Northwest Region: | Douglas Hess, MD (Wood County Coroner) |
| Southeast Region: | Vacant—(if interested, please contact the OSCA Office) |
| Southwest Region: | Lakshmi Sammarco, MD (Hamilton County Coroner) |

PEDIATRIC NON-ALCOHOLIC FATTY LIVER DISEASE (NAFLD)

Anna D. Castiglione Richmond, MD
Forensic Pathology Fellow
Montgomery County Coroner's Office

A 5-year-old girl, with a past medical history of ileal atresia and abdominal surgery as a neonate, started to experience increase vomiting. She was found unresponsive and died at the hospital. At autopsy, she was found to have severe bowel obstruction secondary to extensive intestinal adhesions. Incidentally, during the autopsy, the liver was found to have a yellow parenchyma (figure 1). Microscopically, macrovesicular steatosis involved almost 100% of the hepatocytes (figure 2 and figure 3). A Periodic Acid- Schiff (PAS) stain with and without amylase digestion confirmed the presence of fat within the hepatocytes (figure 4). There was no known genetic disease or history of chronic hepatitis, metabolic disorders, and the patient was not on any medications, to account for the liver findings. Therefore, this incidental liver finding is consistent with Pediatric Non-Alcoholic Fatty Liver Disease (NAFLD).

Pediatric Non-Alcoholic Fatty Liver Disease (NAFLD) is the most common cause of chronic liver disease in children in the United States. NAFLD may affect 3-10% of pediatric patients, with a 2:1 male-to-female ratio. Phenotypic definition of NAFLD in children refers to chronic steatosis of the liver that occurs in the absence of known genetic disorders, effects of steatogenic medications, or infectious etiologies. Although the exact cause of NAFLD is unknown in most children, NAFLD is associated with insulin resistance, dyslipidemia, or obesity. This disease can be found in adolescence and also tends to run in families.

Some of the symptoms many include fatigue, loss of appetite, right upper quadrant pain, weakness, and weight loss. Diagnostically, NASH is more commonly reported in children with ALT levels greater or equal to 80 U/L, although elevated ALT level is not sensitive enough to predict the NAFLD phenotype or its severity. A fraction of patients with NAFLD or NASH may present with normal levels of aminotransferases. A liver biopsy currently remains the gold standard for NAFLD diagnosis and staging.

Based on the histology, NAFLD can be divided into non-alcoholic fatty liver (NAFL) with bland steatosis, and non-alcoholic steatohepatitis (NASH) with steatosis, inflammation, and hepatocellular injury. Children with NAFLD may have fibrosis without progression to NASH. Nonetheless, the presence of fibrosis can indicate a more severe disease, even in the absence of NASH. In children, NAFLD can present as zone 3-prominent, zone 1 (periportal)-prominent, or pan-acinar patterns. In comparison with adults or adolescent, in young children with a zone 1 pattern of NAFLD, progression of disease is much more commonly identified.

Treatment involves lifestyle changes and diet modifications. Development of new pharmacologic therapies is also occurring to aid and increase the treatment options.



Figure 1. Gross photo of liver.

(Stock photo courtesy of <https://quizlet.com/10177697/gi-28-liver-pathology-crc-flash-cards>)

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PEDIATRIC NON-ALCOHOLIC FATTY LIVER DISEASE (continued)

