



United States Department of
Health & Human Services
Office of the Assistant Secretary for Preparedness and Response



Fatality Management Federal Perspective

Operational Medicine/National Disaster Medical System
June 2015



Managing Disaster Deaths



- Fatality Management
- Federal role in fatality management



Fatality Management



- Management of fatalities is local in US
 - Standards vary by state and local jurisdiction
 - Usually handled between healthcare facility and next of kin; changes during disaster
 - “Societal” and “cultural” demands drive requirements

<ul style="list-style-type: none"> • Public Health • Justice • Safety • Disposition of property, debts and relationships 	<ul style="list-style-type: none"> • Grief/mourning • Religious concepts of death • Ritual • Care of widows/orphans
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1. There are more than 5,000 jurisdictions that have authority and unique procedures for fatality management. This makes planning for federal support a challenge.
2. Under normal circumstances, arrangements for the disposition of the dead is handled between a healthcare facility, the family, and the funeral industry. Under local and state laws, certain cases involve law enforcement and medical examiners/coroners.
3. In a disaster, the normal case flow may be interrupted, due to increased involvement of law enforcement, more cases under medical examiner/coroner jurisdiction, or difficulty establishing identity of the deceased.
4. Fatality management is a local function. In general, a dead body cannot be moved without a death certificate or permission from some local official. This is often the rate limiting step, regardless of the amount of logistic support.



Fatality Management



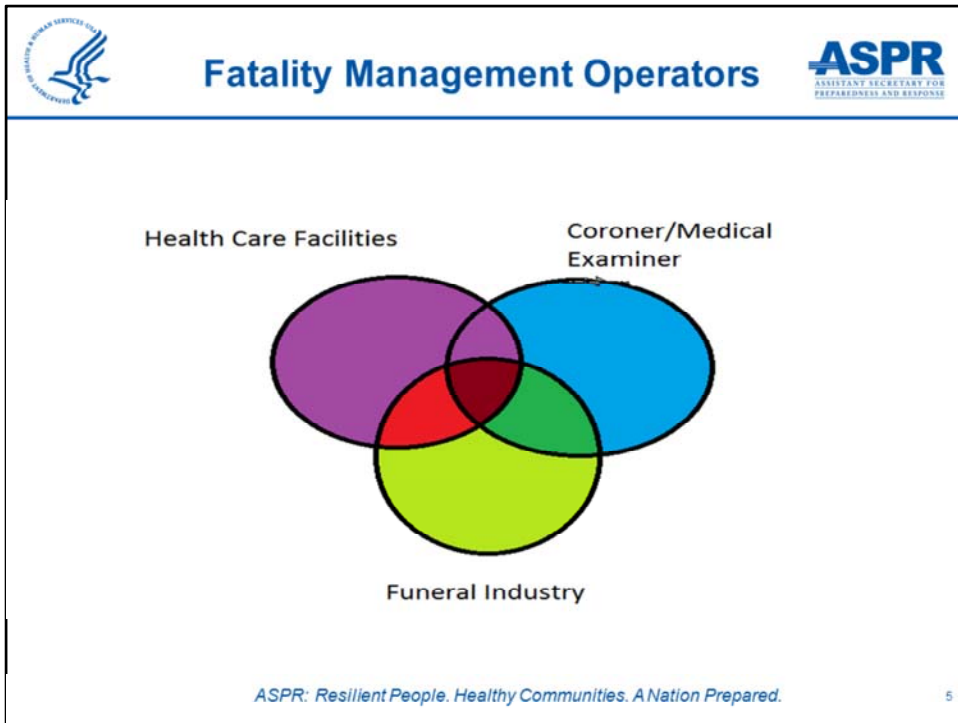
Field to Family/Death to Disposition

- Ultimately,
 - Remains recovered,
 - Identification, death certification, and all documentation completed,
 - Remains/personal effects prepared and returned to family,
 - With minimum possible delay and no errors.
- Guiding Principles: Compassion for those who survive and respect for those who have perished.

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1. There is never a reward for delaying the return of a body to loved ones. But, there is never an excuse for error, especially in identity.



1. Three major operators manage fatalities in the US. When an individual dies, the remains are initially managed by either a healthcare facility, if the death is under medical care, or the coroner/medical examiner, if the death is under other circumstances. Movement through the fatality management processes is usually facilitated by the funeral industry. Final disposition, adherence to cultural requirements, and direct contact with family members is the province of the funeral industry.
2. There are many other players/stakeholders in fatality management. Family, religious groups, mental health professionals, charitable organizations, law enforcement, and others all participate in fatality management. However, functioning health care facilities, coroner/medical examiner, and funeral industry are essential for taking remains from death to final disposition.



