



# 2022 Annual Report



El Paso County, Texas





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*Commissioner, Precinct 1*

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## PROLOGUE

The information found in this annual report has been gathered from the case management system of the El Paso County Office of the Medical Examiner in El Paso, Texas (EPOME). Our staff strives to serve the citizens of El Paso with empathy, competency, integrity, and professionalism.

The EPOME incorporates the scientific rigor of medicine and forensic science to investigate cases of sudden, unexpected deaths, or those that occur under violent or suspicious circumstances in El Paso County.

We are also very proud to function as an advocate for families by working with them to ensure they are notified of the death, relaying preliminary findings, sharing the final autopsy report in a timely manner, assist families with funeral arrangements, and facilitating communication between the families and other agencies that will assist in the grieving process. Similarly, the EPOME works with organ and tissue procurement organizations whenever possible, to facilitate family wishes regarding postmortem donations.

The public health role of the EPOME includes: to identify potential hazards in the community; to monitor trends in violence and injury; to be adequately prepared for a potential emergency response; and to evaluate areas of concern regarding the health, safety, and welfare of the community. It is our hope that this report helps identify trends in the community that allow public health and policy efforts to enhance death prevention and surveillance efforts that protect the lives of all El Pasoans.



**Mario A Rascon, MD, MHCM, D-ABP, D-NBPAS, D-ABMDI, F-AAFS, F-NAME**  
Chief Medical Examiner  
El Paso County Office of the Medical Examiner

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## INTRODUCTION

The EPOME provides medicolegal death investigation for El Paso County. This includes autopsy services and certification of cause and manner of death in cases of homicides, suicides, accidents and otherwise sudden or unexpected natural deaths. Exceptions to this disposition are areas within the County that arrange for their own death investigations through their own governance bodies or with Federal assistance (*e.g.*, Fort Bliss, Ysleta del Sur Pueblo).

The cause of death is a disease, injury, toxic material, or combination of factors that causes a physiologic derangement severe enough to result in death. The manner of death refers to the circumstances surrounding how the death came about and is divided into five categories: natural, accident, suicide, homicide, and undetermined.

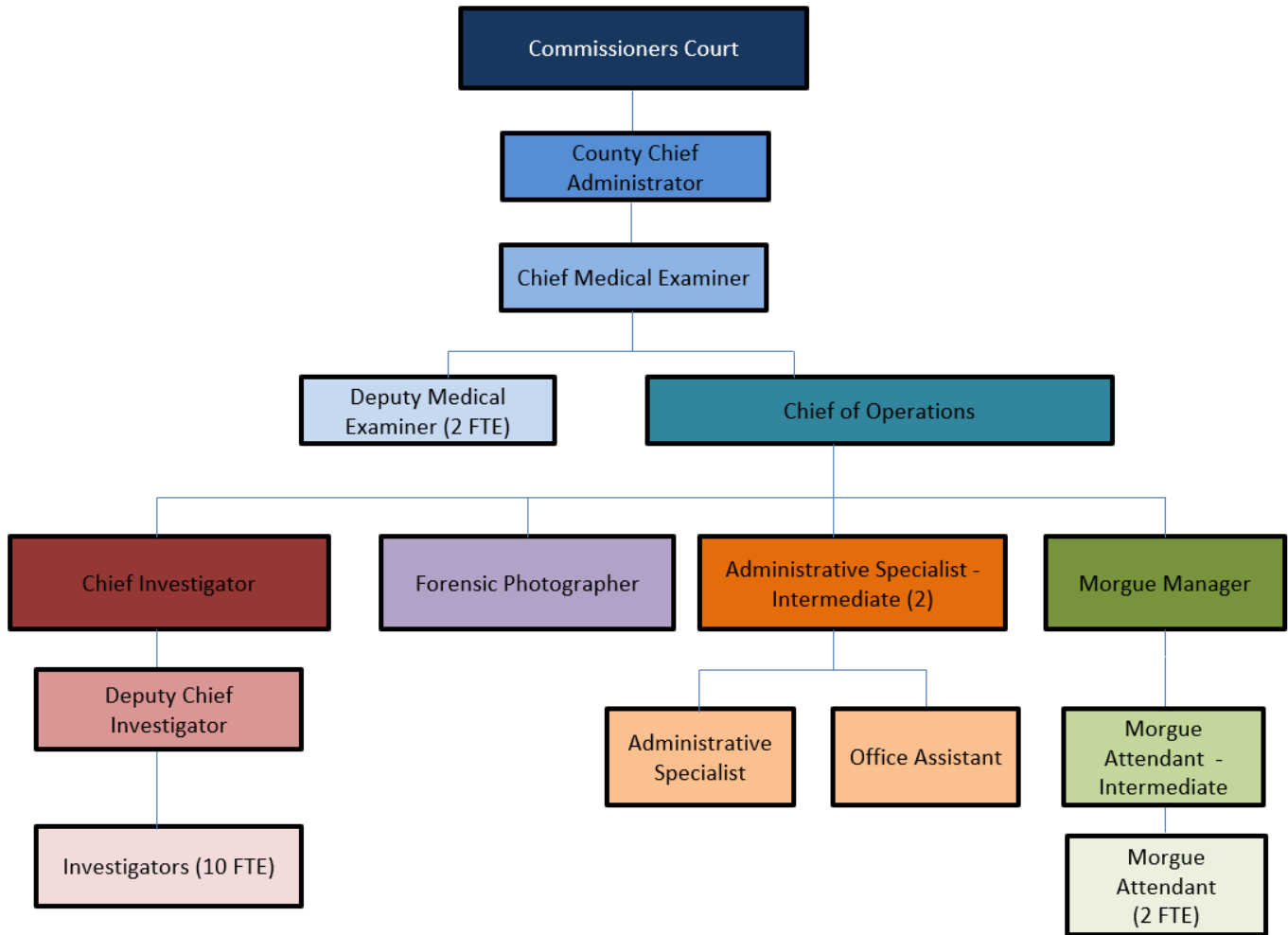
The Texas Code of Criminal Procedure (Chapter 49. 'Inquests Upon Dead Bodies'), stipulates that the EPOME shall conduct an inquest into the death of a person who dies in the County if:

- (1) the person dies in jail or in prison (except under circumstances different than described by Section 501.055(b));
- (2) the person dies an unnatural death from a cause other than a legal execution;
- (3) the body or a body part of a person is found, the cause or circumstances of death are unknown, whether the person is identified or unidentified;
- (4) the circumstances of the death indicate the death may have been caused by unlawful means;
- (5) the person commits suicide or the circumstances of the death indicate that the death may have been caused by suicide;
- (6) the person dies without having been attended by a physician;
- (7) the person dies while attended by a physician who is unable to certify the cause of death and who requests the justice of the peace to conduct an inquest; or
- (8) the person is a child younger than six years of age (few exceptions are part of this provision)

Decisions about autopsies are not mandated and are left to the discretion of the medical examiner. Furthermore, the laws are general enough that jurisdiction may be accepted in a wide variety of cases that are not otherwise specified in law.

In addition, the EPOME services the community by assisting families with funeral arrangements, authorizing cremations, signing death certificates, reporting viable candidates to the local tissue bank for postmortem donation, positively identifying decedents, preparing for a mass disaster, teaching Medical Students (Paul L Foster School of Medicine), pathology residents (Texas Tech University) and training interns (morgue and investigations divisions).

### EPOME – ORGANIZATIONAL CHART



## CASE JURISDICTION

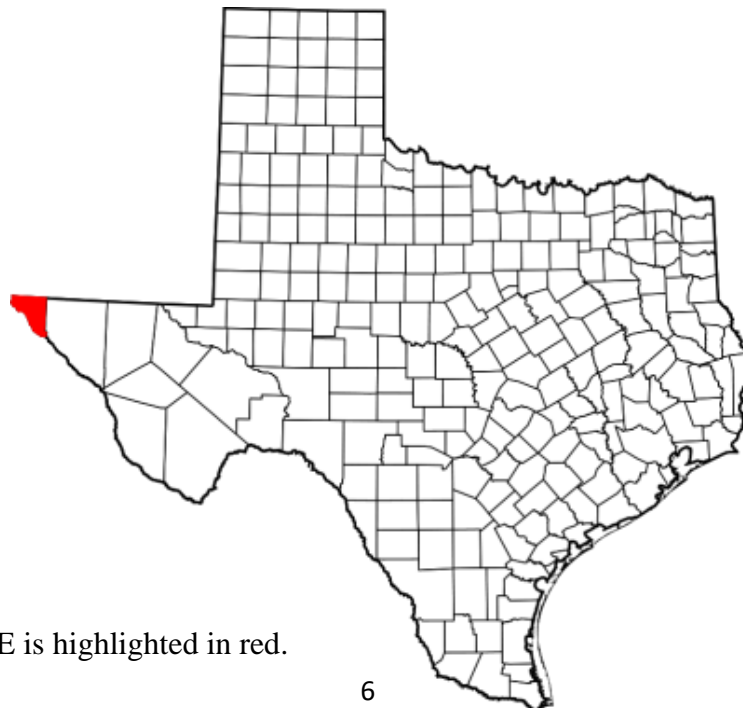
The El Paso Metro area covers an area of 1,015 square miles and has an estimated population (2022 census) of about 868,763. Countywide, the population is about 91% white (which includes 81% white-Hispanic and 10% white non-Hispanic), 4.4% black, and 1.5% Asian.

When a local death (one that occurs within the boundaries of El Paso County) is reported to the EPOME, the case is either **accepted** or **released**. If case jurisdiction is accepted, it means that the medical examiner will be signing the death certificate. A case is **released** if the death is natural (*e.g.*, non-natural contributing factors such as trauma have been ruled out), circumstances are known, the person has extensive and well documented comorbidities/medical history, and a community physician is willing and able to sign the death certificate.

Local deaths that fall under the EPOME jurisdiction are transported to the EPOME for examination by a contract body transport company. In most cases, an EPOME investigator attends the death scene in person to perform a preliminary examination of the body and present a written field report to the medical examiner. EPOME investigators usually attend all homicides, suicides, and accidental deaths, and selected natural deaths. Investigators are on staff and available 24 hours/day, 365 days/year. EPOME investigators do not physically perform scene investigations on cases that are reported to them from outside of the physical boundaries of El Paso County.

On accepted cases, the medical examiner uses one of two approaches to obtain information to complete the death certificate:

- **Inquest.** The death certificate is signed without examining the body (review of medical records and other pertinent reports).
- **Exams:** The body is physically transported to the EPOME, and a final written report is produced:
  - External Examination.** Formal external examination, which may or may not include toxicology/chemical testing.
  - Autopsy.** Complete autopsy, which may or may not include toxicology/chemical testing, histology and/or other ancillary tests.