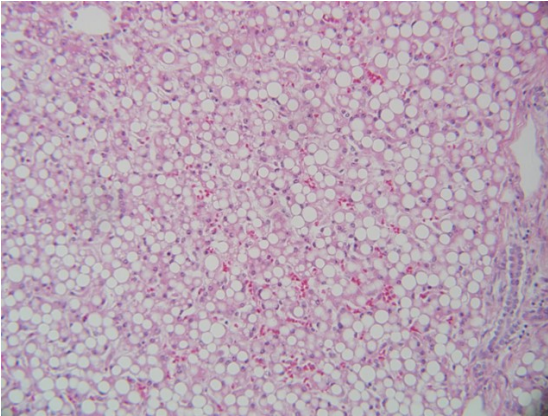


Figure 2: Liver H&E, Low magnification

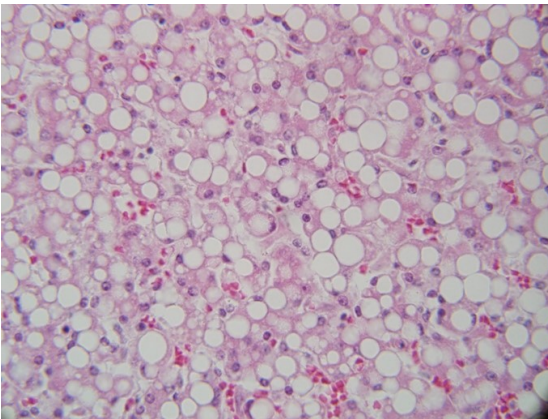


Figure 3: Liver H&E, 10x, High magnification

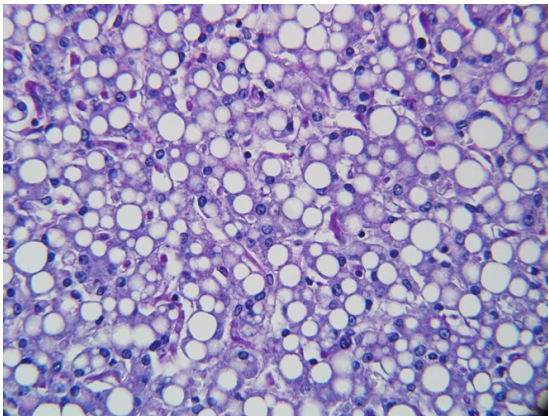


Figure 4: PAS special stain

References:

1. Kleiner DE, Makhlof HR. Histology of Nonalcoholic Fatty Liver Disease and Nonalcoholic Steatohepatitis in Adults and Children. *Clin Liver Dis.* 2016 May;20(2):293-312.
2. Carter-Kent C, Yerian LM, Brunt EM, et al. Nonalcoholic steatohepatitis in children: a multicenter clinicopathological study. *Hepatology.* 2009;50(4):1113-1120.
3. Vos MB, Abrams SH, Barlow SE, Caprio S, Daniels SR, Kohli R, Mouzaki M, Sathya P, Schwimmer JB, Sundaram SS, Xanthakos SA. NASPGHAN Clinical Practice Guideline for the Diagnosis and Treatment of Nonalcoholic Fatty Liver Disease in Children: Recommendations from the Expert Committee on NAFLD (ECON) and the North American Society of Pediatric Gastroenterology, Hepatology and Nutrition (NASPGHAN). *J Pediatr Gastroenterol Nutr.* 2017 Feb;64(2):319-334.
4. Alisi A, Manco M, Vania A, Nobili V. Pediatric nonalcoholic fatty liver disease in 2009. *J Pediatr.* 2009;155:469–474. doi: 10.1016/j.jpeds.2009.06.014.

NEUROIMMUNOLOGY



Kent Harshbarger, MD, JD, MBA

OSCA Chief Forensic Officer, Montgomery County Coroner

In this newsletter article I highlight some interesting developments in diagnostic testing as it relates to different acute onset autoimmune encephalopathy cases. To highlight the issue I will provide the details of a particular case investigated by Dr. Failor in Logan County.

The case involves a suicide death in an 18-year-old male who had no medical history of depression, no drug use known, no personality disorders, and by all accounts successful forward planning young man. The suicide death was a complete surprise and shock to the family and friends and the investigation developed no causative risk factors. Until, it was discovered that the day before the death, the decedent had been seen at an outpatient clinic and diagnosed with a viral pharyngitis. The post mortem examination found nothing outside of the usual findings related to the cause of death, but, blood was sent for testing. The testing is referred to as the “Cunningham test” and it was positive in this case.

From Dr Shimasaki CEO of Moleculera Labs: “This month, a study conducted by Moleculera Labs was published in the *Journal of Neuroimmunology* ([https://www.jni-journal.com/article/S0165-5728\(19\)30352-2/fulltext](https://www.jni-journal.com/article/S0165-5728(19)30352-2/fulltext)) demonstrating a correlation between five neurologic targets in the Cunningham Panel™ and neuropsychiatric symptoms of patients with an infection-triggered autoimmune encephalopathy. Autoimmune encephalopathy is an infection-triggered immune response directed against portions of the brain or nervous system which can result in a wide variety of neurologic and psychiatric symptoms. Often these neuropsychiatric symptoms occur with a “sudden-onset” described as Foudroyant (lightning-like) such as in patients with PANDAS (*Pediatric Autoimmune Neuropsychiatric Disorder Associated with Streptococcal Infection*) and PANS (*Pediatric Acute-onset Neuropsychiatric Syndrome*). This resulting biological condition disrupts a patient’s normal neurologic activity manifesting in a variety of heterogeneous symptoms that can include: obsessive compulsive disorder and/or severely restricted food intake, anxiety, emotional lability, depression, irritability, aggression, hyperactivity, memory deficits and cognitive changes, sensory or motor abnormalities, sleep disturbances, and urinary problems. Often these occur in patients having no prior history of abnormal behavior.