Fatality Management Federal Role



- 42 USC 300hh10 (b) (4) (A), ASPR will “[c]oordinate with relevant Federal officials to ensure integration of Federal preparedness and response activities for public health emergencies.”
- 42 USC 300hh1 (b) (3) (B) “The National Health Security Strategy shall include provisions in furtherance of the following: Increasing the preparedness, response capabilities, and surge capacity of hospitals, other health care facilities ...shall include developing plans for the following: Fatality management.”

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By law, the Assistant Secretary of HHS for Preparedness and Response (ASPR), is responsible for a large part of federal support to state, local, territorial, tribal, and insular governments when disaster strikes. By law, ASPR’s responsibility includes fatality management.



Federal References



- Presidential Policy Directive-8
 - systematic preparation for the threats that pose the greatest risk to the security of the Nation, including acts of terrorism, ..., pandemics, and catastrophic natural disasters.
 - The national preparedness system shall ...provide an all-of-Nation approach forpreparedness activities.
 - The national preparedness system shall include an interagency operational plan ...
 - detailed concept of operations; description of critical tasks and responsibilities; detailed resource, personnel, and sourcing requirements; and specific provisions for the rapid integration of resources and personnel.

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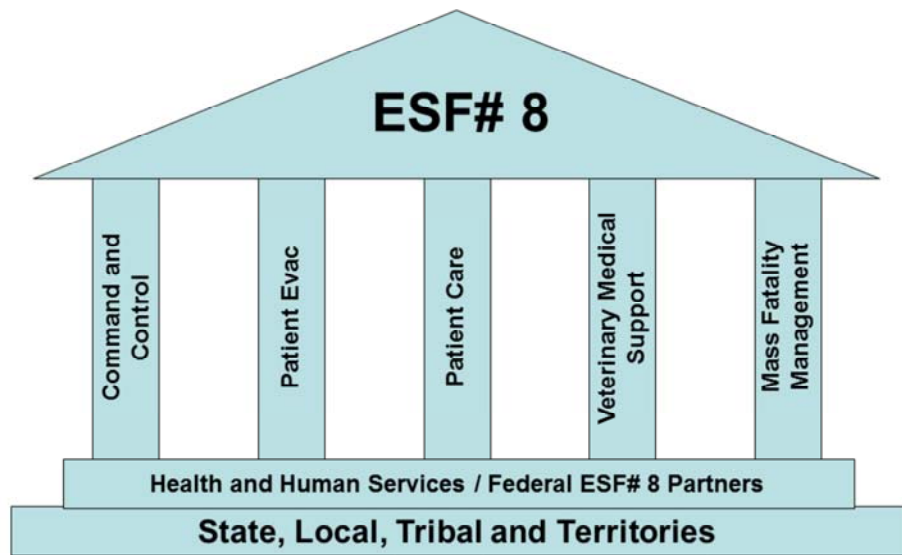
1. Presidential Policy Directive-8 (PPD-8) outlines how the federal government (executive branch) will prepare and respond to disasters. This is not law. PPDs establish policies and the way the federal government will carry out tasks. So
2. PPD-8 generates the strategy, framework, and federal plan for disaster response. The National Response Framework includes how the federal government will respond to disasters involving fatalities in one annex, Emergency Support Function #8 (ESF#8).



Federal References



- National Response Framework, (NRF) establishes phased and prioritized approach to disaster response for the federal government and the “whole community”
- Emergency Support Function #8, Public Health and Medical Support (ESF #8)
 - DHHS is both primary and coordinating agency for federal fatality assistance
 - Fatality management is only one of the functions.





Mass Fatality Management ESC



- DoD, DHHS, DHS/FEMA, VA, Joint Chiefs of Staff, NORTHCOM, etc. "Mass Fatality Management (MFM) Executive Steering Committee (ESC) Charter, April 2014
 - "...recognize the need to improve the nation's ability to prepare for, respond to, and recover from a mass fatality incident in the United States."
- Improving federal approach through refresh of National Planning Goals, National Response Framework, ESF #8, and Federal Interagency Operational Plan/CONOP


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1. To better coordinate planning and federal action, a Mass Fatality Management Executive Steering Committee (ESC) was chartered, 2014.
2. The ESC includes representatives from federal departments who have the potential to support the federal response to disasters involving fatalities (DHHS, DHS/FEMA, DoD, and others).
3. The ESC and associated Working Group is currently involved in clarifying roles and identifying resources for support in case requests for federal assistance arrive.



Fatality Management




Priorities in Fatality Management

- Immediate priority-save lives
 - When human remains become a hazard to the living
 - Remains accumulate in healthcare facilities, consume resources and space needed to treat the living
 - Remains are contaminated and hazardous
 - Remains accumulate in public, decrease morale and public loses faith in response efforts
 - Support investigation, recover evidence


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1. Fatality management rarely involves protecting human life. Normally, dead bodies are not a health hazard. There are some instance, certain contagious diseases, chemical or radiological contamination, and when the deceased get in the way of the living, that prompt action to at least recover and store bodies becomes a priority.