Area served by the EPOME is highlighted in red.

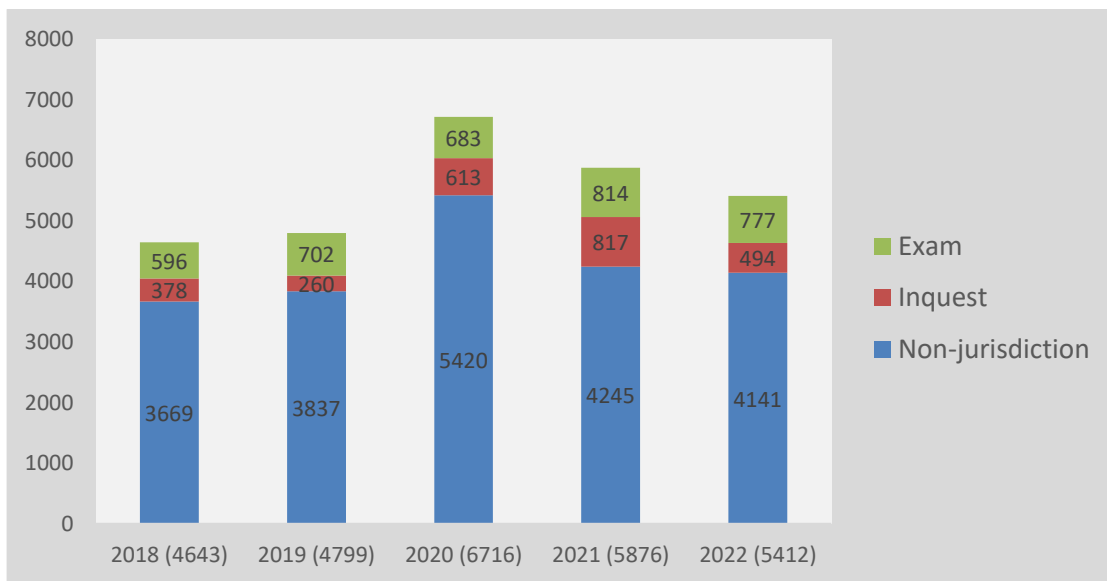
## EXECUTIVE SUMMARY – 2022

In 2022, the El Paso County had a total of 8081 deaths. Of these, 6098 were reported to the EPOME. Every reported case requires a preliminary screening by EPOME investigative staff to determine if it falls under the jurisdiction of the EPOME. Of those calls, a total of 4141 cases were **released**, with death certificates being signed by primary care physicians in the community. Additionally, 686 additional calls were related to cases that did not meet the guidelines as described above to be reported to the EPOME (**declined jurisdiction** cases). Jurisdiction was **accepted** on a total of 1271 cases (494 inquests and 777 exam cases). In all the exam cases the bodies were physically examined at the EPOME. Full body autopsies were conducted on 526 cases and 251 underwent an *external examination* only. The EPOME does not perform partial autopsies.

There were a total of 1355 death scenes investigated. This represented a 5% decrease from those in 2021 (1427). A total of 1830 bodies were transported to the EPOME facilities. Note that the number of transported bodies is greater than the jurisdictional cases. This is due to the fact some *release* and *declined jurisdiction* cases are transported to the EPOME morgue as a courtesy to families in need of body storage while waiting to finalize funeral arrangements. Ten cases remained unidentified or unclaimed after examination. There were no exhumations performed and no cases previously autopsied at local hospitals were retained by the EPOME in 2022.

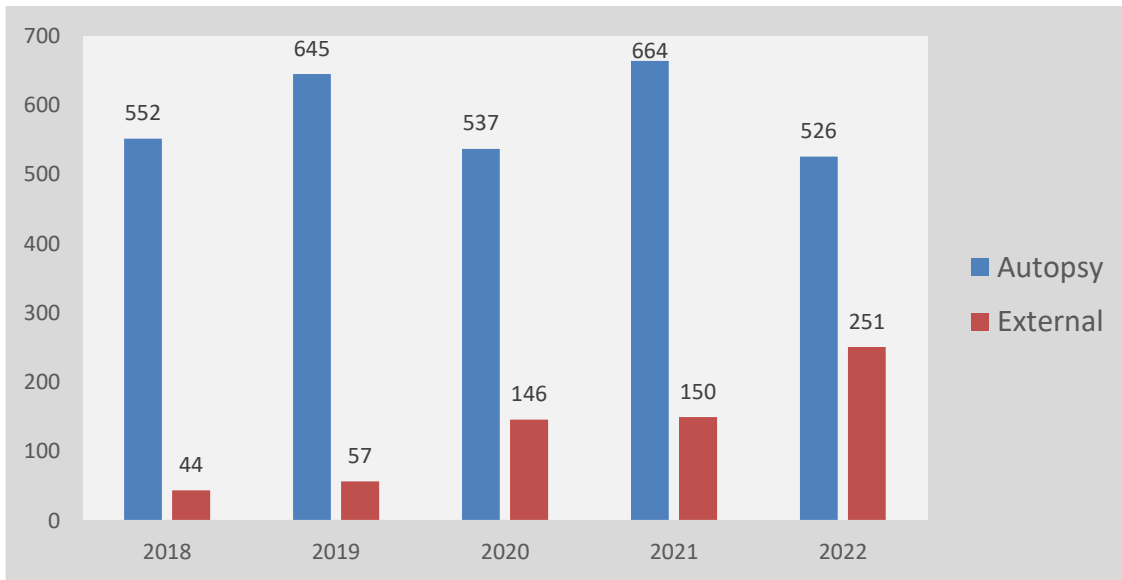
## EPOME DATA (2018 - 2022)

TOTAL CASES HANDLED BY THE EPOME – 2018 to 2022



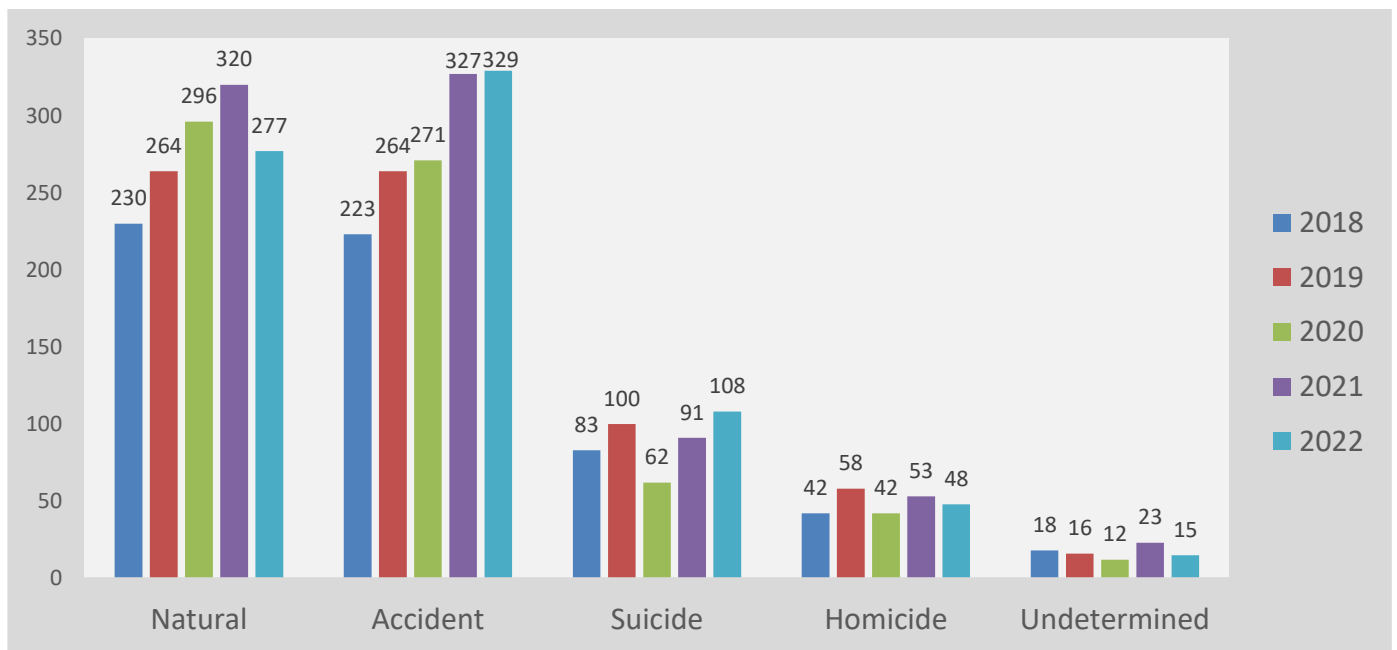


EXAM CASES 2018 to 2022– EXAMINATION TYPE

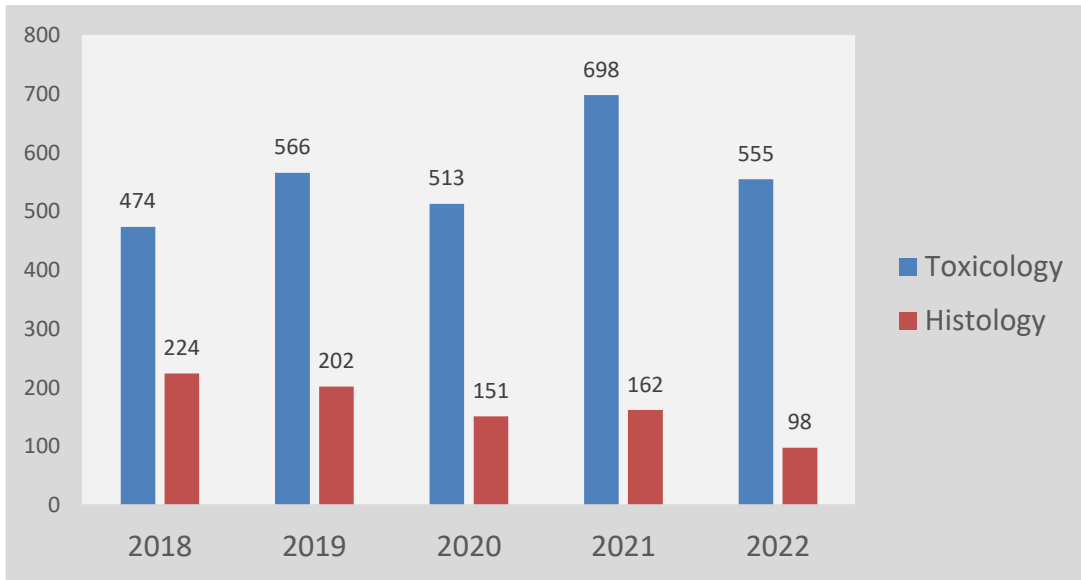


The autopsy to external examination ratio went from 4.4:1 in 2021 to 2.1:1 in 2022.