Over the process of testing 9,000 adolescents and adults, we have received some distressing reports of patients having been tested, who committed suicide prior to receiving appropriate anti-infective or immunomodulatory treatment for their autoimmune encephalopathy. Although direct causation is not known at this time, physicians who care for patients with an infection-triggered autoimmune encephalopathy state it is not uncommon for their patients to acknowledge that they are experiencing suicidal ideation. This is an area of science and medicine that needs more attention, research, and clinical evidence, as it may provide answers as well as more diagnostics and treatments for patients suffering from neuropsychiatric and behavioral disorders.”

While it is early on in the research process, what has been done and the highlighted case develops a possible connection of acute onset autoimmune encephalitis to individuals who die by suicide. Perhaps, during death investigations of suicide cases, in decedents with very little risk for suicide ideation, processes should include saving appropriate blood samples (glass red top tubes without additives/gel barrier or serum frozen and stored in a non-frost-free freezer at less than or equal to 20 degrees Celsius for up to one year) and developing an investigative history process to include questions about recent illnesses. Over time, Coroners and Medical Examiners can be a part of developing more insight into the causation link for these cases in the future.

WIRELESS STETHOSCOPE PROTOTYPE

Submitted by Auglaize County, Written by Chuck Curry

During the pandemic, Dr. Jason Stienecker, MD (Auglaize County Coroner) has been screening and treating patients that demonstrate signs and symptoms of the COVID-19 virus, including several confirmed cases. Dr. Stienecker and his nurses have taken special precautions while treating these patients, including wearing special personal protective equipment like hoods with their own air supply. Unfortunately, the PPE Dr. Stienecker and his staff are using has some drawbacks, especially when it becomes necessary to use a traditional stethoscope to listen to a patient's breath sounds. The hood makes it difficult to put the stethoscope on, the air supply makes it difficult to hear, and the bulky equipment makes it very difficult to get close enough to the patient to use the stethoscope. Dr. Stienecker tried to purchase a special wireless stethoscope for use at the hospital, but found that the product he sought, like so many medical supplies, was in very high demand and unavailable for purchase.

“Having the ability to check in on his patients remotely also reduced the precious PPE the hospital needed to treat the COVID-19 patients”

Dr. Stienecker needed to find a solution that would allow him and his staff to safely provide the necessary care to these potential COVID-19 cases. With his normal means to solve the problem frustrated Dr. Stienecker turned to

his brother Dr. Adam Stienecker, PhD. Adam has a PhD in engineering from the University of Toledo and holds a position in a new product development at Regal Beloit in Tipp City, OH. Upon learning of the difficulties his brother was experiencing in his efforts to treat COVID-19 patients, Adam began working through the problem of trying to create a wireless stethoscope using nonmedical components that would be more readily available.

Adam determined that the easiest course of action would be to modify an existing stethoscope, after all, the hospital already had plenty and they work quite effectively under normal circumstances. Adam reasoned that if he could attach a wireless transmitter to the head of the stethoscope and a wireless signal receiver to the earpiece, he would have a functioning device. Adam got to work building a prototype from one of his brother's stethoscopes, a wireless headset, and some tubing he had on hand from taping maple trees. This initial effort was successful, Adam could listen to someone's breath sounds, but the transmission was not nearly loud enough to be heard over the sound of forced air in the hoods being used at the hospital. Adam incorporated an amplifier and volume control from a set of ear buds into the prototype, and viola, he had created a fully functioning wireless stethoscope that he promptly shipped off to his brother.

The stethoscope was quickly adopted and successfully put to use by Dr. Stienecker and the nurses treating the COVID-19 patients at the hospital. The wireless signal was so strong that Dr. Stienecker could plug the receiver into his computer and listen to patients' breath sounds from outside the patients' rooms as the nurses moved from room to room with the stethoscope. Having the ability to check in on his patients remotely also reduced the precious PPE the hospital needed to treat the COVID-19 patients.

