

## **When disaster strikes, DMORT answers the call**

**By Lee Webster**

### **Our casual relationship to disaster**

9/11. The Oklahoma City bombing. Hurricanes Katrina and Rita. Pan Am Flight 103 over Lockerbie, Scotland. The Winter Olympics in Salt Lake City.

We all remember something about past disasters, even if we can't put our finger on it right away. Some we remember vividly, as though we are still trying to pick up the pieces, still trying to fathom the scope and loss.

Until recently, those of us here in the Northeast believed disasters happened to other people in other states. Whereas a three-foot snowstorm that cuts power for a week might bring some places in the US to a standstill, to us, it was a vacation. That was until Hurricane Irene ripped through Vermont, damaging roads and bridges, causing billions in damages and heartache for displaced families throughout the state. More recently, we experienced the tragedy of the Boston Marathon bombing.

These events were a reminder that disasters can happen at home. Moreover, they are always in someone's home area, affecting someone's loved one.

Neither Hurricane Irene nor the Boston Marathon bombing resulted in mass fatalities. But what happens when people die in large numbers? Who takes direct responsibility for the bodies? Who notifies relatives, ensures that proper procedures are followed, that the deceased and the bereaved are treated with due respect and dignity?

Every disaster is technically a "local" event. The first people on any disaster scene are local first responders: local and state police, EMTs, firefighters, paramedics. Local chapters of the Red Cross seek to reunite survivors with their families. In all disasters involving fatalities, the local medical examiner or coroner is charged with "processing" the scene and completing all the necessary paperwork.

But what happens when local personnel are too few or inexperienced to respond to a high number of complex, emergency protocols? What happens when they are unable to handle a crisis situation promptly or fully?

**Enter DMORT**, the Disaster Mortuary Operational Response Team

DMORT is the brainchild of funeral directors who, in the 1980s, wanted to find a more expedient way to meet the needs of families during sudden, tragic events when local and state entities could not provide enough resources. The team assists local authorities in dealing with mass fatalities anywhere in the US and, on occasion, overseas.

DMORT is composed of an impressive array of professionals from across the country. Ten regional DMORT crews are always ready for activation. Members have “go bags” with them at all times, containing medications, and immunization fluids. They keep their certifications up to date, and undergo continuous training, often at their own expense. During their time of deployment, (usually about two weeks) they are considered federal employees.

The list of DMORT members is extensive: funeral directors, medical examiners, pathologists (responsible for defining injury patterns and determining cause and possible manner of death), forensic anthropologists, medical records technicians and transcribers, finger print specialists, forensic odontologists (experts in analyzing dental remains), dental assistants, x-ray technicians, mental health specialists, computer professionals, administrative support staff, security and investigative personnel, and others with specialized expertise.

All these professionals, many top in their field, work under the guidance of local authorities to recover, identify, and “process” deceased victims.

### **Who’s in charge?**

The local ME/coroner’s office, with support from other local authorities, is responsible for conducting victim identification, determining cause of death, managing death certification, and other medico-legal activities.

Families who have lost a loved one, or who are still waiting for news, have an urgent need to know what is happening.

A Victim Information Center Team provides services to families, setting up a hotline to bring vital information to them as well as to local authorities. Families become part of an inner circle, receiving details as these come in. This can increase their sense of empowerment during an experience that often feels anything but manageable.

Met with questions such as “Why is recovery taking so long?” and “How do we know the information is accurate?” authorities do their best to engage families while simultaneously dealing with the minute-to-minute challenges of the situation.

Friends and families play a key role in providing ante mortem information to the forensics team, such as evidence of tattoos, scars, and other distinctive physical characteristics, or knowledge of permanently implanted medical devices. All this can help with the fast and accurate identification of their loved one.

“We understand and are very sensitive to the fact that families want answers, they want to move on,” insists Dr. Edward Kilbane, Fatality Management Program Manager for the National Disaster Medical System, the agency under the leadership of the US Department of Health and Human Services that oversees DMORT. “We feel for them. We respect their concerns. And we practice the utmost respect when we process their family member.”

“Our ideal—what we’d really like to do—is to be able to pick up remains and return them to the family right away, but there is a lot to do in between... Our goal is to take the time to do the whole process to make sure it is done most efficiently with no mistakes.”

“The obligation of DMORTS is to do it well, do it efficiently, and do it correctly.” —  
Dr. Edward Kilbane

Time is of the essence at disaster scenes, especially when criminal evidence must be collected and preserved quickly before it degrades. If the circumstances indicate the involvement of crime, the FBI takes over. While the local ME/coroner maintains jurisdiction, the FBI becomes responsible for family assistance, and may request additional testing or documentation.

In aviation disasters, the airlines are obligated to tend to families, to locate next of kin, and to return personal belongings. In 1996, Congress passed the Aviation Disaster Family Assistance Act, ensuring that federally mandated requirements for managing family support are met.

### **What really happens?**

It’s not easy for us to imagine these disaster scenes. Most of us have a natural filtering system that allows us to watch the evening news, then eat a lovely dinner.

But to understand the complexity and efficiency of the work DMORTS do, the scene is key.