EXAM CASES 2018 to 2022 – MANNER OF DEATH

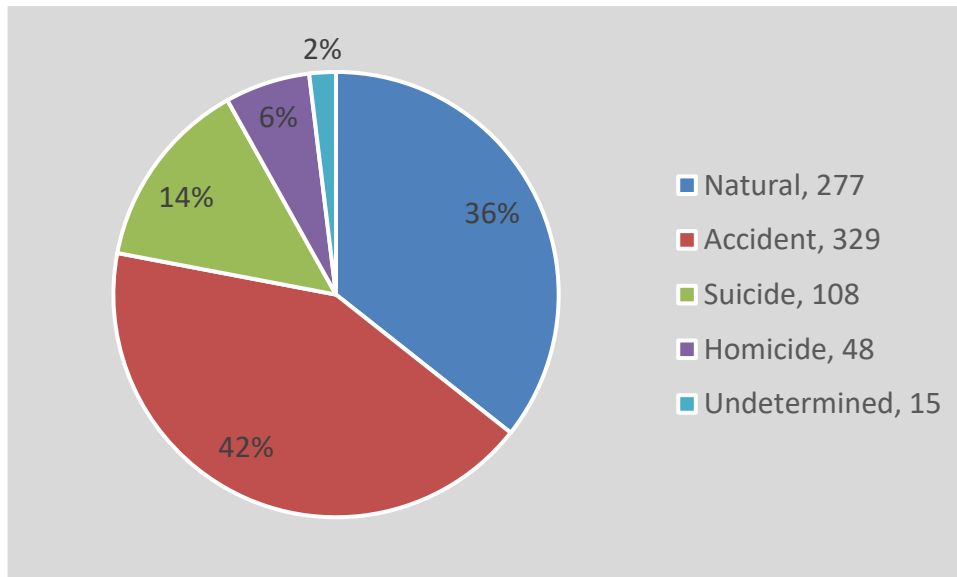


EXAM CASES 2018 to 2022– TOXICOLOGY & HISTOLOGY REQUESTS



EPOME 2022: EXAM CASES

2022 TOTAL EXAM CASES (777) – MANNER OF DEATH



2022 TOTAL EXAM CASES (777) – MANNER OF DEATH & AUTOPSY STATUS

	MANNER OF DEATH					TOTAL (%)
	NATURAL	ACCIDENT	SUICIDE	HOMICIDE	UNDETERMINED	
Full Autopsy (%)	168 (60)	246 (75)	49 (45)	48 (100%)	15 (100%)	526 (76)
External Exam (%)	109 (40)	83 (25)	59 (55)	0	0	251 (24)
<b>TOTAL</b>	<b>277</b>	<b>329</b>	<b>108</b>	<b>48</b>	<b>15</b>	<b>777</b>

2022 TOTAL EXAM CASES (777) – GENDER AND AGE GROUP

Age Group	MANNER OF DEATH																	
	NATURAL		ACCIDENT		SUICIDE		HOMICIDE		UNDETERMINED									
	♂	♀	♂	♀	♂	♀	♂	♀	♂	♀	Unknown							
Unidentified	-	-	1	-	-	-	-	-	2	-	2							
Fetus	1*	-	-	-	-	-	-	-	-	-	-							
<1	1	-	6	3	-	-	-	-	1	-	-							
1-5	-	-	2	2	-	-	-	-	-	-	-							
6-10	1	-	-	-	-	-	-	-	-	-	-							
11-18	1	1	6	3	2	1	2	-	-	-	-							
19-25	3	2	32	13	11	3	1	2	1	1	-							
26-35	8	8	54	16	27	5	16	5	1	-	-							
36-45	18	9	47	13	21	4	4	4	1	1	-							
46-55	36	9	48	13	7	3	3	1	1	2	-							
56-65	61	19	35	9	10	2	3	-	-	-	-							
66-75	43	17	13	5	4	-	2	-	1	-	-							
76-85	19	7	7	-	4	-	3	1	1	-	-							
>85	7	6	-	1	4	-	-	1	-	-	-							
<b>TOTAL</b>	199	78	251	78	90	18	34	14	9	4	2							
	♂: 583		♀: 192		unknown: 2		♂: 277		♀: 329		♂: 108		♀: 48		♂: 15		♀: 15	

♂: 583

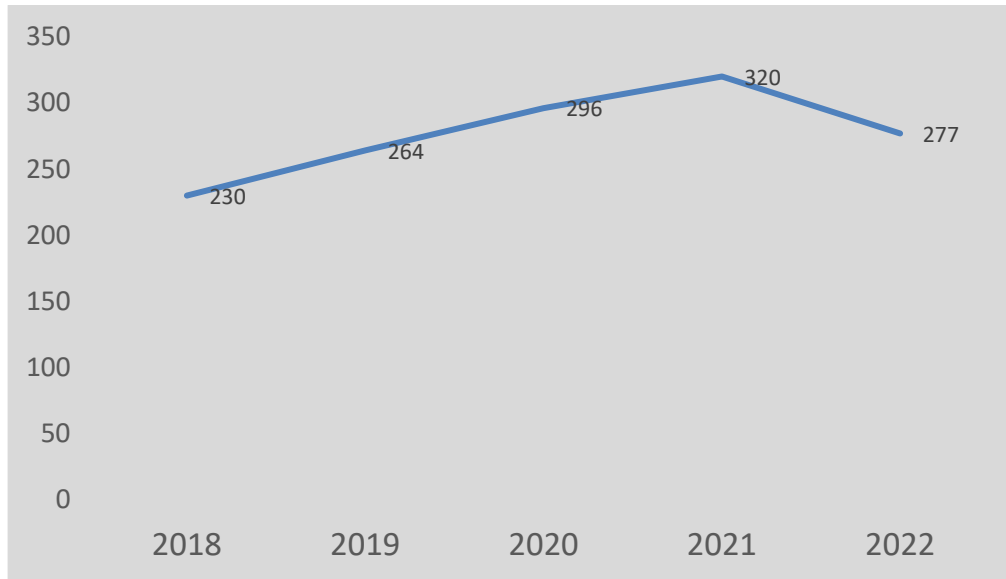
♀: 192

unknown: 2

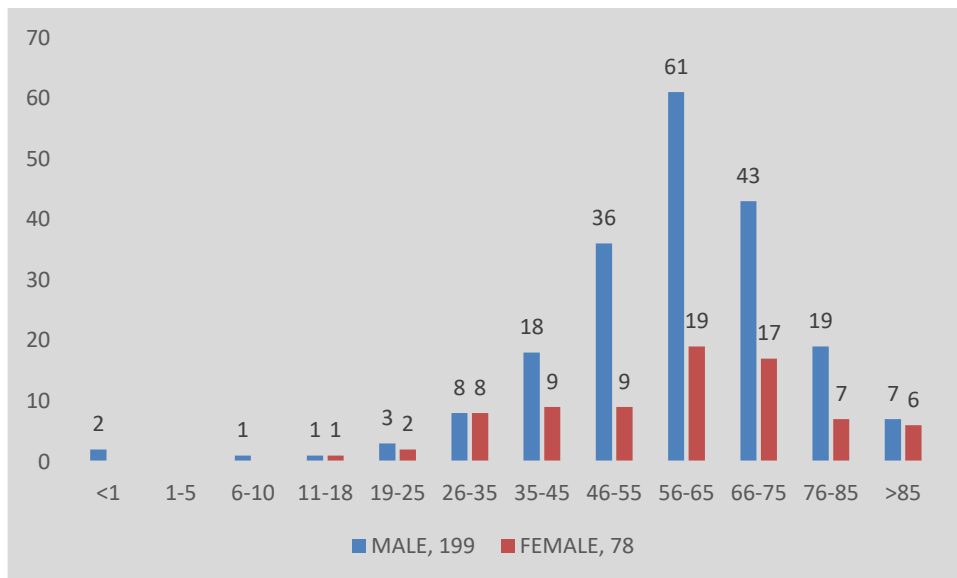
♂=male; ♀=female

\*Intrauterine Fetal Demise

**NATURAL DEATHS**  
**NATURAL DEATHS: 2018 - 2022**



**2022 NATURAL DEATHS (277) – GENDER AND AGE GROUP**



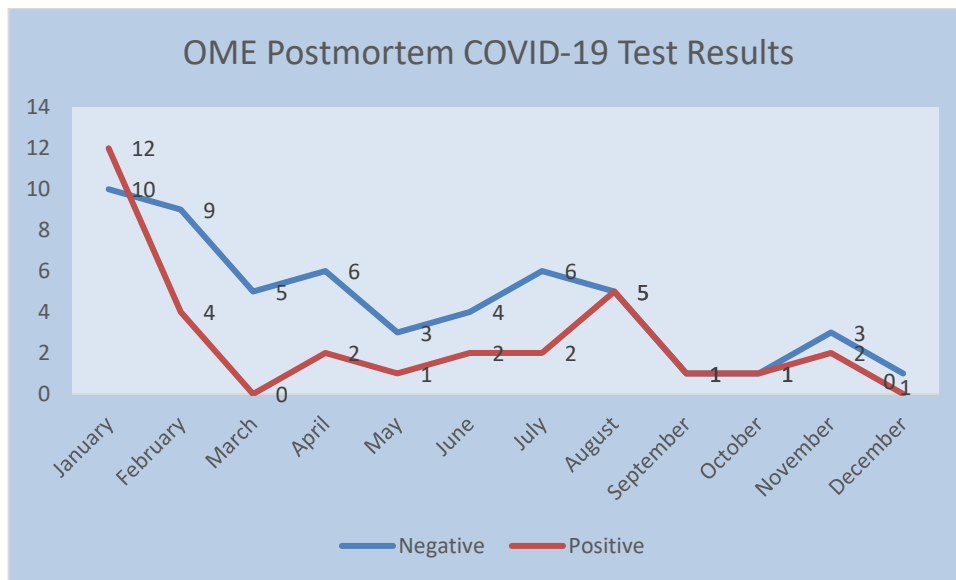
*Individuals aged 48 - 68 years comprised 51.6% of all people who succumbed to natural deaths in 2022.*

2022 NATURAL DEATHS (277) – CAUSE OF DEATH

Cardiovascular Disease*	195
COVID-19	23
Chronic alcohol abuse	17
Diabetes Mellitus	6
Pulmonary Embolism	5
Peptic Ulcer Disease	4

\*Cardiovascular Disease includes cause of death such as: *hypertensive and atherosclerotic cardiovascular disease (130), atherosclerotic cardiovascular disease (59), ruptured brain aneurysm (2), ruptured aortic dissection (1), anomalous origin of coronary artery (1), hypoplastic left heart syndrome (1), and other congenital defects (1).*

