

# The Dover Port Mortuary Independent Review Subcommittee

A Subcommittee of the Defense Health Board





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Final Report — February 2012



# Defense Health Board

## Dover Port Mortuary Independent Review Subcommittee



**DEFENSE HEALTH BOARD**  
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February 27, 2012

The Honorable Leon A. Panetta  
Secretary of Defense  
The Pentagon  
Washington, D.C. 20301

Dear Mr. Secretary:

The Dover Port Mortuary Independent Review Subcommittee of the Defense Health Board is pleased to submit to you this report summarizing the findings and recommendations from our independent review.

The Subcommittee was established to conduct an independent assessment of current operations at the Port Mortuary Division of the Air Force Mortuary Affairs Operations (AFMAO) at Dover Air Force Base; the interface among AFMAO, the Armed Forces Medical Examiner System (AFMES), and the Services; and the impact and effectiveness of recent changes in policies and procedures.

The Subcommittee received several briefings from and conducted thoughtful, deliberative discussions with DoD and Service stakeholders, the U.S. Department of Veterans Affairs, and AFMAO and AFMES leadership and personnel. The Subcommittee also visited the Dover Port Mortuary, met with the three whistleblowers, and interviewed family members, in addition to reviewing relevant policies, regulations, reports, and Standard Operating Procedures.

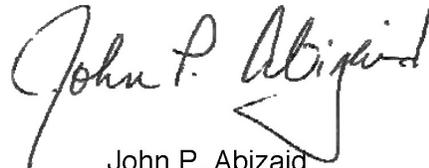
An overarching belief of the Subcommittee members is that it is the duty of the Department to continue to compassionately and professionally care for our Fallen and their Families in a manner that is commensurate with their sacrifice. Implementing the recommendations in this report will enable the Department to ensure that our Fallen are accorded the highest degree of honor, dignity, and reverence.

Sincerely,

A handwritten signature in black ink that reads "John P. Abizaid". The signature is written in a cursive style with a large, stylized initial "J".

General (Ret) John P. Abizaid  
Chair, Dover Port Mortuary Independent Review Subcommittee

Defense Health Board  
Dover Port Mortuary Independent Review Subcommittee



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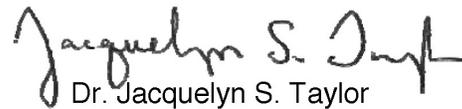
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# Executive Summary

## Introduction

The United States has a long and proud tradition of honoring its war dead. Consistent with the supreme sacrifice of the Fallen, our Nation must sustain the trust of its Service Members and their families by ensuring that the Fallen are accorded the highest degree of honor, dignity, and reverence, now and in the future.

In November 2009, U.S. Senator Tom Carper of Delaware received a letter alleging wrongdoing at Dover Port Mortuary (DPM) involving handling and disposition of human remains returning from Afghanistan and Iraq. In May and July of 2010 the Office of Special Counsel (OSC) referred allegations made by three DPM employees to the Secretary of Defense for investigation. Specifically, these individuals alleged improper preparation of remains of a deceased Marine; improper handling and transport of remains with possible contagious disease (suspected tuberculosis based on nodules observed on lungs at the time of autopsy); improper handling and transport of fetal remains of military dependents; and improper handling of cases of missing portions of remains.

Several Service-level investigations ensued as did a review of those investigations by OSC, resulting in numerous corrective actions and personnel changes at the facility. In fall 2011, senior Department of Defense (DoD) leadership asked the Defense Health Board (DHB) to conduct an independent assessment of the current overall operations of DPM, the effectiveness of changes identified or taken to date, and the means by which those changes are examined for continued effectiveness. Specifically, the DHB subcommittee was asked to focus on the policies, procedures, and processes currently in place at DPM. The subcommittee did not focus its review on disciplinary or retaliatory personnel actions that followed these investigations, which were the subject of another review.

## Background

DoD policy mandates that the Secretary of the Air Force “operate and maintain a port-of-entry mortuary within the continental United States (CONUS) and, as required, establish other CONUS port-of-entry mortuaries in support of all the Military Services.” The Air Force also serves as the DoD component with operational oversight of the Dignified Transfer Process and related Media Access Policy at Dover Air Force Base (AFB). DPM became the sole CONUS port mortuary providing joint services in 2001. In 2009, the Air Force Mortuary Affairs Operations (AFMAO) was stood up and established as a “named activity” under Headquarters Air Force Directorate of Services.

Also located at Dover AFB is the Armed Forces Medical Examiner System (AFMES), which supports DoD and other Federal agencies by: providing a full accounting for every Service Member who dies while in service; improving the survivability of current and future Warriors by informing improvements in body armor and design, which has saved lives; and providing comprehensive forensic investigative services. AFMES serves on behalf of the Secretary of Defense and under the

Army in the Army's role as Executive Agent. It was relocated to Dover from Rockville, Maryland, as a result of the 2005 Base Realignment and Closure Act. It is adjacent to AFMAO at the Charles C. Carson Center for Mortuary Affairs.

Because of the nature of the current conflicts, the remains of the Fallen are in many cases fragmented. DoD policy is to return these fallen heroes to their families as expeditiously as possible. Under the current system, once the decedent arrives at DPM, remains are catalogued by AFMAO and custody is transferred to AFMES. While in custody of AFMES, the body and fragmented specimens are scientifically identified when possible and autopsy is conducted. Some fragments cannot be identified or associated with a fallen hero. Disassociated specimens are evaluated by AFMES and catalogued by AFMAO. Others cannot be tested because of their condition upon arrival at AFMES. Some fragments are identified after the body has been released to the Person Authorized to Direct Disposition (PADD). The PADD can direct whether he or she wishes to be notified of such subsequent identifications and, if so, can direct the disposition of the material. AFMES retains all specimens from the Fallen in perpetuity.

AFMES leadership believes its most important mission is to positively identify all of the Fallen so that no family will ever have doubts about the fate of a loved one. Because of the horrific injuries that occur in theater, AFMES personnel have had to rely approximately 500 times on DNA tests alone as the only way to positively establish identification. On some of those occasions, the amount of tissue available to test has been very small and not of good quality, but identification was successfully accomplished.

Once AFMES authorizes release of the body and identified fragmented remains, AFMAO arranges mortuary services for the Fallen according to the wishes of the PADD. Thus, remains of the Fallen received at DPM are cared for by both AFMES and AFMAO. Under realignment to take place in 2012, all remains will be in the custody of AFMES upon arrival at Dover AFB, until they are received by AFMAO.

The Joint Personal Effects Depot (JPED) is also adjacent to DPM. It processes personal effects of all Soldiers, Sailors, Marines, Airmen, Coast Guard, and DoD civilians and contractors injured or killed in action.

In addition, Army, Navy, and Marine Corps Service liaisons work integrally with AFMAO, although they are neither commanded nor controlled by AFMAO. These liaisons serve as the conduit between the Services and the PADD through the casualty assistance officer.