We may all have different talents and skills, but we are all called to use our talents and skills in different ways for our common benefit. Even similar talents and skills can manifest themselves very differently among individuals. A shared passion for science, excellent problem-solving skills, and a talent for understanding how things work and making them work better have led the Stienecker brothers to different career paths and training. Yet here we see these brothers united for a common purpose, ensuring the health and safety of those afflicted by the virus and the brave men and women called to care for them.



Wireless Stethoscope Prototype

OSCA-PAC

OSCA-PAC Update

Since we did not have the Annual Meeting, we were unable to solicit funds in order to assist our government relations efforts during the final months of the 133rd General Assembly and the 134th General Assembly which begins on January 1, 2021.

Please consider making a donation and remember that no corporate checks may be accepted, only personal checks.

OSCA-PAC 2020 Roll of Honor

We are pleased to report as of November 3, 2020, the following individuals have made contributions to OSCA's 2020 Political Action Committee and were placed on the 2020 OSCA-PAC Roll of Honor:

Mandal B. Haas, MD (Carroll)

Douglas Virostko, MD (Coshocton)

Kent Harshbarger, MD JD MBA (Montgomery)

L. Brian Varney, MD (Fairfield)

Daniel Whitely, MD (Gallia)

John M. Urbancic, MD (Geauga)

Timothy Kathman, MD (Greenville)

Jeffrey Harwood, MD (Huron)

Mark E. Davis, MD (Marion)

Timothy Heinrichs, MD (Mercer)

Joseph M. Kuhn, DO (Paulding)

Jeffrey Cameron, MD (Tuscarawas)

David T. Applegate, MD (Union)

Kenneth Leopold, MD (Washington)

Douglas W. Hess, MD (Wood)

George S. Wilson, DO (Columbiana)

The only source of income for OSCA-PAC is from your personal contributions. We encourage you to take time today to join with your colleagues in supporting your OSCA-PAC by sending your donation via personal check or money order (corporate checks are not legal under Ohio law). If you have questions please contact the OSCA office or any OSCA officer or director.

PLEASE CONSIDER CONTRIBUTING TODAY

(See Page 13 for Form)

NEWSLETTER ARTICLES NEEDED



OSCA NEWS is our official publication. It provides a forum for Ohio's Coroners and their staff to communicate their findings, interests and concerns. Every coroner office is invited and encouraged to submit interesting and educational articles. Please contact OSCA at office@osca.net or 614/262-6722 to submit content for a future issue of OSCA News.

OSCA'S MISSION

- To provide a professional organization for Ohio's 88 Coroners. (Coroners being those licensed physicians who investigate sudden and/or suspicious deaths and perform autopsies in connection therewith as well as those licensed physicians who investigate such death but do not perform autopsies.)
- To discuss various administrative, professional, ethical, et. al, matters affecting Coroners.
- To establish a continuing education curriculum, to sponsor educational seminars and to exchange professional experiences.
- To consider and encourage methods of improving and promoting the office of Coroner.
- To further programs that enable the general public and other public officials

The OSCA leadership team is comprised of veteran industry professionals with the desire to advance the coroner's offices of Ohio through the dissemination of professional news, ideas and events.

OSCA's leadership represents the industry in a professional and courteous manner, whether its in the Statehouse or in public. The leadership team changes on a yearly basis. This year's team is proud to serve the members of OSCA.

Ohio State Coroners Association

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Columbus, OH 43214

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ohiocoroners.org



Save the
Dates

December 4, 2020 (Virtual)

Abbreviated New Coroner Training

December 5 and 12, 2020 (Virtual)

Death Certificate Training

May 6—8, 2021

Annual Education Conference

Embassy Suites, Dublin

Dates Coming Soon, Fall/Winter 2021

New Coroner Training

DoubleTree, Worthington

OFFICERS

Darren C. Adams, DO
President

Kevin L. Park, MD
Vice President

Thomas P. Gilson, MD
Secretary

David T. Applegate II, MD
Treasurer

Amy S. Jolliff, MD
Board Chair

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Mark Komar, MD

Benjamin Mack, MD

Lisa Mannix, MD

Carl Ortman, MD

Russell L. Uptegrove, MD

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Executive Director

Kent Harshbarger,
MD, JD, MBA
Chief Forensic Officer

Stephanie Ortega
OSCA Staff