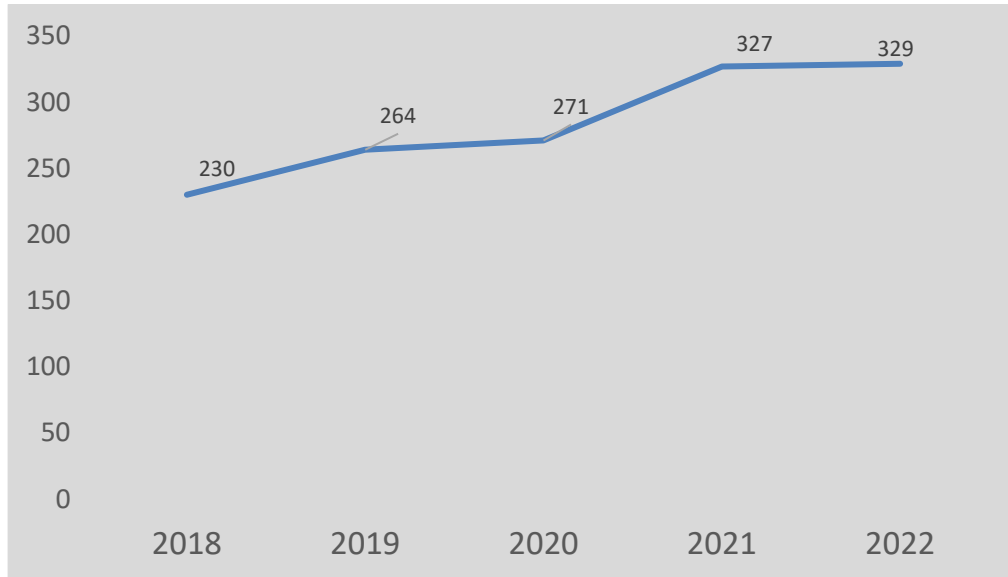
2022 COVID-19 Postmortem Testing



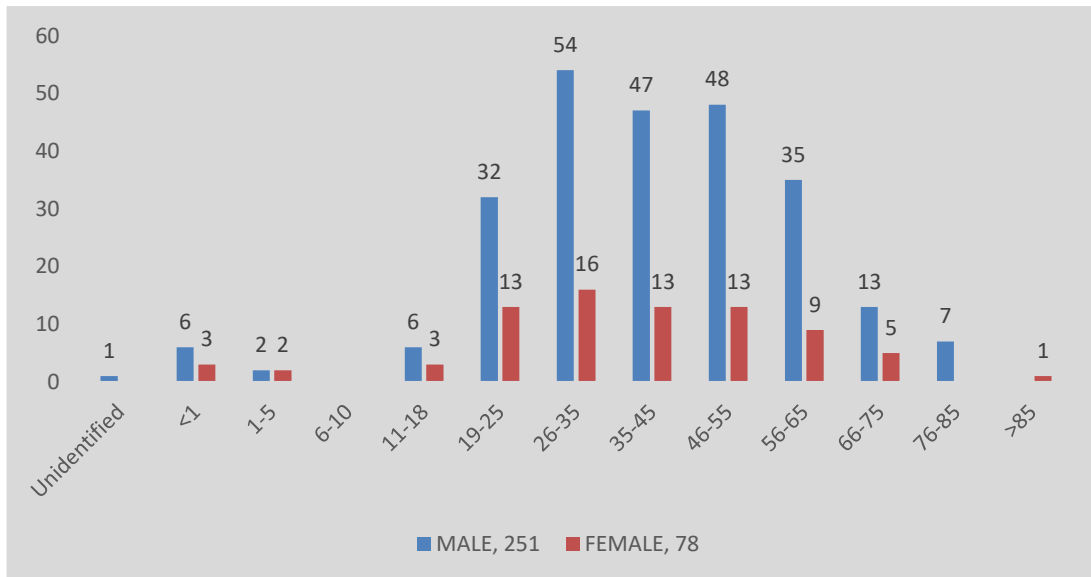
The vast majority (>90%) of COVID-19 deaths are investigated and reported by local primary care physicians. Despite this, COVID-19 was the second most common cause of death in natural deaths certified by the OME in 2022. Postmortem molecular testing was secured through The University Medical Center for selected cases, including decedents who experienced flu-like symptoms prior to their death. The OME conducted 86 of such tests in 2022, with an overall positivity rate of 37% (32/86). COVID-19 was certified to be the cause of death or a significant contributing condition in **23** exam cases.

## ACCIDENTS

### ACCIDENTS: 2018 - 2022



### 2022 ACCIDENTS (329) – GENDER AND AGE GROUP



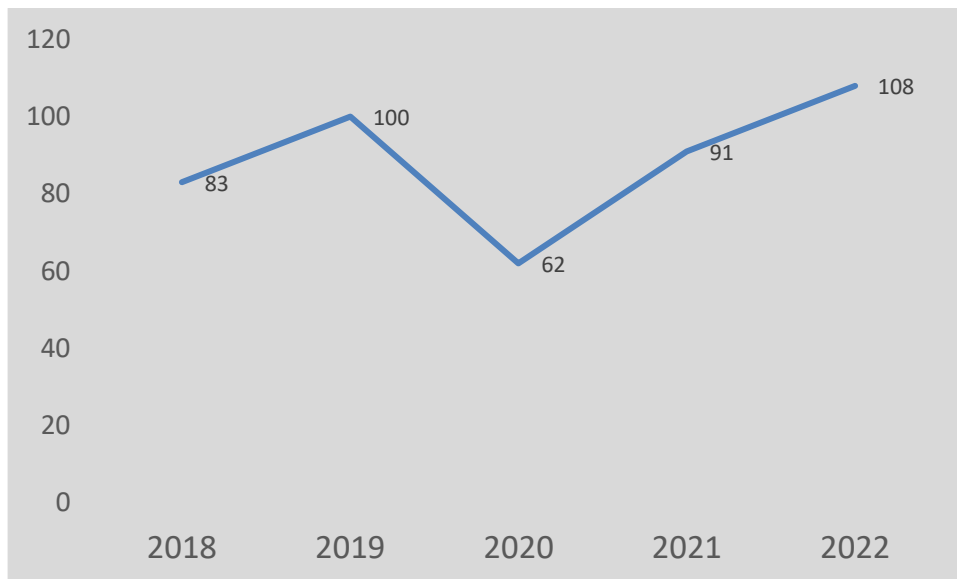
Accident victims were most frequently male (76.2%). Individuals between the ages of 24 – 48 years comprised 49.8% of all accidental fatalities.

2022 ACCIDENTS (329) – MECHANISM

Acute Drug/Ethanol Toxicity	176
Blunt Force Injuries	104
Drowning	22
Asphyxia - Suffocation	11
Environmental Heat Exposure	4
Gunshot Wound	3
Asphyxia - external compression	3
Carbon Monoxide Poisoning	2
Choking	1
Thermal Injuries	1
Small bowel obstruction	1
Environmental Cold Exposure	1

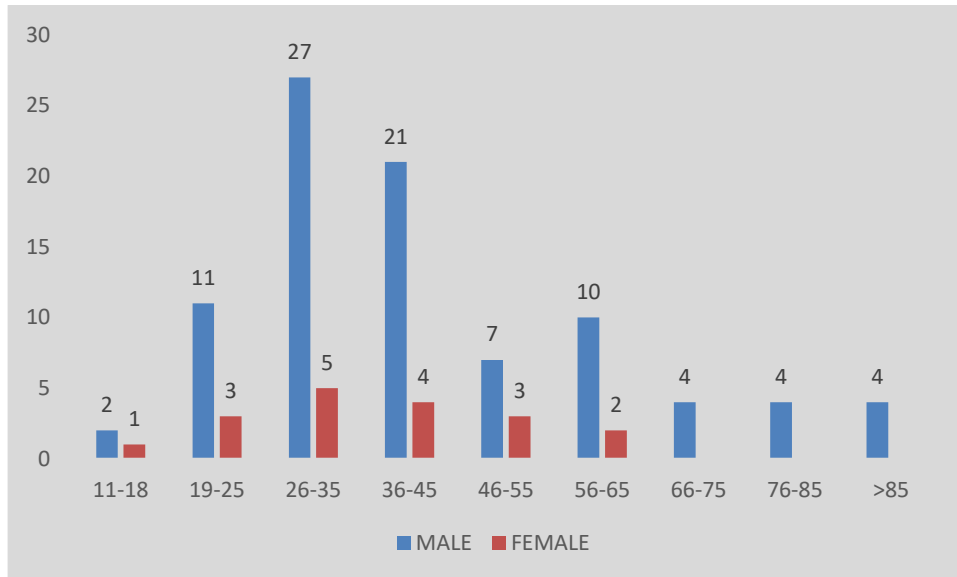
**SUICIDES**

SUICIDES: 2018 - 2022



*Suicides increased 18% between 2021 and 2022, and 74% between 2020 and 2022.*

2022 SUICIDES (108) – GENDER AND AGE GROUP



Suicide victims were most frequently male (83.3%).

2022 SUICIDES (108) – METHOD

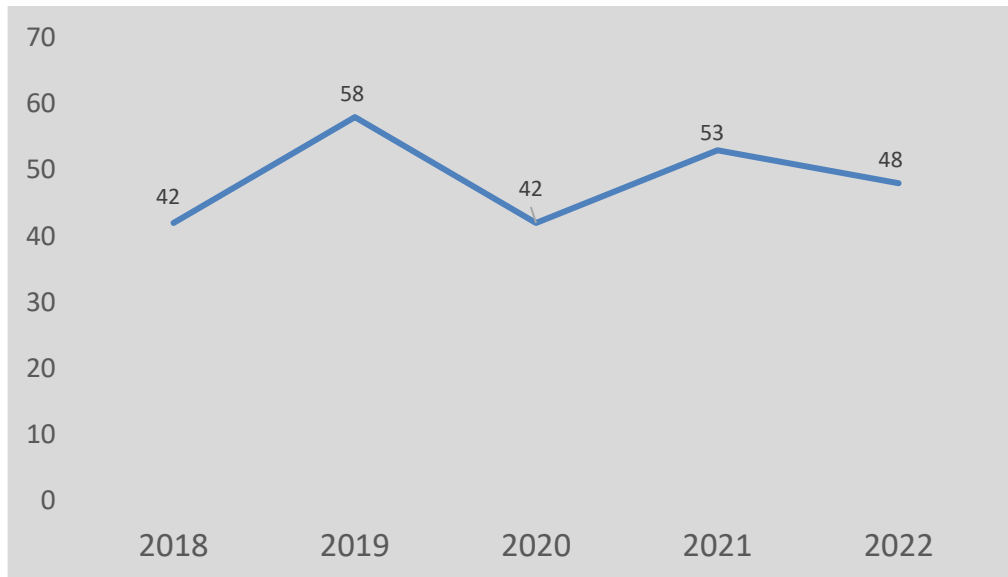
Firearm	58
Hanging	27
Acute Drug Toxicity	12
Blunt Force Injuries	5
Sharp Force Injuries	3
Plastic bag asphyxia	2
Ingestion of chemical	1
<b>TOTAL</b>	<b>108</b>

The majority (53.7%) of suicides were carried out with firearms.