The Central Joint Mortuary Affairs Board (CJMAB) is responsible for coordinating mortuary affairs policy, procedures, mobilization planning, and issuing recommendations on mortuary services during military operations.

## Findings and Recommendations

The subcommittee conducted its work based on several procedural and substantive principles. It adopted a comprehensive and long-term approach to addressing the systemic issues underlying the findings cited by previous investigations rather than focusing only on the most recent events. This report addresses and makes recommendations regarding relevant DoD policies and directives and whether they need reconsideration; command, oversight, and policy issues requiring attention and revision; AFMES organizational issues as it interfaces with AFMAO; and AFMAO workflow and operations.

## **Command, Oversight, and Policy**

The subcommittee reviewed issues of command, oversight, and policy for AFMAO as well as for the various organizations with which it interfaces—AFMES, JPED, and the Service-specific liaison teams. The subcommittee also reviewed the role of external and internal oversight mechanisms, coordination among organizations, the role of the Army as Executive Agent, the flow of policy from DoD, and the role of CJMAB. The subcommittee found that lack of clear command authority and supervision, lack of command and technical oversight, unclear relationships among coordinating organizations, lack of directive authority within CJMAB, and unclear guidance with respect to “Executive Agency” contributed significantly to the finding of “gross mismanagement” in the investigations.

Although the Air Force has made great strides in addressing the deficiencies in AFMAO operating procedures since the investigations, it is clear that a broader DoD effort is required to ensure that the mission centered on AFMAO is properly supervised, resourced, and inspected, and that changes can be sustained into the future.

### **Recommendation 1: The Secretary of the Air Force should direct that:**

- a. Uniform Code of Military Justice authority be given to the commander, Air Force Mortuary Affairs Operations;**
- b. the Air Force Mortuary Affairs Operations command be placed on the list of centrally selected Air Force commands; and**
- c. the commander be given special training to deal with the unique nature of the mission.**

**Recommendation 2: The Secretary of the Air Force should immediately direct either an existing flag officer level command or create a new flag officer level command to oversee Air Force Mortuary Affairs Operations and require, among other oversight functions, that it develop a stringent command and technical inspection program necessary to accomplish its mission.**

AFMES is responsible for the full range of medical examiner tasks for the Armed Forces, which include maintaining DoD’s extensive DNA bank, drug testing, toxicology testing, and examining wounds from all sources to optimize protective equipment of all types for troops in the field. The importance of this mission requires a clear chain of command and supervision. However, the Director of AFMES, with a large Tri-Service organization and worldwide responsibilities, currently lacks the command title, associated responsibilities, and Uniform Code of Military Justice (UCMJ) authority.

**Recommendation 3: The Secretary of Defense, in conjunction with the Secretary of the Army, should create a command position in the Armed Forces Medical Examiner System. The commander should be centrally selected from qualified uniformed officers by a board convened by the Secretary of Defense and given all command and Uniform Code of Military Justice authority.**

Although the current informal command relationships have worked well over the 10 years of combat, more formal training, manning, and command relationships should be established.

**Recommendation 4: The Secretary of the Army, as Executive Agent, should establish minimum standards of manning, training, and tour length of Service liaison teams at Air Force Mortuary Affairs Operations and direct that such teams be placed TACON<sup>1</sup> to its commander.**

AFMAO and its interfacing organizations require a sustained and systematic inspection regime to focus on command and technical issues on a regular basis.

**Recommendation 5: The Secretary of Defense should direct the Department of Defense Inspector General to conduct an annual inspection of Air Force Mortuary Affairs Operations and its relationships with the Armed Forces Medical Examiner System, the Joint Personal Effects Depot, and the Service liaison units. In addition, the Secretary of Defense should, in collaboration with Congress, direct the formation of a Board of Visitors to conduct command and technical reviews of Air Force Mortuary Affairs Operations and its interface with these organizations and report its findings through the Defense Health Board.**

Finally, the source and flow of DoD policies is inadequate. The ill-defined roles of Executive Agency require clarification, and CJMAB requires more authority to direct timely and meaningful policy decisions.

**Recommendation 6: The Secretary of Defense should order:**

- a. immediate staffing and approval of policy directives concerning mortuary affairs, to be completed within 60 days of issuance of this report;**
- b. that offices within the Department of Defense responsible for policy implementation and oversight be adequately manned and resourced;**
- c. that the role of Executive Agent be clarified and strengthened with a biannual review by the Department of Defense of the continued role of the Secretary of the Army as Executive Agent; and**
- d. that the Central Joint Mortuary Affairs Board be chaired by the senior uniformed Army officer or Assistant Secretary of the Army, who is empowered to direct implementation of policies and ensure proper oversight of such policies over all components.**

### ***AFMES Operations and Workflow***

In 2012, as part of the November 6, 2011, AFMES/AFMAO Realignment Course of Action, AFMES will manage investigative and identification processes and physical areas for such work beginning with the receipt and cataloguing of remains following the Dignified Transfer. AFMAO, which previously had this responsibility, will manage only mortuary affairs processes and physical areas. Thus, once the organizational realignment is completed, AFMES will have jurisdiction and physical custody of all remains from arrival at DPM until they are signed over to AFMAO for care. The subcommittee was very impressed

<sup>1</sup>TACON is authority normally limited to the detailed and specified local direction of movement and maneuver of the tactical force to accomplish an assigned task. TACON does not provide organizational authority or administrative and support responsibilities.

with the quality, dedication, and willingness of AFMES and AFMAO personnel to work as a team but recognizes that this transition might affect morale of AFMAO personnel. In addition, it is critical that the new lines of communication resulting from this realignment ensure seamless operations.

**Recommendation 7: Air Force Mortuary Affairs Operations (AFMAO) and Armed Forces Medical Examiner System (AFMES) leadership should ensure that during the transition of responsibilities from AFMAO to AFMES regarding the receipt and cataloguing of remains, morale issues and appropriate lines of communication are properly addressed.**

AFMES is statutorily required to conduct examinations and process numerous decedents, including DoD contractors and foreign nationals. Currently, AFMES has to arrange for the removal of these remains from DPM, including overseas shipment.

**Recommendation 8: Because Air Force Mortuary Affairs Operations (AFMAO) and the Armed Forces Medical Examiner System (AFMES) currently have different authorizations regarding who is entitled to receive their services, the Department of Defense should consider expanding AFMAO authorization to include processing the remains of non-military decedents that AFMES is required to examine.**

Corrective actions taken since the new AFMAO commander assumed his responsibility seem to be appropriate and ensure suitable interaction between AFMES and AFMAO personnel. Those taken to ensure proper chain of custody, including the implementation of a barcode system of tracking remains at every handler at every stage in the medical examination process, as well as functional changes such as locked doors, authorized entries to refrigeration units, and a clear separation of the AFMAO and AFMES facilities, seem to be appropriate. Moreover, the Armed Forces Medical Examiner Tracking System appears to be very robust, including many checks from multiple personnel to mitigate the possibility of errors in the chain of custody.

