Fatality Management
Federal Perspective
Operational Medicine/National Disaster Medical System
June 2015
Managing Disaster Deaths

- Fatality Management
- Federal role in fatality management
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.
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.
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.
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.
ESF# 8

- Command and Control
- Patient Evac
- Patient Care
- Veterinary Medical Support
- Mass Fatality Management

Health and Human Services / Federal ESF# 8 Partners

State, Local, Tribal and Territories
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.
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.
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.
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.
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.

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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
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.