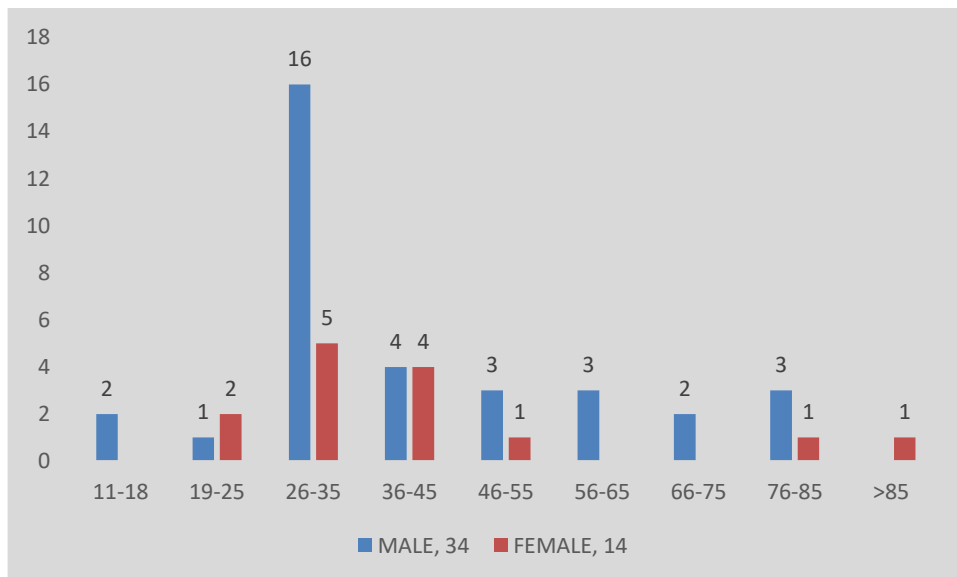


## HOMICIDES

HOMICIDES: 2018 - 2022

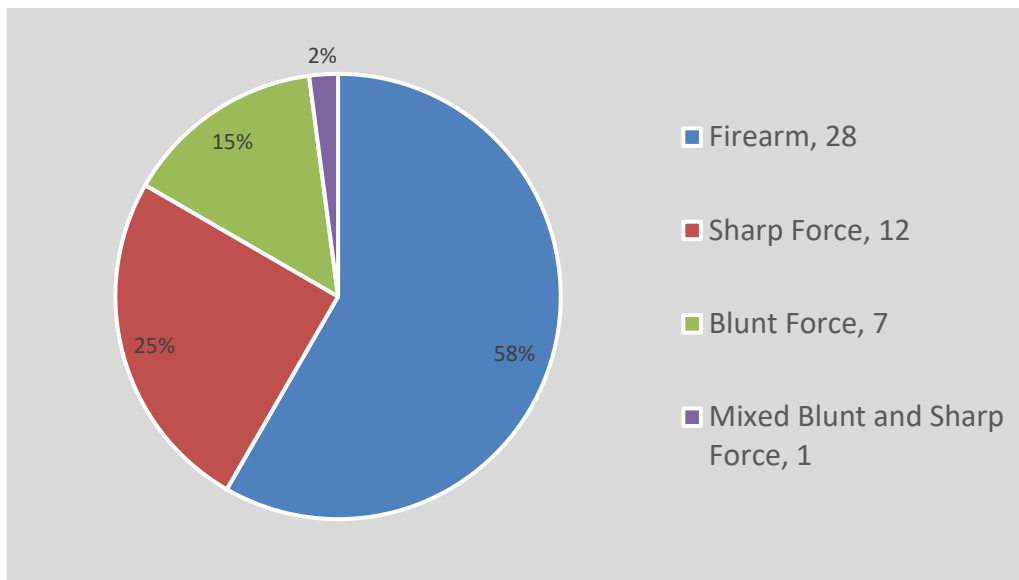


2022 HOMICIDES (48) – GENDER AND AGE GROUP



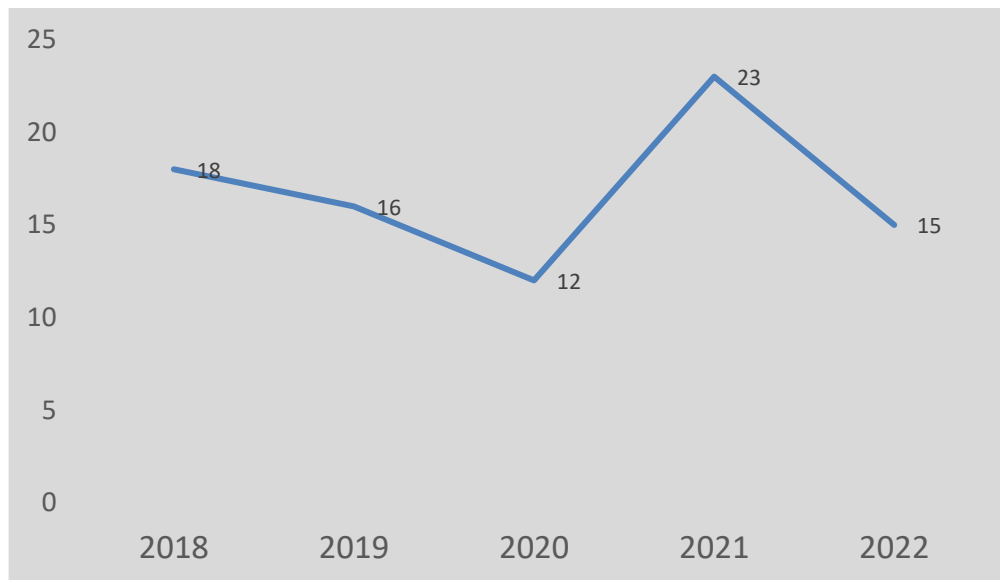
Homicide victims were most frequently male (71%). Individuals between the ages of 26 – 40 years comprised 54% of all homicide fatalities.

### 2022 HOMICIDES (48) – MODE OF INFLICTION

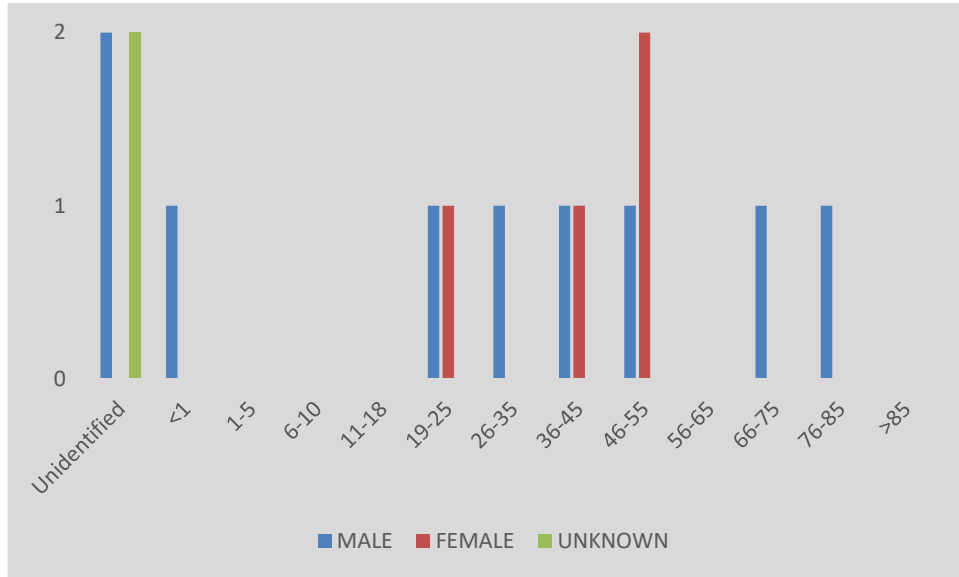


### UNDETERMINED

#### UNDETERMINED MANNER OF DEATH: 2018 - 2022

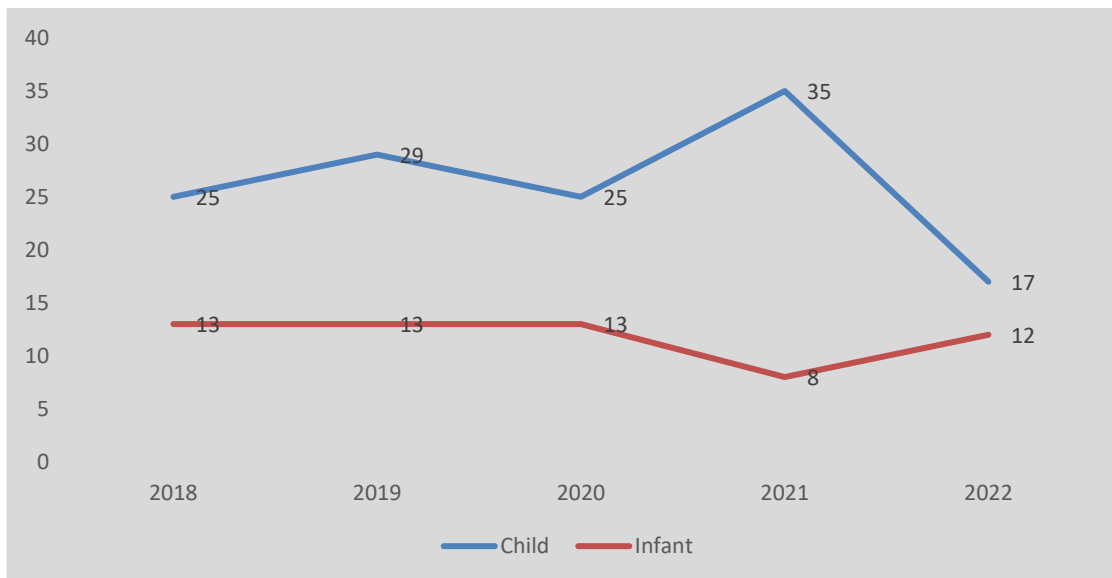


2022 UNDETERMINED MANNER OF DEATH (15): GENDER AND AGE GROUP



**CHILD FATALITY**

In 2022, there were 29 OME exam deaths of individuals under the age of 18, which included the deaths of 11 infants (a child in the first year of life) and one fetus.