**Recommendation 9: With the realignment not yet complete, it is imperative that the Armed Forces Medical Examiner System continue to carefully monitor chain of custody procedures and ensure that appropriate oversight is accomplished as additional improvements are made. In addition, with this custodial realignment, new standard operating procedures should be developed to reflect the significant changes in procedures.**

AFMES personnel expressed concern that should large numbers of decedents, whether military or non-military, arrive at DPM in short periods of time, particularly if large losses are sustained over time, the ability of AFMES to surge to meet the requirement would be difficult. Partly because of the command and control issues previously discussed, adequate effort within the chain of command has not gone into planning for the possibility of large numbers of decedents.

**Recommendation 10: Planning should occur, instituted at high levels within the command and control structure, to prepare for the possibility of large numbers of decedents arriving at Dover Port Mortuary, whether from military or non-military causes (such as natural disasters).**

Additionally, the subcommittee found that the implementation of the exposure control plan as a remedy created by the new administration seems adequate. Universal precautions regarding infectious disease control and exposure control procedures have been developed and applied with regard to the handling of contagious and potentially contagious remains.

Applicable practices are in place to ensure appropriate personnel training and certification. Moreover, AFMES has pursued practices to ensure its facility, personnel, and the services provided exceed the professional standard through the accreditation of the toxicology and DNA laboratories, personnel certification and training, as well as applying for National Association of Medical Examiners accreditation of the AFMES facility.

Finally, there is no firm rule on the size of portion that will not be tested for identification, but given the operations tempo and other circumstances, the Medical Examiner sometimes elects not to send for testing portions up to 500 grams, although in most cases such portions are much smaller. The subcommittee found no reason to recommend any change to this practice.

### ***AFMAO Operations and Workflow***

The subcommittee reviewed the corrective actions and new policies and procedures developed to address past concerns. For the most part, it found these improvements appropriate and sufficient. In addition to improving these policies and resources, AFMAO personnel have continued to meet their crucial mission through extraordinary effort and innovative thinking. Addressing needs for grieving families, they formed relationships and partnerships, streamlined processes, and otherwise focused all efforts to comfort the families of the Fallen, regardless of rank. They deserve our complete gratitude.

However, the subcommittee did identify additional areas for improvement. There is an overarching need to enhance and acknowledge the key role played by morticians at DPM. Efforts should be made to augment their status and credibility. Thus, several findings focus on personnel and training and the need for oversight and review to achieve this end.

DPM-licensed embalmers are understaffed for large-scale events. The mission requires the highest skill levels and extensive embalming and restorative experience. The scope of practice regarding various categories of embalming, restoration, and preparation staff is of concern.

**Recommendation 11: Resourcing of licensed embalming personnel should be carefully reviewed to ensure that it is consistent with the values of the stated Dover Port Mortuary mission.**

**Recommendation 12: Air Force Mortuary Affairs Operations should establish policies on scope of practice (i.e., who is qualified to perform which functions). Licensed personnel who do not hold the necessary skills to complete complex cases should receive adequate support and/or training.**

Training is insufficient across Mortuary Affairs. Thus, given the current supportive environment fostered by DPM leadership, one of the remaining limiting factors is a training deficit. Additional training on health and safety is needed. Further, communication with the PADD and family about care of their loved one requires

the highest skill level and should be performed by experienced funeral service practitioners. Training and credentials for Service liaisons, case managers, and casualty assistance officers vary among Services. Training and background credentials for those directly communicating with families is often inadequate given the gravity and complexity of these issues, and should include sensitivity training, or its equivalent.

**Recommendation 13: Periodic training should be provided to: a) ensure personnel are up-to-date on health and safety practices and regulations and b) ensure embalmers are trained in the most advanced techniques available in the embalming and restorative arts. Competency evaluations should be created in consultation with subject matter experts.**

**Recommendation 14: Training for Service liaisons, case managers, and casualty assistance officers should be increased and standardized across Services. Training must provide skills for effective communication between morticians and the Person Authorized to Direct Disposition. Competency evaluations should be created in consultation with subject matter experts.**

The lines of communication across the continuum of care are fraught with risks. The mortuary staff described ongoing supervision and a collegial environment that facilitates communication among licensed embalmers particularly when added expertise is required for difficult cases. However, the array of forms and terminology used creates difficulties for staff communicating internally and externally. Current forms provide limited options to the PADDs.

**Recommendation 15: Air Force Mortuary Affairs Operations should conduct a complete review of authorization/disposition forms utilized in Mortuary Affairs with the goal of creating a standardized form for use by all Services. Forms should employ language regarding necessary embalming and authorizing restorative art procedures in consultation with subject matter experts. Options should be provided to ensure viewability if desired and feasible.**

**Recommendation 16: During the initial notification, the Person Authorized to Direct Disposition should be provided with all of the information that is available at that time and an overview of the medical examiner and mortuary processes.**

**Recommendation 17: Standardized internal communication/collaboration among licensed embalmers should be established to ensure optimal viewability classification is determined, consistent with the wishes of the Person Authorized to Direct Disposition and the overall mission.**

Current options for disposition of identified portions that the PADD does not wish to receive are limited to burial at sea. Conversations between the subcommittee and representatives of the Department of Veterans Affairs (VA) involved in memorial affairs raised the possibility of additional options for disposition of cremated remains through VA services and operations. Such options might include comingling of cremains in an ossuary or placement of ashes in a scatter garden in a VA national cemetery.

**Recommendation 18: The Department of Defense (DoD) should work with the Department of Veterans Affairs (VA) to assess the feasibility of alternatives to retirement at sea, such as interment or inurnment in VA facilities. In addition, DoD should explore alternatives for such disposition in military cemeteries.**

**Recommendation 19: To ensure ongoing discussions of ways in which the Department of Veterans Affairs (VA) might assist in interment or inurnment of portions of remains, the Department of Defense (DoD) should work with VA to create a permanent slot for VA representation on the Central Joint Mortuary Affairs Board.**

On February 15, 2012, the details of a Command Directed Investigation were provided to the subcommittee outlining an incident that occurred on or about September 30, 2011, in which remains were cremated in a manner contrary to PADD instructions. This was in violation of the Departments of the Army and Air Force regulations. The event underscores the lack of supervision of the senior mortuary specialist, a knowledge deficit regarding the fundamental approval process that affects junior and senior staff, and a failure to utilize appropriate communication channels between the mortuary specialist and the PADD.

**Recommendation 20: Whole body cremations should not be conducted at DPM.**

The subcommittee developed additional findings for which there are no recommendations. One of the past concerns voiced was the allegation that human fetal remains were transported from Landstuhl Regional Medical Center (LRMC) to DPM in containers that were inappropriate and did not meet regulatory standards. Subsequent investigation revealed that although the containers used met regulatory standards they were not containers typically used for this purpose. The mortuary staff at LRMC had ordered the appropriate transport container but the supply of containers had not arrived in time for these shipments. LRMC now has the appropriate containers in stock, and the issue is resolved.