Depending on where and when the event occurs—rural or urban, near services, or in a remote wilderness location, winter or summer—temporary or permanent facilities may be used for the processing and holding of remains. The local emergency management team may have a plan to use a school gymnasium, airplane hanger, ice arena, warehouse, or other building.

If facilities are inadequate or do not exist, mobile morgues can be moved rapidly into place. Some states, including Florida, North Carolina, Ohio, and Texas, have their own units, increasing the ability to process victims quickly and efficiently.

Disaster Portable Mortuary Units (DPMUs) contain everything necessary to identify, process, and document victims. The units have sections for admitting bodies, tagging personal effects, taking identification photos, for pathology, anthropology, dental analysis, fingerprinting, DNA collection, embalming, radiology, casketing and release. They also contain personal protection disposal equipment.

This deliberately isolated environment allows team members to focus on their work, triage remains, determine what is evidential, and maintain the chain of custody for all material evidence. Each victim receives the necessary attention to assure families that everything possible has been done for their loved one. The system also promotes a consistent, high caliber of service throughout the DMORT regional teams and in every situation, regardless of the circumstances.

### **Who decides what happens to victims?**

When DMORT has completed its job, the victim's remains are released to the ME/coroner. The coroner then issues the death certificate based on the evidence gathered by the team.

Then, it's up to the next of kin, except in rare cases, to resume custody and control. For home funeral families, this is of importance. Loved ones may be released to the family. It is up to the family to approach the ME or coroner directly with their request.

In the case of aviation disasters or terrorist attacks, bodies that do not remain intact are often a puzzle that goes unsolved. When "common tissue", or unidentified parts of remains exist, a funeral director usually takes the lead in gathering families together to determine how to dispose of and honor those who died together.

### **Who joins DMORT?**

According to Dr. Kilbane, the DMORT heroes who rush to the aid of hapless victims in the worst of circumstances and at a moment's notice are self-selected. "They do similar highly trained work in their civilian job. But more importantly, they have a knack for this kind of work and genuinely enjoy helping people."

DMORT team members also have the right personality to integrate into the local group without causing power struggles or territorial conflicts. The chain of command is universally clear. Volunteers are not part of this effort, for the simple reason that there is no time to assess their skill level, their ability to work with others, or their capacity for coping.

### **In caring hands**

As a home funeral advocate, the most pressing question I hear time and again is "How can I know that my body will be treated with care, compassion, and dignity?"

Under normal circumstances—hospice, hospital, home deaths—it is fairly easy to assure families that their loved ones will be cared for by familiar hands with love and respect.

But how can we be sure that a loved one who dies unexpectedly in violent or sudden circumstances, often miles away from home, will be recovered and examined with the same care and honor?

The answer is trust. Trust that those who willingly run *toward* a disaster—not away from it—carrying the knowledge and the tools to begin to set things right, are there to treat victims with skill, generosity, and compassion.

For more information, visit the DMORT website [www.phe.gov](http://www.phe.gov) or search for a DMORT in your region.

### **What's the Difference?**

**Medical Examiner** is an MD (medical doctor) or OD (osteopath) who holds additional board certification in forensic pathology. An ME is responsible for investigating unnatural deaths, death and crime scene investigation, determining cause and manner of death, authorizing death certificates, performing autopsies, providing testimonies in court, notifying health boards and agencies of health threats, and certifying death before cremation.

**Coroner** is an elected official requiring no medical training responsible for determining cause and manner of death through investigative techniques rather than forensics. Often operating out of the sheriff's office, a coroner may issue subpoenas while investigating a death, but does not perform any hands-on medical procedures. Constituents in the jurisdiction determine the scope of the office and its duties and requirements.

### **Glossary of Acronyms**

AFDIL	Armed Forces DNA Identification Laboratory
ASPR	Assistant Secretary for Preparedness and Response
DHHS	Department of Health & Human Services
DHS	Department of Homeland Security
DMORT	Disaster Mortuary Operational Response Team
DOD DNA Registry	Department of Defense DNA Registry
DPMU	Disaster Portable Morgue Unit
FEMA	Federal Emergency Management Agency
FFA CAMI	FFA Civil Aerospace Medical Institute
IRC	International Rescue Committee
NRF	National Response Framework
NDMS	National Disaster Medical System
NTSB-TDA	Office of Transportation Disaster Assistance
OEP	Office of Emergency Preparedness
OPHS	Office of Public Health Service
OS	Office of the Secretary
VIP	Victim Identification Program

### **The 10 DMORT Regions in the US**

- REGION I (ME, NH, VT, MA, CT, RI)
- REGION II (NY, NJ, PR, VI)
- REGION III (PA, MD, DC, DE, VA, WV)
- REGION IV (AL, KY, TN, NC, SC, GA, MS, FL)
- REGION V (MN, WI, IL, IN, MI, OH)
- REGION VI (NM, TX, OK, AR, LA)
- REGION VII (NE, IA, KS, MO)
- REGION VIII (MT, ND, SD, WY, UT, CO)
- REGION IX (AZ, NV, CA, HI)
- REGION X (WA, AK, OR, ID)