2022 INFANT, AND CHILD DEATHS (29) – SUMMARY TABLE

Age Group	MANNER OF DEATH										Total
	NATURAL		ACCIDENT		SUICIDE		HOMICIDE		UNDETERMINED		
	♂	♀	♂	♀	♂	♀	♂	♀	♂	♀	
<1	2*	-	6	3	-	-	-	-	1	-	12
1-3	-	-	2	2	-	-	-	-	-	-	4
4-6	1	-	-	-	-	-	-	-	-	-	1
7-10	-	-	-	-	-	-	-	-	-	-	0
11-14	-	-	-	1	-	-	1	-	-	-	2
15-17	1	1	3	2	1	1	1	-	-	-	10
<b>TOTAL</b>	4	1	11	8	1	1	2	0	1	0	<b>29</b>
	5		19		2		2		1		

♂: 19

♀: 10

♂=male; ♀=female

\*Includes one fetal death (intrauterine demise)

2022 CHILD (<18 YEARS) FATALITY CASES (29) – MANNER OF DEATH & AUTOPSY STATUS

	MANNER OF DEATH					TOTAL (%)
	NATURAL	ACCIDENT	SUICIDE	HOMICIDE	UNDETERMINED	
Full Autopsy (%)	5 (100)	18 (94)	1 (50)	2 (100)	1 (100)	27 (93)
External Exam (%)	0 (0)	1 (6)	1 (50)	0 (0)	0 (0)	2 (7)
<b>TOTAL</b>	<b>5</b>	<b>19</b>	<b>2</b>	<b>2</b>	<b>1</b>	<b>29</b>

2022 CHILD DEATHS (AGE: 1-17) – CAUSE OF DEATH (17)

Congenital anomalies	3
Blunt Force Injury	3
Firearm	3
Asphyxia due to Suffocation	2
Drowning	2
Drug Toxicity	2
Sharp Force Injury	1
Hanging	1
<b>TOTAL</b>	<b>17</b>

2022 INFANT (<1y) and FETAL DEATHS (12) – CAUSE OF DEATH

Asphyxia - Suffocation	9
Congenital anomalies	1
Intrauterine fetal demise	1
Blunt force injury	1
<b>TOTAL</b>	<b>12</b>

CHILD FATALITY – SUMMARY

Childhood deaths represented 3.7% of all the exam cases investigated by the EPOME in 2022. Male decedents comprised 65% of the total deaths in children. The most common manner of death among children was accident (65%).

TOXICOLOGY-RELATED DEATHS

2022 TOXICOLOGY-RELATED DEATHS (169) – SUMMARY

Age Group	MANNER OF DEATH							
	ACCIDENT		SUICIDE		HOMICIDE		UNDETERMINED	
	♂	♀	♂	♀	♂	♀	♂	♀
11-18	2	1	1	-	-	-	-	-
19-25	10	3	-	-	-	-	-	-
26-35	31	9	2	2	-	-	-	-
36-45	23	10	2	2	1	-	-	-
46-55	23	8	-	2	-	-	1	1
56-65	21	6	-	1	-	-	-	-
66-75	6	1	-	-	-	-	-	-
>76	-	-	-	-	-	-	-	-
<b>TOTAL</b>	116	38	5	7	1	0	1	1
<b>169</b>	154		12		1		2	

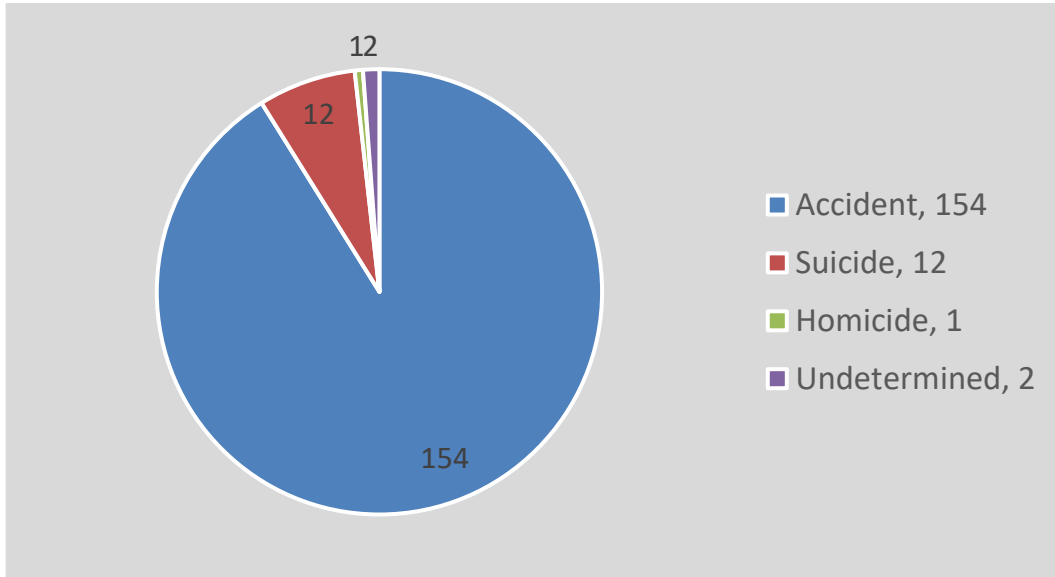
♂: 123

♀: 46

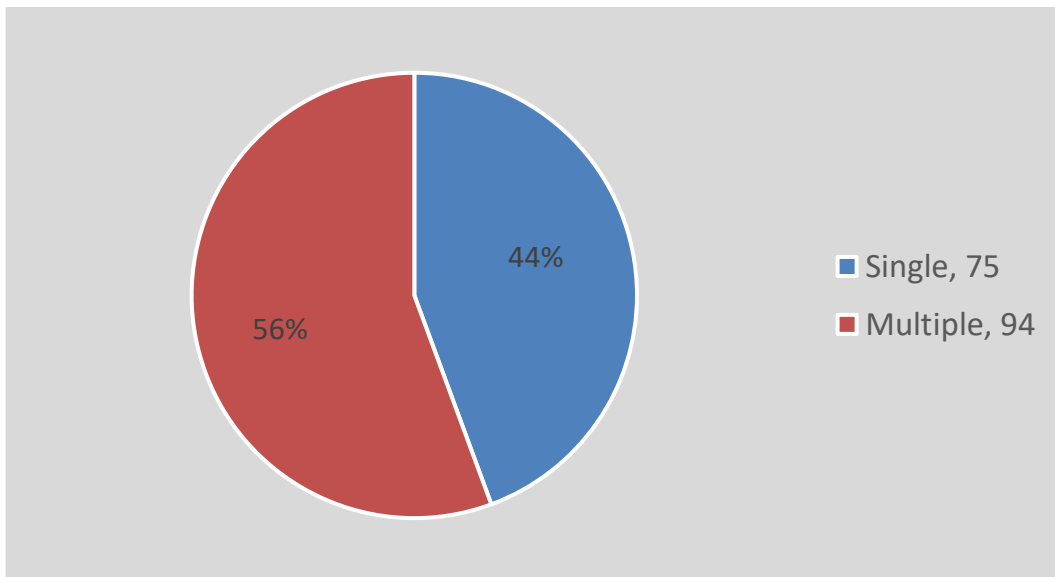
♂=male; ♀=female

By definition, toxicology-related deaths cannot be natural in manner. Individuals between the ages of 32-56 years comprised 57% of all toxicology-related deaths. Accidents comprised 91% of all toxicology-related deaths. Regarding accidental toxicology-related deaths, the Male-to-Female ratio is 2.6:1.

2022 TOXICOLOGY-RELATED DEATHS (169) – Manner of Death



2022 TOXICOLOGY-RELATED DEATHS (169) – Single vs. Multiple Drugs



2022 SINGLE DRUG-RELATED DEATHS (75) – Drug Involved

Cocaine	23
Methamphetamine	19
Fentanyl	18
Methadone	6
Heroin	3
Diphenhydramine	1
Hydrocodone	1
Propranolol	1
Sodium Nitrate	1
Tramadol	1
Trazodone	1
<b>TOTAL</b>	<b>75</b>

2022 MULTIPLE DRUG-RELATED DEATHS (94) –Most Frequently Involved Drugs\*

Fentanyl	62
Methamphetamine	44
Cocaine	28
Heroin	15
Alprazolam	15
Morphine	11
Clonazepam	6

*\*only drugs involved in ≥5 cases are mentioned*

2022 TOXICOLOGY-RELATED DEATHS – Multiple-Drug-Related Deaths (94): Number of Drugs Involved

MANNER	Number of Drugs				
	2	3	4	5	>6
UNDETERMINED					
1	37, 62				
2				5,28,54,88,96	
SUICIDE					
1		19,21,28			
2					17,28,54,73,78,95,98
3					4,21,23,28,38,88,95
4				40,47,91,95,101	
5	21,28				
6		22,43,70			
7			13,30,96,98		
ACCIDENT					
1		4,37,76			
2	37, 62				
3	37, 62				
4		34,37,62			
5	37, 62				
6	4,37				
7		37,42,62			
8	21,37				
9	37, 62				
10			4,21,37,62		
11	37, 62				
12		4,21,37			
13	21,37				
14		34,37,70			
15			19,21,56,76		
16	37, 62				
17				4,6,19,21,76	
18	3,37				
19	37, 62				
20		21,37,62			
21			4,21,37,69		
22	37, 62				
23	9,76				
24	42,62				
25	21,37				
26		37,42,62			
27	37,62				
28		37,43,70			
29	37, 62				
30	25,62				
31	37,62				
32	37,62				
33	37,42				
34	21,37				
35	37,62				
36			3,37,42,62		
37	37,62				
38			4,37,61,70		
39		4,21,37			
40	37,62				



MANNER	Number of Drugs				
	2	3	4	5	>6
ACCIDENT					
41	37,62				
42					6,12,19,4,73,88,95
43	37,61				
44	42,62				
45	3,37				
46		12,40,62			
47	21,37				
48	37,62				
49				4,19,21,37,62	
50	46,70				
51		21,22,70			
52	21,37				
53	21,62				
54	21,62				
55	37,62				
56			22,37,62,70		
57				5,23,47,66,73	
58			6,37,62,70		
59	4,42				
60		37,42,62			
61	38,47				
62	21,62				
63		4,37,56			
64			37,42,46,62		
65	37,62				
66	21,42				
67	21,37				
68		21,37,42			
69	37,62				
70			10,37,42,62		
71	6,62				
72		88,93,98			
73		37,42,46			
74		19,22,40			
75		21,37,42			
76	61,62				
77			3,37,42,62		
78	37,62				
79	37,70				
80	22,70				
81				4,29,32,40,70	
82	3,37				
83	21,37				
84	21,37				
85	21,62				
<b>TOTAL (94)</b>	54	20	11	6	3