In conclusion, care of the Fallen and their families is a DoD-wide mission and a sacred duty. Thus, the assurance of proper chain of command, regular oversight, and review of the interactions among the supporting missions must be a DoD priority. It is imperative that policy, structural, and procedural solutions capture and reflect lessons learned from a decade of war and that these lessons are not lost for the next generation of Fallen Warriors and continue to sustain the sacred trust of the families of our Fallen.

# I. Guiding Principles

The United States has a long and proud tradition of honoring its war dead. Consistent with the supreme sacrifice of the Fallen, our Nation must sustain the trust of its Service Members and their Families by ensuring that the Fallen are accorded the highest degree of honor, dignity, and reverence, now and in the future.

In beginning this review, the subcommittee conducted its work based on several procedural and substantive principles. First, it adopted a comprehensive and long-term approach to addressing the systemic issues underlying the findings cited by previous investigations of the Dover Port Mortuary rather than focusing only on the most recent events. It is imperative that policy, structural, and procedural solutions capture and reflect lessons learned from a decade of war and that these lessons are not lost for the next generation of Fallen Warriors.

Second, as an impartial and apolitical body, the subcommittee operated on the premise that its deliberations would proceed with no preconceived outcomes or recommendations. It focused its review on the Terms of Reference issued by the Secretary of Defense, which enabled the subcommittee to examine an all-encompassing range of issues with the exception of disciplinary review matters, which were the subject of a separate review.

The subcommittee also developed substantive principles to guide its work. An overarching principle is the duty of the Department of Defense to continue to compassionately and professionally care for our Fallen and their Families in a manner that is commensurate with their sacrifice. To meet this standard the recommendations offered by the subcommittee, when taken as a whole, must ensure that:

- i) the mission of caring for our Fallen is conducted according to the highest standards of professional and technical expertise—perfection is the goal, and failure to meet it is unacceptable;
- ii) policies and procedures are transparent and reflect and instill compassion for Families throughout the entirety of the process;
- iii) this national mission receives the full support of the Office of the Secretary of Defense, the Chairman of the Joint Chiefs of Staff, and the Secretaries and Chiefs of each Armed Service; and
- iv) trust is sustained with Service Members, their Families, and the Nation in this solemn and sacred mission.



## II. Background and Introduction

Dover Port Mortuary (DPM) at Dover Air Force Base (AFB) was established in 1958. It became the sole continental U.S. port mortuary providing joint services in 2001, when Travis AFB Port Mortuary closed. In 2009, the Air Force Mortuary Affairs Operations (AFMAO) was stood up and established as a “named activity” under Headquarters Air Force Directorate of Services. DPM became AFMAO’s Port Mortuary Division and Air Force Mortuary Affairs was realigned from the Air Force Services Agency in San Antonio to Dover AFB. Department of Defense (DoD) policy mandates that the Secretary of the Air Force “operate and maintain a port-of-entry mortuary within the continental United States (CONUS) and, as required, establish other CONUS port-of-entry mortuaries in support of all the Military Services.” The Air Force also serves as the DoD component with operational oversight of the Dignified Transfer Process and related Media Access Policy at Dover AFB. In addition, the Secretaries of the Military Departments each must maintain a capability to provide mortuary affairs support, to include search and recovery, storage and transport of remains, and related interment, memorial service, and Dignified Transfer travel expenses.

Also located at Dover AFB is the Armed Forces Medical Examiner System (AFMES), which supports DoD and other Federal agencies by:

- providing a full accounting for every Service Member who dies while in service;
- improving the survivability of current and future Warriors by informing improvements in body armor and design; and
- providing comprehensive forensic investigative services.

AFMES is an organization that serves on behalf of the Secretary of Defense and serves under the Army in the Army’s role as Executive Agent. It was relocated to Dover AFB from Rockville, Maryland, as a result of the 2005 Base Realignment and Closure Act and operates at Dover as the Office of the Armed Forces Medical Examiner (OAFME). It is adjacent to AFMAO at the Charles C. Carson Center for Mortuary Affairs.

Among other duties, AFMES conducts autopsies on all remains of the Fallen before they are received by Mortuary Affairs for preparation for interment or inurnment, in accordance with the wishes of the Person Authorized to Direct Disposition (PADD). Under the implementation authorities of Title 10, Section 1471, the Assistant Secretary of Defense for Health Affairs is granted scientific authority for the identification of remains through AFMES. Thus, both AFMAO and AFMES have custody of the remains of the Fallen at different points in the processes from Dignified Transfer upon arrival at Dover AFB through sendoff from DPM for final interment or inurnment.

Because of the nature of the two conflicts the remains of the Fallen are in many cases fragmented. DoD policy is to return these fallen heroes to their families as expeditiously as possible. AFMES attempts to identify all significant portions of remains so they can be interred or inurned with the decedent. If the Medical Examiner determines that the remains are incomplete, the PADD must sign

a Disposition of Remains Election Statement. The PADD determines disposition if additional portions of remains are identified. Upon receiving this information, mortuary personnel ensure that the remains of the Fallen are handled in accordance with the PADD's wishes.

In November 2009, U.S. Senator Tom Carper of Delaware received a letter alleging wrongdoing at DPM involving handling and disposition of human remains returning from Afghanistan and Iraq. Senator Carper forwarded the letter to the DoD Inspector General's (IG's) Hotline, which was referred to the Secretary of the Air Force IG (SAF/IG) because of Air Force command of mortuary operations. On March 3, 2010 a complaint was made to the 436th Air Wing IG, Dover AFB. In May and July of 2010 the Office of Special Counsel (OSC) referred allegations made by three DPM employees to the Secretary of Defense for investigation. Specifically, these individuals alleged improper preparation of remains of a deceased Marine; improper handling and transport of remains with possible contagious disease (suspected tuberculosis based on nodules observed on lungs at the time of autopsy); improper handling and transport of fetal remains of military dependents; and improper handling of cases of missing portions of remains.

The SAF/IG, the Air Force Office of Special Investigations, and the Department of the Army IG conducted investigations into the allegations. The Air Force Office of Special Investigations review was dropped because there was no criminal activity involved. The Army IG investigation focused on one area of concern, the shipment of fetal remains from the Landstuhl Regional Medical Center (LRMC) to DPM. Information from the SAF/IG and Army IG investigations was combined to prepare the Report of Investigations that was forwarded to the OSC. OSC is an independent federal investigative and prosecutorial agency that, among other duties, provides a safe channel for government employees to disclose wrongdoing and investigates and prosecutes allegations of Prohibited Personnel Practices.

## Findings from the Investigations and Corrective Actions Taken

The conclusions of the SAF/IG and Army IG investigations, and the OSC review of their findings, were not in full agreement as to validity of the allegations and the nature of corrective actions needed. However, both SAF/IG and OSC identified failings in policies and procedures requiring corrective actions, with the OSC review highlighting far more problems than that of the SAF/IG.

