Department of Anthropology



## Testimony for Appropriations and Financial Affairs Committee Regarding LD210 and the Office of Chief Medical Examiner Budget February 11, 2025

Senator Rotundo, Representative Gattine, and distinguished members of the committee,

I am testifying in favor of LD 210, – An Act Making Unified Allocations from the General Fund and Other Funds for the Expenditures of State Government and Changing Certain Provisions of the Law Necessary to the Proper Operations of State Government for the Fiscal Years Ending June 30, 2026 and June 30, 2027.

My name is Dr. Marcella Sorg. Since 1977, I have served as Maine's consulting forensic anthropologist. I am a Research Professor at the University of Maine. I am also a professional forensic anthropologist, nationally certified by the American Board of Forensic Anthropology, as well as a Fellow of the American Academy of Forensic Sciences and an affiliate member of the National Association of Medical Examiners.

I work very closely with the Office of Chief Medical Examiner (OCME), being called in frequently to examine decomposed and skeletal remains to identify and document skeletal trauma as well as to provide evidence to identify unknown individuals. In this role I frequently work in the OCME morgue and use equipment available there. That work includes, for example, utilizing x-ray equipment and the images it produces to gather evidence of skeletal trauma or disease, or to locate features on an unknown individual to support individual identification. In these roles, I also testify in court as an expert witness.

As a forensic anthropologist, I depend heavily on OCME's x-ray capability. I strongly support the proposed funding that would allow OCME to purchase a Lodox x-ray system. Lodox x-ray machines allow rapid, full-body x-rays, and produce much lower levels of radiation. The current x-ray machine (we have only one) at the OCME is outdated and very slow. It can only process one 15" x 18" image at a time, which is cumbersome since multiple images often are often required to examine one body. Additionally, the system is vulnerable to equipment breakdown, which does happen on occasion, severely hampering operations. Even when it works, its limitations slow us down in handling a medical examiner case load that has grown enormously during the past 25 years.

Images produced by our current machine have relatively low optical resolution. X-ray skeletal details can be used like a fingerprint in victim identification. In cases where we have to compare an OCME x-ray on an unknown decedent with a medical x-ray of a missing person, we are hampered by the low resolution, unable to zoom in far enough to see the details of the bone or dental structure. Digital Lodox systems on the other hand provide high resolution so you can zoom in quite far. This level of detail is also critical for interpretation of trauma. For example, to evaluate whether a fracture has started to heal or is more likely fresh, it is necessary to see very small, detailed changes in bone structure and texture.

A Lodox system would meet current national standards set by the National Association of Medical

Examiners. It would make our current day-to-day processes much more manageable and safe for us.

It would also mean being ready for potential mass fatality events, such as the tragedy at Johns Bridge in 2002, when 14 migrant workers from Guatemala and Honduras drowned when their van crashed into the Allagash River. These events are not predictable. They can place a heavy burden on our small office. Having up-to-date x-ray equipment is a one-time expenditure that can make all the difference.

Maralle H. Sorg

Marcella H. Sorg, PhD, D-ABFA Maine Consulting Forensic Anthropologist and Research Professor University of Maine