TOXICOLOGY-RELATED DEATHS – Multiple-Drug-Related Deaths: Medication Key

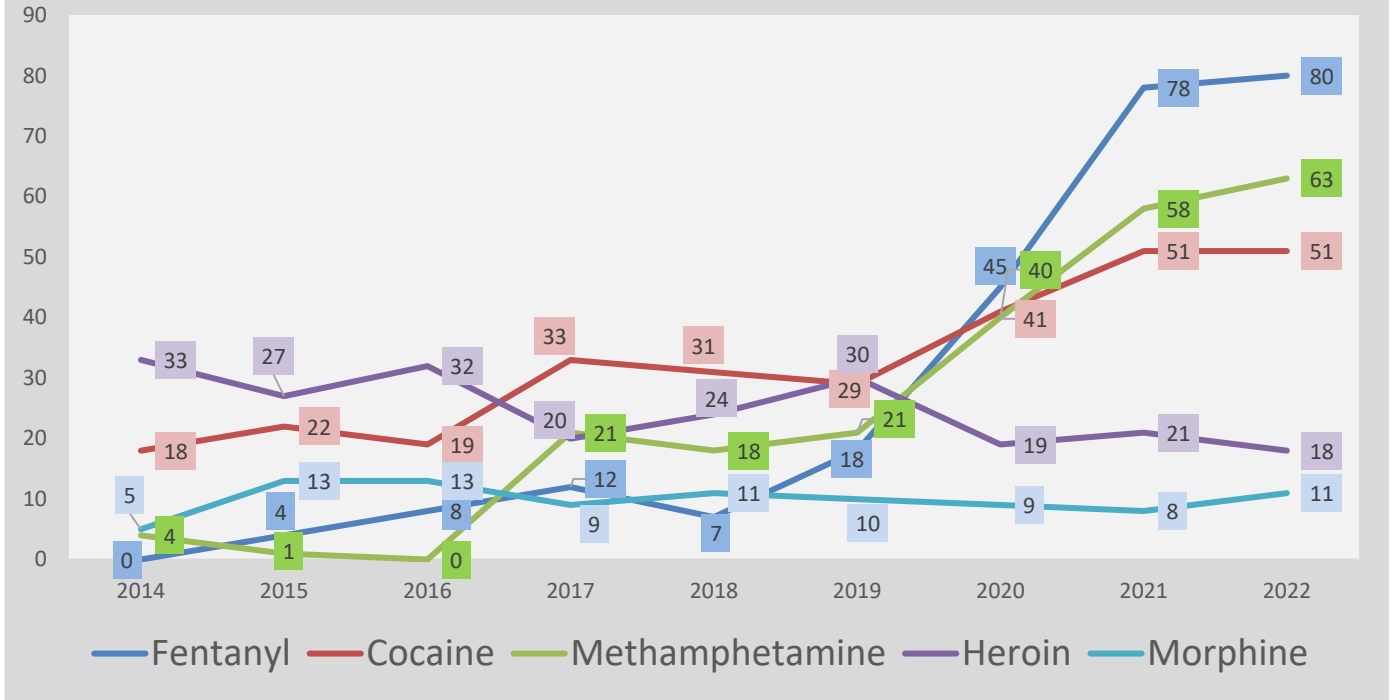
Acetaminophen	1
Acetone	2
Acetyl Fentanyl	3
Alprazolam	4
Amitriptyline	5
Amphetamine	6
Aripiprazole	7
Bath Salts	8
Benzodiazepine (NOS)	9
Buprenorphine	10
Butalbital	11
Bupropion	12
Buspirone	13
Carisoprodol	14
Chlordiazepoxide	15
Chlorphenamine	16
Chlorpromazine	17
Citalopram	18
Clonazepam	19
Clozapine	20
Cocaine	21
Codeine	22
Cyclobenzaprine	23
Desipramine	24
Dextromethorphan	25
Diazepam	26
Difluoroethane	27
Diphenhydramine	28
Donepezil	29
Doxepine	30
Doxylamine	31
Duloxetine	32
Ethane	33
Ethanol	34

Ethylene Glycol	35
Etizolam	36
Fentanyl	37
Fluoxetine	38
Fluvoxamine	39
Gabapentin	40
Haloperidol	41
Heroin	42
Hydrocodone	43
Hydroxychloroquine	44
Hydrogen Sulfide	45
Hydromorphone	46
Hydroxyzine	47
Inhalant (NOS)	48
Insulin	49
Isopropanol	50
Lacosamide	51
Lamotrigine	52
Levamisole	53
Levetiracetam	54
Loperamide	55
Lorazepam	56
Meclizine	57
Meperidene	58
Metaxolone	59
Metformin	60
Methadone	61
Methamphetamine	62
Methane	63
Methanol	64
Methylphenidate	65
Metoprolol	66
Midazolam	67
Mirtazapine	68

Mitragynine	69
Morphine	70
Naproxen	71
Nordiazepam	72
Olanzapine	73
Opiates (NOS)	74
Oxazepam	75
Oxycodone	76
Oxymorphone	77
Para-fluoro Fentanyl	78
Paroxetine	79
Pentobarbital	80
Perphenazine	81
Phenobarbital	82
Phentermine	83
Phenylpropanolamine	84
Pregabalin	85
Promethazine	86
Pseudoephedrine	87
Quetiapine	88
Risperidone	89
Salicylates	90
Sertraline	91
Synth. Cannabinoids	92
Temazepam	93
Tetrafluoroethane	94
Tramadol	95
Topiramate	96
Trazodone	97
Venlafaxine	98
Verapamil	99
Ziprasidone	100
Zolpidem	101
Zopiclone	102

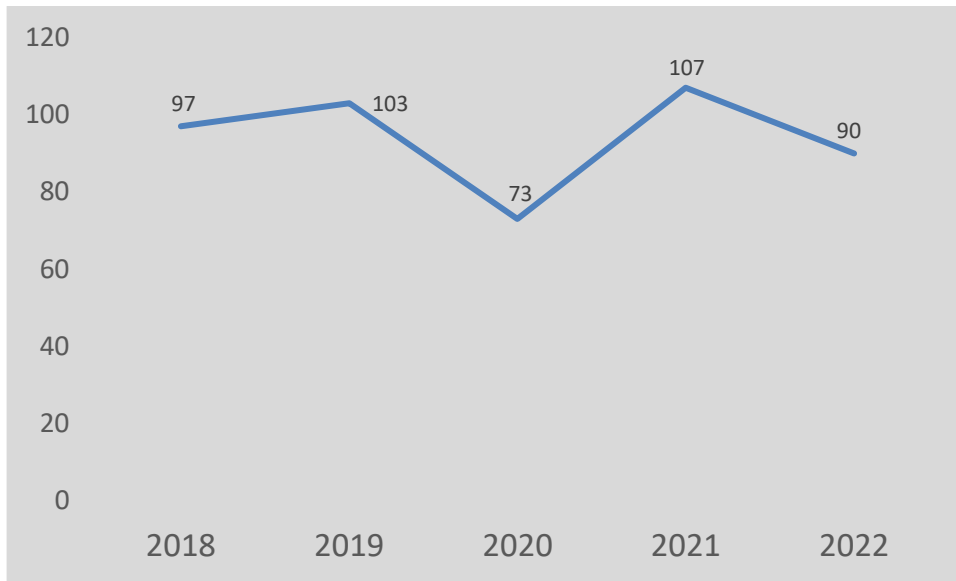
TOXICOLOGY-RELATED DEATHS: 2014 – 2022

Most Common Drugs: 2014-2022



MOTOR VEHICLE RELATED DEATHS

2022 MOTOR VEHICLE RELATED DEATHS (90) – SUMMARY TABLE

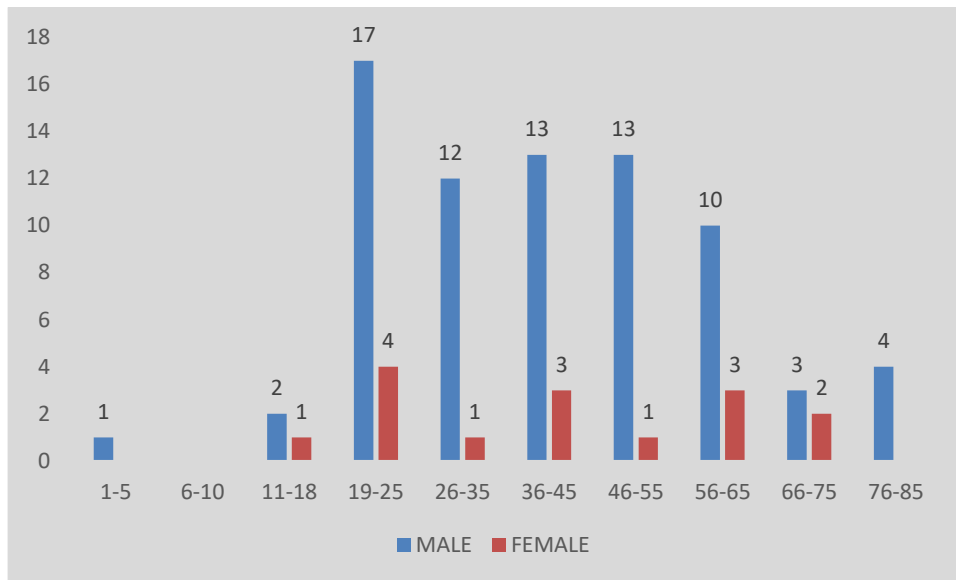


All motor-vehicle related deaths in 2022 were accidental in manner.

2022 MOTOR VEHICLE RELATED DEATHS (90) – STATUS OF DECEDENT

Motor Vehicle - driver	35
Pedestrian	23
Motorcyclist	15
Motor Vehicle - passenger	10
Bicyclist	3
Hit by train	2
Fall from moving vehicle	1
Pinned under vehicle	1
<b>TOTAL</b>	<b>90</b>

2022 MOTOR VEHICLE RELATED DEATHS (90) – GENDER AND AGE GROUP



*Males comprised 83% of all motor vehicle related deaths in 2022. Individuals between the ages of 19 – 38 years comprised 47% of all motor vehicle related fatalities.*

## FORENSIC CONSULTATIONS

On occasion, a detailed forensic neuropathology consultation is required to further characterize important anatomic findings in selected cases. Likewise, forensic cardiovascular pathology, forensic anthropology, and forensic odontology consultations are readily available to the EPOME.