With regard to the preparation of remains of the Fallen Marine, SAF/IG determined that the decisions made by the mortuary fell within an ambiguous area, one for which DPM had no clear written standards. SAF/IG concluded that there was no violation of DoD regulations or state licensing statutes. However, OSC remained concerned about the nature and timing of the consent that had been obtained from the PADD regarding the need to surgically excise bone in order to prepare the Marine to properly fit him in his Service dress uniform.

In response to these findings, a corrective action has resulted in the development of a Joint Standard Operating Procedure (JSOP) for remains processing (see further discussion below). An additional corrective action requires mortuary specialists to have specific, written permission from the PADD obtained through the casualty offices before beginning restoration of remains that is beyond those viewable areas for which consent to restore is implied. Corrective action also sets forth a process for conflict resolution when embalmers disagree on issues on ethical or other grounds related to viewability classifications and embalming or restorative art procedures.

With regard to the allegations about improper handling and transporting of remains with possible contagious disease, SAF/IG found no substantial and specific danger to public health; adequate cautionary

measures were taken and adequate warnings were given. However, failures were found in contacting Kuwait to determine current country shipping requirements for deceased remains and in notarizing and submitting documentation to the embassy and consulate for shipping approval. In response, DPM has issued a revised Exposure Control Plan and a Commander Safety Plan, and revised Port Mortuary SOPs.

The Air Force and the Army IG did not find any violation of DoD regulations regarding the transport and processing of fetal remains of a military dependent. However, numerous administrative violations of DPM SOPs were found. In response, changes have been made in the practices involved in transport of fetal remains.

The most problematic findings arose from the investigation of the alleged improper handling of cases of missing portions of remains. Here SAF/IG found multiple violations of rule and regulation including: failure to account for portions of remains on two separate occasions; loss of accountability; and failure of senior AFMAO officials to adequately attempt to reestablish accountability or to determine disposition. These failures prevented positive identification of a portion, failed to comply with disposition instructions from the PADD, and therefore failed to meet the obligation of care and handling of remains. Corrective action has been taken with regard to AFMAO management and staff training. In addition, JSOPs have been developed as well as a Memorandum of Understanding (MOU) between AFMES and AFMAO with regard to chain of custody, processing, management of inventories, accountability, tracking, and security of portions of remains (see further discussion below).

In general, SAF/IG concluded that gross mismanagement occurred under previous DPM leadership, in that leadership failed to recognize and address repeated issues that violated the standard of care, despite prior notice. OSC commented that the Air Force findings demonstrate a pattern of the Air Force's failure to acknowledge culpability for wrongdoing. However, OSC acknowledged that despite the failure to accept accountability with respect to certain allegations, the Air Force has taken substantial corrective actions to address the findings and issues brought to light through this investigation.

The Air Force review of policies, processes, and procedures in effect at DPM focused on standards, accountability, the interface between AFMAO and medical examiners, embalming, safety and environment, and the currency and clarity of written guidance. Several areas were identified as requiring attention. In some cases, updating or clarification of policies and rules was required; in others, policies and practices had to be developed. In response, corrective actions and changes have been formulated and implemented in a number of areas of operations at this facility.

Efforts have been under way to eliminate various seams between AFMAO and AFMES. The April 2011 MOU outlined an agreement of responsibilities and established a collaborative effort between AFMAO and AFMES. Prior to the MOU, policies had not been kept current with advances in science and technology, and with the new interface between AFMAO and AFMES. Existing SOPs typically addressed AFMAO/DPM functions only. Recently, another agreement was signed regarding the realignment of AFMES, including a new delineation of duties, responsibilities, and facility space. In this new configuration, AFMES has its own designated space in which to perform its duties. Other corrective actions were taken, described in further detail in this report, to maintain a seamless, continuous chain of evidence and clear chain of custody of remains between AFMAO and AFMES.

## Charge to this Subcommittee

Subsequent to these reviews and corrective actions, senior DoD leadership sought an independent assessment through the Defense Health Board (DHB) of the current overall operations of DPM, the

effectiveness of changes identified or taken to date, and the means (on an ongoing basis) by which those changes are examined for continued effectiveness. In requesting this review, leadership requested that the DHB subcommittee identify whether the Air Force should be considering or taking any further actions to enhance these operations. (See box for the Mission Statement and Objectives and Scope of the subcommittee.)

The subcommittee was chaired by a retired four-star General in the U.S. Army and former Commander of the United States Central Command. Other subcommittee members included an Iraq veteran involved in veterans services; licensed funeral directors and embalmers active in professional, industry, and policy matters; a practitioner and trainer in mortuary science, forensic identification, and mass fatalities; a retired Army General active in public service and advocacy for Wounded Warriors; a county medical examiner; a former U.S. Representative and physician with experience in military and veterans affairs; and a Gold Star mother. Five members served our Nation in military service.

Specifically, the subcommittee was asked to focus on the policies, procedures, and processes currently in place at DPM. As background, the Subcommittee was asked to review the results of past and recent examinations of mortuary operations within the Air Force, to include investigative reports and reference materials provided. However, the subcommittee did not focus its review on disciplinary or retaliatory personnel actions that followed these investigations, which were the subject of another review.

In addition to its original charge, the subcommittee considered information that came to light after its formation. Prior to 2008, portions of remains that could neither be tested nor identified, and portions of remains later identified that the PADD requested not to be notified of (requesting that they be appropriately disposed of) were cremated under contract at a civilian crematory and returned to DPM. This policy began shortly after September 11, 2001, when several portions of remains from the Pentagon attack and the Shanksville, Pennsylvania, crash site could not be tested or identified.

These cremated portions were then placed in sealed containers that were provided to a biomedical waste disposal contractor. Per the biomedical waste contract at that time, the contractor then transported these containers and incinerated them. The assumption on the part of DPM was that after final incineration nothing remained. A DPM management query found that there was some residual material following incineration and that the contractor was disposing of it in a landfill. The landfill disposition was not disclosed in the contractual disposal agreement.

This practice ceased in 2008, and a new policy was in place by 2009; under the new policy such portions of remains are now cremated and retired at sea. (See more detailed discussion about disposition of remains later in this report.)

Over the course of this review, the subcommittee was briefed by AFMAO and AFMES leadership, investigators on previous reviews, and the whistleblowers. In addition, the subcommittee toured the Charles C. Carson Center for Mortuary Affairs at Dover AFB where it received detailed descriptions of operations in the medical examiner and mortuary facilities. The subcommittee met on three occasions—December 13, 2011, January 9-11, 2012, and February 8-9, 2012—to receive briefs and review and discuss findings, conclusions, and recommendations. Subcommittee members also spoke by telephone with two family members of the Fallen. Critically, it developed its Guiding Principles, which appear at the beginning of this report and serve as a compass for the subcommittee's work.

This report addresses relevant DoD policies and directives and whether they need reconsideration; command, oversight, and policy issues requiring attention and revision; AFMES organizational issues as it interfaces with AFMAO; and AFMAO workflow and operations.

## MISSION, OBJECTIVES, AND SCOPE OF THIS REVIEW

**Mission Statement:** Accomplish an independent assessment of current operations at the Port Mortuary Division of Air Force Mortuary Affairs Operations (AFMAO) at Dover AFB (Port Mortuary); the interface between AFMAO, medical examiners, and other Services; and the impact and effectiveness of recent changes in policies and procedures.

