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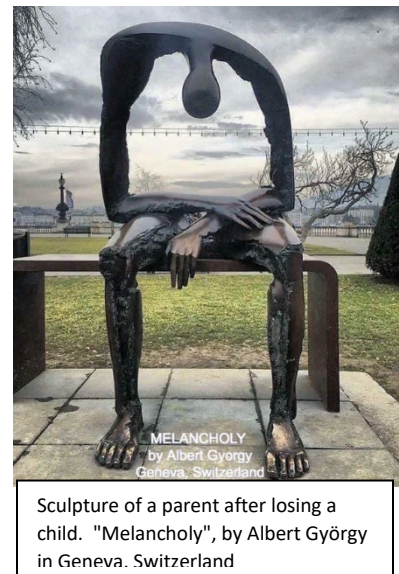
March 1, 2023

Re: Support of HB1042

Honorable Senator Lee and Members of the Human Services Committee

My name is Mary Ann Sens. I wish to speak in support of HB1042, which re-affirms the need for an autopsy, by a qualified forensic pathologist, when an infant in apparent good health dies suddenly. This bill also updates recommended terminology in the certification of these tragic deaths so that we may better understand what is causing them and initiate appropriate medical and public health interventions.

I reside in Grand Forks and for the last 21 years have been Coroner of Grand Forks County, ND and Professor and Chair of Pathology at the University of North Dakota School of Medicine and Health Sciences. As the Coroner, we go to death scenes in Grand Forks county. All are difficult, many with trauma, many unexpected, all with the profound loss of the finality of death. By far the most difficult is the sudden loss of an apparently healthy baby. The loss of a child is not in the normal sequence of human events. We have orphans, widows, widowers – but no name when a child is lost – that is how profound and lasting these deaths are.



Sculpture of a parent after losing a child. "Melancholy", by Albert György in Geneva, Switzerland

In addition to being Coroner, I serve as forensic pathologist for about half of the State of ND Coroners, doing autopsies for the Eastern half of North Dakota. I nearly all of these cases, I speak with the parents; they often come and see me as they struggle with the unfathomable loss and have questions that we often cannot answer. I have been a physician for many decades; I am still haunted by these losses and have been involved in many studies to understand and prevent these deaths. We have learned somethings but a lot of these deaths are still unexplained. Recently a committee of experts on these deaths recommended changes to the name, the way these deaths are tracked and proposed these changes to the World Health Organization. This bill utilizes those changes, using Unexplained Sudden Death in Infancy, rather than SIDS, SUID, SIDU or other categorizations that have lost diagnostic integrity over time.

In closing, I thank you for all the work you do for North Dakota and ask that you take this additional step to help ND families facing the unthinkable loss of a baby and assist those in many areas trying to prevent these tragedies.

Respectfully,  
Mary Ann Sens, MD, PhD