NDMS Fatality Management




Priorities in Fatality Management

- Response phase assessment
 - Facilities capability
 - Healthcare, government, funeral industry
 - structure, personnel, supplies
 - Investigation -Recovery of perishable evidence
- Recovery phase
 - Fatality management process must be completed so that society and survivors can continue to function, settle estates, dispose of property, pay taxes and debts, gain benefits, inheritance, form new relationships and evolve through the grieving process.


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1. The bulk of fatality management occurs as a part of the recovery phase. As we know from DoD experience, people continue to demand full return of remains and personal effects many years after death. For example, the Central Identification Laboratory, Hawaii, is still identifying remains from the Korean War, 65 years later.



NDMS Fatality Management





Request for Federal Assistance

- ESF #8 describes federal assistance for disaster response.
- Federal assistance can be provided through several channels:
 - Public Health Emergency
 - Stafford Act Disaster Declaration
 - Interagency Agreement (e.g. NTSB)
- Local agencies must work through their state emergency management office and the ASPR Regional Emergency Coordinator.

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1. Local jurisdictions and entities that desire federal assistance work through their state and local emergency management offices. Each of the FEMA regions has one or more DHHS/ASPR Regional Emergency Coordinator (ASPR REC) who can assist in fashioning an assistance request.
2. Requests must state a need, not a capability. It is the job of FEMA, DHHS/OEM to determine what federal capability best addresses the requested need. This process is facilitated through close coordination with the ASPR REC. When appropriate, a fatality management assessment team can be dispatched from ASPR OEM to assess local fatality management needs.
3. Federal assistance is generally not “free”. Reimbursement from the state is usually part of the expectation, particularly with a Stafford Act disaster declaration. The state payment can be substantial. Although, there are several ways states can reduce their costs.

 ESF #8 Federal Fatality Management Assistance 		
	DHHS/NDMS Assistance	Other Federal Assistance
Scene Control and Investigation		DoJ/FBI, NTSB
Recovery of Remains and Personal Effects	SME forensic anthropologists	Air NG (contaminated remains), Army NG (CERFP), DOD, USCG
Evidence Collection	SME forensic investigators, photographers	FBI evidence collection team
Identification	DMORT/DPMU, VIC, SME forensic anthropologist, odontologist	FBI Fingerprint Team, AFDIL
Death Certification	DMORT/DPMU, SME forensic pathologist, anthropologist, investigators	DoD AFME
Remains Preparation	DMORT/DPMU, SME funeral directors	DOD/US Army Mortuary Affairs
Disposition of Remains and Personal Effects	DMORT/DPMU, VIC, SME funeral directors	DOD/US Army Mortuary Affairs

1. Emergency Support Function #8 (ESF #8) of the National Response Framework (NRF) establishes DHHS as the lead and coordinating agency for federal response in disasters for Fatality Management. The ESF covers all “disasters”, declared and undeclared.
2. The NRF takes a “whole community” approach, recognizing that all government agencies, and non-government agencies, may be involved in disaster response and recovery.
3. DHHS maintains a limited capability to assist state and local jurisdictions perform most fatality management tasks. Therefore, DHHS relies on other federal agency partners to provide support to complete all fatality management tasks.




DHHS/OEM/NDMS resources.


DMORT capability is maintained by DHHS to support local authorities in the management of mass fatality incidents. DMORTs deploy to reunite families with the deceased victims of mass disasters. There are 10 DMORTs, one in each FEMA region, that can assist local medical-legal jurisdictions in examination of human remains. The DMORTs staff the Disaster Portable Morgue Units (DPMU), which are examination facilities that can be set up in tents or in large open buildings. DHHS also has a Victim Information Center team that gathers data about the deceased that can be used to identify remains and reunite them with loved ones. Finally, DMORT has a special All Hazards/Weapons of Mass Destruction team that is trained and equipped to remove biological, chemical and radiological contamination from human remains.

DMORTs also assist authorities in the investigation of accidents and terrorist events that result in mass fatalities.

Commercial Aircraft Accidents –Continental 3407, Buffalo, NY, 2009
Terrorist acts –Oklahoma City bombing, 1995



Fatality Management



- “Funerals are for the benefit of the living.”
 - Our customers are those who survive.
 - We work for a state/local government.
 - We have little direct contact with the ultimate consumer.
- “Grief never ends, it only changes....”

So, we hope to help society heal, but know that there will always be a scar.

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1. When someone dies, no one will ever be happy. So happiness is not our goal. Our goal is to assist people to pick up and carry on in the best way possible.