**Objectives and Scope:** The Subcommittee will address the following specific objectives.

- Assess the effectiveness and propriety of the current policies, processes, and procedures for the handling and preparation of remains, to include chain of custody procedures. Among the areas to be examined particular attention should be focused on the policies, processes and procedures implemented to address the interaction between medical examiners and Port Mortuary personnel in regards to chain of custody, coordination, and processing and release of remains. Copies of any policies and procedures, including the pertinent Joint Standard Operation Procedures and Memoranda of Agreement, will be made available for the Subcommittee's review.
- Assess the effectiveness and propriety of the current policies, processes, and procedures for determining viewability and the use of restorative art.
- Assess the effectiveness and propriety of the current processes, procedures and policies for handling and transportation of remains with possible contagious disease, including the adequacy of warnings and precautionary measures and other environmental controls.
- Assess the effectiveness and propriety of the current processes and procedures for cremation, including the documentary requirements preceding cremation.
- Examine known past concerns raised regarding mortuary operations or functions to ensure that current policies, processes, and procedures adequately address those concerns.
- Examine the consistency and adequacy of policies and procedures to determine whether they are sufficient to provide appropriate training and references for assigned and attached personnel.
- Examine how mortuary operations are periodically re-evaluated to ensure their on-going effectiveness.
- Assess AFMAO compliance with current DoD policies on Mortuary Affairs. Determine if DoD policies provide adequate guidance to address and cover the Dover Port Mortuary requirements and mission.
- Assess the role of the DoD Executive Agent for Mortuary Affairs and its role in the overall operations of the Dover Port Mortuary.
- Assess the effectiveness of the changes undertaken by the Air Force at the Dover Port Mortuary and identify other changes that may be appropriate to ensure that the operations at this facility are conducted with the appropriate reverence, care, dignity and respect.

The Subcommittee shall develop conclusions and recommendations on the above matters, and any other matters the Subcommittee deems pertinent to strengthening operations of the Dover Port Mortuary functions at Dover.



## III. Relevant DoD Policies and Directives

Several DoD Directives and Instructions govern mortuary affairs and the medical examiner system.

DoD Directive (DoDD) 1300.22E (May 25, 2011), “Mortuary Affairs Policy,” provides overarching policy guidance, but no specific procedural requirements, such as those in Joint Publication (JP) 4-06, which establishes tactics, techniques, and procedures for mortuary affairs in joint operations (see below). It designates the Secretary of the Army as the DoD Executive Agent for Mortuary Affairs in accordance with DoDD 5101.1 and establishes the Central Joint Mortuary Affairs Board (CJMAB) for coordinating mortuary affairs policy, procedures, mobilization planning, and recommendations on mortuary services during military operations. CJMAB consists of voting members from each Service component; the Office of the Secretary of Defense; the Director for Logistics, Joint Staff; and AFMES.

DoD Instruction (DoDI) 1130.ii (pending), “Mortuary Affairs Policy,” will provide specific processes and procedures for each Service component to ensure standardization across the Armed Forces. This will be the first DoDI regarding mortuary affairs.

Joint Publication 4-06 (October 12, 2011), “Mortuary Affairs,” was prepared by the Joint Staff and provides guidance for Combatant Commanders. It “outlines procedures for the search, recovery, evacuation (to include tracking of human remains), tentative identification, processing, and/or temporary interment of remains.” It also addresses decontamination procedures for handling contaminated human remains and provides for the handling of personal effects of deceased and missing personnel. It was prepared under the direction of the Chairman of the Joint Chiefs of Staff.

Army Regulation 638-2 (December 22, 2000), “Care and Disposition of Remains and Disposition of Personnel Effects,” provides requirements for, among other things, disposition of additional portions of remains and statement of identification of remains.

The Navy, including the Marine Corps, has regulations through the “Decedent Affairs Manual” (September 17, 1987).

Air Force Instruction 34-242 issues regulations through the “Mortuary Affairs Program” (April 30, 2008).

A joint AFMAO and AFMES SOP (April 28, 2011) defines the scope, organization, and responsibilities for the personnel operating within DPM. It is designated to provide operational guidance for all assigned personnel and outlines procedures routinely encountered during daily operations involving remains, to include portions and retained organs, regarding remains processing. AFMAO has additional SOPs for “Crematory Section” (February 22, 2011); “Mortuary Branch” (October 11, 2011); “Portion Management” (January 20, 2011); “Departures Branch” (March 29, 2011); and “Dignified Transfer of Remains Arriving at Dover AFB” (December 15, 2009). The SOPs are not covered in DoD policy because they are developed at an operational/installation level.

As mentioned previously, an MOU between AFMAO and AFMES (April 26, 2011) outlines the responsibilities of each entity as they relate to operations within DPM. It clarifies the responsibilities of AFMAO and AFMES, as well as joint responsibilities.



## IV. Command, Oversight, and Policy

The subcommittee reviewed issues of command, oversight, and policy for AFMAO and the various organizations with which it interfaces: AFMES, the Joint Personal Effects Depot (JPED), and the various Service-specific liaison teams. The subcommittee also reviewed the role of external and internal oversight mechanisms, coordination among organizations, role of the Army as Executive Agent, the flow of policy from DoD, and the role of CJMAB.

The subcommittee found that lack of clear command authority and supervision, lack of command and technical oversight, unclear relationships among coordinating organizations, lack of directive authority within CJMAB, and unclear guidance with respect to “Executive Agency” contributed significantly to the finding of “gross mismanagement” by the Air Force IG.

Although the Air Force has made great strides in addressing the deficiencies in AFMAO operating procedures since the IG investigation, it is clear to the subcommittee that a broader DoD effort is required to ensure that the mission centered on AFMAO is properly supervised, resourced, and inspected, and that changes can be sustained into the future.