YEAR	Neuropathology	Anthropology
2018	13	1
2019	17	1
2020	18	0
2021	14	5
2022	12	9

## ORGAN AND TISSUE DONATION

The EPOME allows an organ procurement organization (OPO) to approach families who wish to donate tissues from the deceased. These donations include skin, musculoskeletal tissue, and cardiovascular tissue (heart valves). Similarly, the EPOME also works with another OPO, fostering in-hospital postmortem organ donation. In 2022, there were **31 donors**, who collectively donated **131 organs**, thus impacting the lives of local patients in several El Paso Hospitals, including: University Medical Center, Del Sol Medical Center, El Paso Children’s Hospital, Sierra Providence East, and Las Palmas Medical Center. Furthermore, the EPOME started working in coordination with the Southwest Brain Bank (SWBB) - a brain tissue repository for research in mental illness. In 2022, there were 8 families that consented for altruistic postmortem donation.

## CREMATION AUTHORIZATIONS

In Texas, Medical Examiners are required by law to sign an authorization before a body is cremated. The forensic pathologists at the EPOME review each cremation authorization form and the respective death certificate before authorizing cremation. The table below shows the number of cremation authorizations signed by our forensic pathologists over the recent years.

YEAR	Cremations
2018	3278
2019	3392
2020	5020
2021	5026
2022	4776

## UNIDENTIFIED BODIES

The EPOME interacts with law enforcement agencies to positively identify individuals. A commonly used technique for identification is fingerprint comparison. Other scientific methods of identification (ID) include radiograph comparison (dental or body), medical devices, and DNA extraction. Over the past 5 years, 624 decedents have been positively identified using fingerprints.

YEAR	Fingerprint ID
2018	85
2019	105
2020	104
2021	139
2022	191

## UNCLAIMED BODIES

El Paso County General Assistance Program provides financial aid to help families who have lost a loved one pay for the funeral and cremation of the individual's remains.

YEAR	Unclaimed Bodies
2018	14
2019	22
2020	19
2021	35
2022	4

## MEDICAL EXAMINER PERFORMANCE AUDIT

### TURNAROUND TIME FOR FINAL AUTOPSY REPORT

The EPOME adopts national standards as set forth by the National Association of Medical Examiners (NAME). Regarding final written autopsy reports, NAME recommends that 90% of all exam cases are finalized within 60 calendar days to avoid a phase II (minor) deficiency, and that 90% of all exam cases are finalized within 90 calendar days to avoid a phase I (major) deficiency.

### 2022 EPOME EXAM CASES (777) – TIME FROM AUTOPSY TO FINAL WRITTEN AUTOPSY REPORT

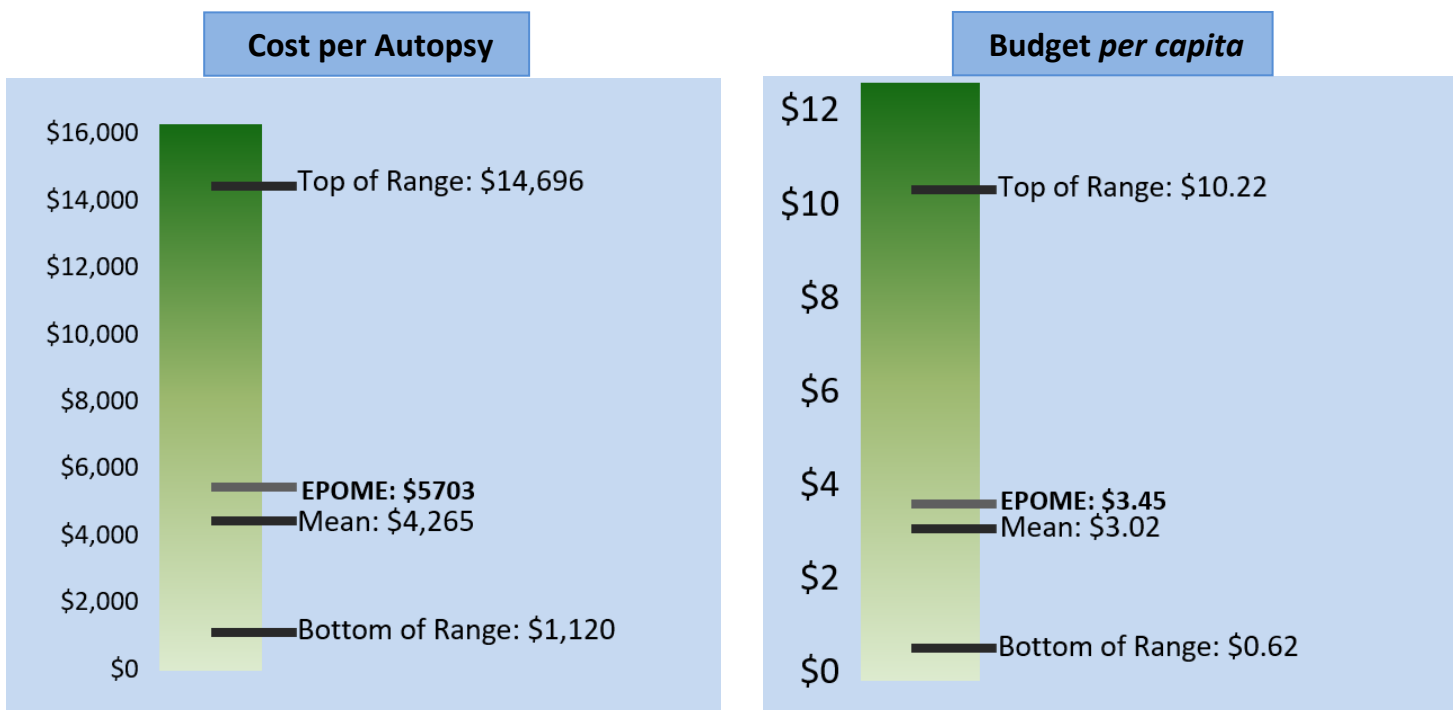
Time for final report	No. of cases (%)
Within 60 days	728 (93.8)
Within 90 days	767 (98.7)
>90 days	10 (1.28)

## THE COST OF MEDICOLEGAL DEATH INVESTIGATION

A rule-of-thumb figure for providing quality medicolegal death investigation has been said to be about \$3 per person per year, according to a study that included nearly 60 NAME-accredited offices (*J Forensic Sci, September 2018, Vol. 58, No. 5*). In this study, the average **cost per autopsy** (total budget/total number of autopsies) had a mean of \$4265 per autopsy and ranged from \$1120 to \$14,696. The **budget per capita** (total budget/total number of inhabitants of jurisdiction) had a mean of \$3.02, although there was a very wide range (\$0.62–\$10.22). Another study conducted in the State of Colorado (available at [www.denvergov.org/auditor](http://www.denvergov.org/auditor)) calculated the **cost per death reported** (total budget/total reported deaths) and found an average cost per death reported of \$755 for the NAME accredited medical examiner offices in their jurisdiction.

In 2022, the EPOME has a **cost per death reported** of **\$491.9**; a **cost per autopsy** of **\$5703**; and a **budget per capita** of **\$3.45/year**.

### EL PASO COUNTY COST OF MEDICOLEGAL DEATH INVESTIGATION (AS COMPARED WITH OTHER 60 NAME-ACCREDITED OFFICES).



## GLOSSARY

**Abortion** - the premature exit of the products of conception (fetus, fetal membranes, or placenta) from the uterus.

**Accident** – the *manner of death* used when, in other than *natural deaths*, there is no evidence of intent to harm

**Autopsy** – a detailed postmortem external and internal examination of a body to determine cause of death, collect evidence, determine the presence or absence of injury. The autopsy includes examination of the internal organs and structures after dissection.

**Cause of Death** – a disease, injury, or poison resulting in a physiological derangement or biochemical disturbance that is incompatible with life. The result of post-mortem examination, including autopsy and toxicological findings, combined with information about the medical history of the decedent serves to establish the *cause of death*. The cause of death can result from different circumstances and *manner of death*. For example, the same cause of death, gunshot wound, can result under suicidal, homicidal, or accidental manners.

**Children** – individuals 18 years of age and younger.

**Ethanol** – an alcohol, which is the principal toxicant in beer, liquor, and wine.

**External Examination**– a detailed postmortem external examination of a body, conducted when a full autopsy is determined to not be required.

**Homicide** – the *manner of death* in which death results from the harm of one person by another.

**Infant** - a child in the first year of life

**Inquest** - an investigation into the cause and circumstances of the death of a person, and a determination, made with or without a formal court hearing, as to whether the death was caused by an unlawful act or omission.

**Physician**: a practicing Doctor of Medicine or Doctor of Osteopathic Medicine who is licensed by the Texas State Board of Medical Examiners.

**Jurisdiction** – the extent of the Office of the Medical Examiner’s authority over deaths. The EPOME authority covers every death which is due, or which might reasonably have been due to a violent or traumatic injury or accident or is of public health interest and will be investigated by the Medical Examiner.

**Manner of Death** – the general category of the circumstances of the event which causes the death. The categories are *accident, homicide, natural, suicide, and undetermined*.

**Natural** – the *manner of death* used when solely a disease causes death. If death is hastened by an injury, the *manner of death* is not considered natural.

**Office of the Medical Examiner** – the office within the El Paso County that is responsible for the investigation of sudden, violent, or unexpected death.

**Opiate** – a class of drugs, including morphine, codeine, and heroin, derived from the opium poppy plant (*Papaver somniferum*).

**Pending** – the *cause of death* and *manner of death* are to be determined pending further investigation (such as toxicological, histological and/or neuropathological testing).

**Stillbirth** – the death of a fetus after the 20<sup>th</sup> week of pregnancy. Also known as Intrauterine Fetal Demise (IUFD)

**Stimulant**: a class of drugs, including cocaine and oral amphetamines, whose principal action is the stimulation of the central nervous system.

**Sudden Unexpected Infant Death** - the death of an infant less than one year of age in which investigation, autopsy, medical history review and appropriate laboratory testing fail to identify a specific cause of death.

**Sudden Infant Death Syndrome – (SIDS)** a broad, heterogeneous group of unknown causes of death in infants which, since its creation in 1969, evolved from a descriptor into a diagnosis as if it were a singular disease or disorder. Forensic pathologists are migrating away and abandoning the use of SIDS as a diagnostic phrase.

**Suicide** – the *manner of death* in which death results from the purposeful attempt to hurt oneself.

**Undetermined** – the *manner of death* for deaths in which there is insufficient information to assign another manner. An undetermined death may have an undetermined cause and manner of death; an undetermined cause of death and a known manner; or a known cause of death and an undetermined manner.



**2022 El Paso County Office of the Medical Examiner Annual Report**

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