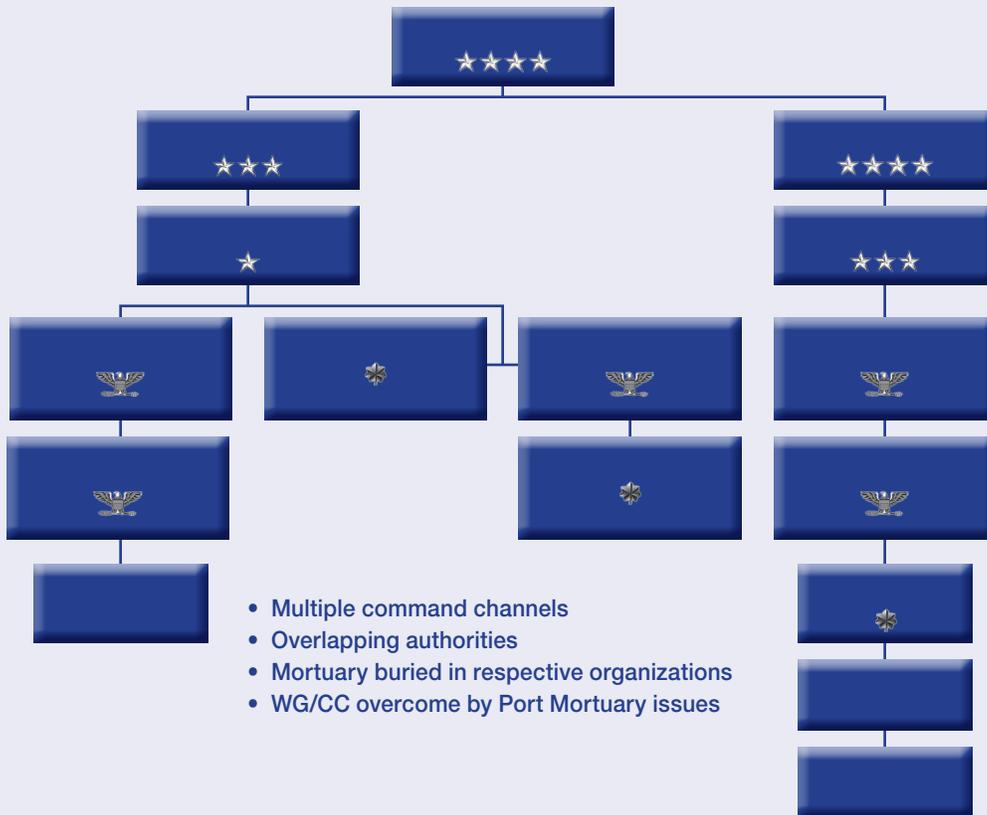
Every DoD Department is touched by the AFMAO mission, and every Service has casualty assistance liaisons working in support of that mission. The Army is responsible for Executive Agency, DoD is responsible for policy implementation and flow, the Armed Forces Medical Examiner reports to a chain of command in Army medical channels, JPED reports to a chain of command in Army personnel (G-1) channels, and CJMAB attempts to coordinate all of these efforts with colonel/captain (O-6) level board members who have coordinating responsibility but no authority for decisionmaking. The mission of fulfilling our Nation’s sacred commitment of ensuring dignity, honor, and respect to our fallen heroes and their families thus requires a total and sustained DoD effort to strengthen mission accomplishment.

The subcommittee organized its findings and recommendations into three areas: command, oversight, and policy.

### Command at AFMAO

AFMAO was activated December 15, 2008, as a direct reporting unit in the Directorate of Services, Manpower and Personnel, Headquarters Air Force (HAF/A1S). Previously the Port Mortuary Division, historically known as the Dover Port Mortuary, was organized as a flight under the 436th Services Squadron. The reorganization of December 2008 took the old structure (see Figure 1), simplified it, and clarified reporting channels and responsibilities. This new chain of command, currently in effect (see Figure 2), requires the commander of AFMAO to report to the HAF/A1S in the Pentagon and then to the Deputy Chief of Staff for Manpower, Personnel, and Services (HAF/A1).

**Figure 1: Historic AF Mortuary Chain of Command**

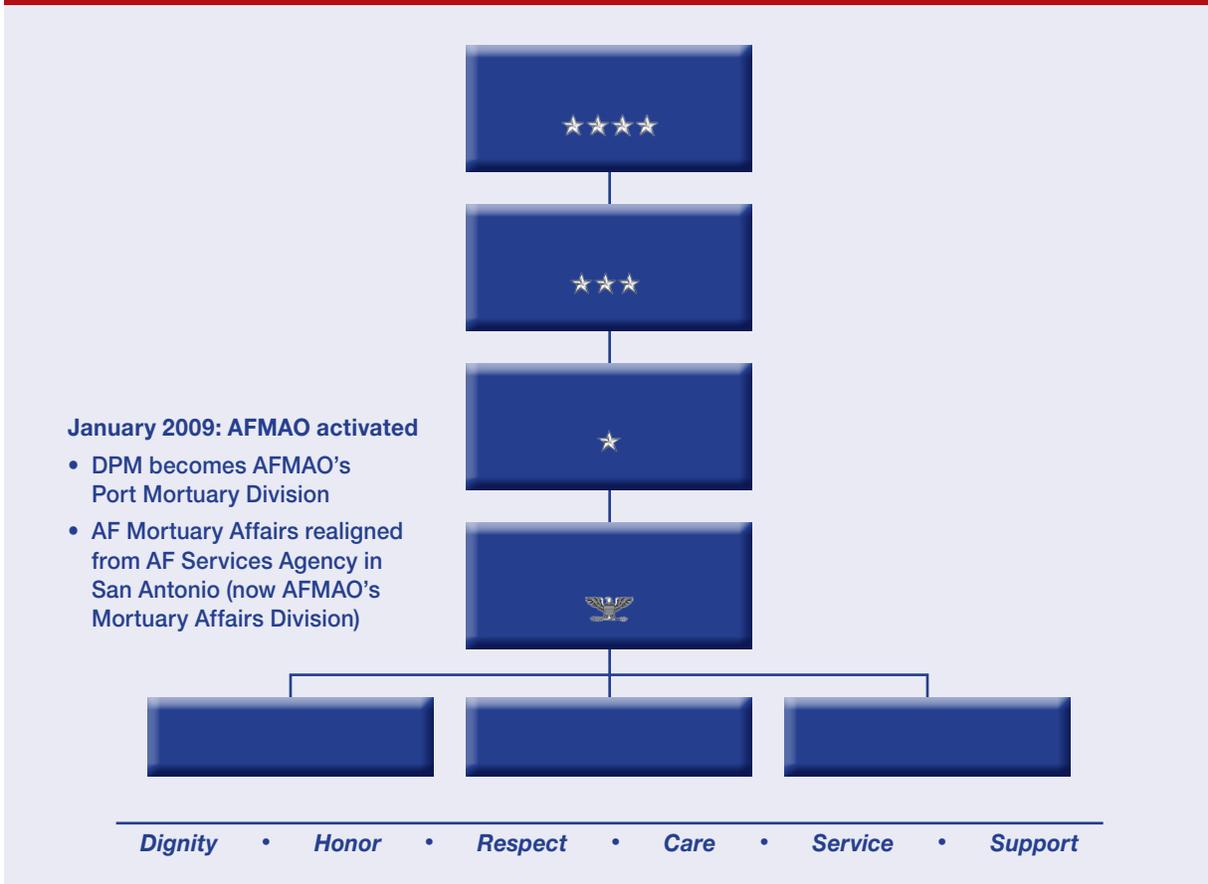


*Dignity • Honor • Respect • Care • Service • Support*

It is the opinion of the subcommittee that the reorganization weakened the chain of command. The commander at AFMAO did not have a commander in his chain of command. Instead, at the time of the alleged incidents, he reported to a Senior Executive Service civilian in the Pentagon who had no command authority of his own. Moreover, the commander at AFMAO was not specially or centrally selected by the Air Force nor was he empowered by Uniform Code of Military Justice (UCMJ) authority, a key component of any commander's authority anywhere. Although the unique mission of AFMAO requires both technical and command experience, there appeared to be no special training or development requirements required to command there.

Since the issuance of the Air Force IG report, considerable progress has been made in strengthening the chain of command. An energetic, specially selected, and extremely competent commander is now in command. Throughout its inquiry the subcommittee found clear respect and support for the new commander. In every discussion, including those with the whistleblowers, the AFMAO commander was praised for his common sense, his fairness, and his openness to new ideas. The AFMAO commander is still supervised by the A1S who provides command-like guidance and supervision. This new A1S

**Figure 2: AFMAO Chain of Command**



provides a level of support and mentorship to the commander that was not evident in the previous leadership. Lines of communication are open, good leadership is evident, and a focus on fixing policies, techniques, and procedures is obvious. However, the subcommittee strongly believes these changes can be highly personality dependent and therefore require a sharper institutional focus on command issues. Commanders set the conditions for success.

Establishing a higher level flag officer command for AFMAO would provide the routine command and technical oversight found across the Air Force and would correct the command isolation that AFMAO has experienced. Eliminating this command isolation and adding a flag officer command would add value to the ability of AFMAO to accomplish its sacred mission. Current Air Force analysis reached this conclusion as well. Such a headquarters and command would provide command oversight, staff assistance visits as routinely required, inspection authority, direction of resources, the ability to set conditions for success, and the capacity to manage surge requirements in coordination with other DoD agencies. It also would provide an avenue for redress of grievances, UCMJ oversight, and assistance in the proper level of training and manning of Service liaison teams. In many respects, AFMAO needs a higher headquarters to provide it with all the direction and oversight that the Air Force provides to units that handle such no-fail, perfection missions, for example, nuclear surety.

**Findings:** The commander of AFMAO requires special selection, special training, UCMJ authority, and a clear chain of command leading to another commander with the requisite authorities to supervise AFMAO. In addition, AFMAO lacks sufficient oversight through a routine inspection program. UCMJ authority would have to be extended across Tri-Service personnel reporting to the AFMAO commander.

**Recommendation 1: The Secretary of the Air Force should direct that:**

- a. Uniform Code of Military Justice authority be given to the commander, Air Force Mortuary Affairs Operations;**
- b. the Air Force Mortuary Affairs Operations command be placed on the list of centrally selected Air Force commands; and**
- c. the commander be given special training to deal with the unique nature of the mission.**

**Recommendation 2: The Secretary of the Air Force should immediately direct either an existing flag officer level command or create a new flag officer level command to oversee Air Force Mortuary Affairs Operations and require, among other oversight functions, that it develop a stringent command and technical inspection program necessary to accomplish its mission.**

## **AFMES and AFMAO Interface with Other Organizations**

Major organizations that interface with the AFMAO mission are AFMES, JPED, and the individual Service liaison elements that serve crucial roles in communicating with the PADD.

The two principal organizations located in Dover, AFMAO and AFMES, currently “share” personnel in that AFMAO personnel support AFMES operations during the initial receipt and cataloguing of decedents and remains. To use a civilian analogy, AFMAO serves as the mortuary and AFMES as the medical examiner. Rarely, if ever, are these very different organizations co-located in civilian practice. At DPM, however, AFMAO would receive decedents and remains, move them to receiving, and, working with the AFMES teams, begin the very difficult work of sorting remains for identification and autopsy.

The Air Force IG report notes that on very rare occasions accountability for fragmented portions of remains were unaccounted for. These errors occurred at the handoff point between personnel from the two organizations. (For more on this see the following sections.) New MOUs developed for SOPs, new automated systems for tracking remains and decedents, and a new clearly defined workspace for each organization now greatly diminishes the possibility of loss of accountability at a handoff point.

**Findings:** Some have suggested to the subcommittee that the two missions of AFMAO and AFMES be combined under one command in a form of Joint Organization or Joint Operating Agency. However, the two missions are extremely different, and the chains of command—AFMES to the Army Medical Research and Materiel Command and AFMAO through Air Force channels to an appropriate Air Force flag level command as proposed in Recommendation 2—can coordinate and competently accomplish their varied missions.

AFMES is responsible for the full range of medical examiner tasks for the Armed Forces, which include maintaining DoD’s extensive DNA bank, drug testing, toxicology testing, and examining wounds from all sources to optimize protective equipment of all types for troops in the field. The importance of this mission requires a clear chain of command and supervision. However, the Director of AFMES, with a large

Tri-Service organization and worldwide responsibilities currently lacks the command title, associated responsibilities, and UCMJ authority.

**Recommendation 3: The Secretary of Defense, in conjunction with the Secretary of the Army, should create a command position in the Armed Forces Medical Examiner System. The commander should be centrally selected from qualified uniformed officers by a board convened by the Secretary of Defense and given all command and Uniform Code of Military Justice authority.**

In addition to AFMES, several other organizations interact with AFMAO mission (see Figure 4 below).

JPED's mission is to process personal effects of all Soldiers, Sailors, Marines, Airmen, Coast Guard, and DoD civilians and contractors injured or killed in action. It was moved from Aberdeen Proving Ground in April 2011 and is adjacent to DPM. The JPED commander reports directly to the Casualty and Mortuary Affairs Operation Center (CMAOC) Director at Fort Knox, Kentucky. Personal effects of decedents returning to Dover with remains are received and catalogued upon entry by AFMAO/AFMES and prepared by JPED for return to the PADD.

The Army, Navy, and Marine Corps Service liaisons are neither commanded nor controlled by AFMAO yet they work integrally with AFMAO. These liaisons serve as the conduit between the Services and the PADD through the casualty assistance officer. The Service liaisons are not manned uniformly, do not report directly to the commander of AFMAO, and have varying degrees of training, but provide the crucial link between the Service casualty office, the PADD, AFMES, and AFMAO on countless points of autopsy or mortuary affairs issues.

**Findings:** Although the current informal command relationships have worked well over the 10 years of combat, more formal training, manning, and command relationships should be established.

**Recommendation 4: The Secretary of the Army, as Executive Agent, should establish minimum standards of manning, training, and tour length of Service liaison teams at Air Force Mortuary Affairs Operations and direct that such teams be placed TACON<sup>1</sup> to its commander.**

## Oversight

The technical nature of the work involved at AFMAO requires two related but distinct types of supervision and inspection programs: 1) command oversight and 2) technical standards oversight.

The subcommittee believes that prior to the new command team arriving at AFMAO, command inspections were few and deficiencies noted previously were not corrected. After the December 2008 reorganization, no routine inspection program was carried out and no commander was in a position to insure that AFMAO received command supervision, inspection, and follow-up re-inspection. Although the Air Force Inspection Agency is scheduled to conduct a compliance inspection of AFMAO in June 2012, it is also clear that the agency lacks authority to inspect its interface with other organizations and processes owned by other

<sup>1</sup>TACON is authority normally limited to the detailed and specified local direction of movement and maneuver of the tactical force to accomplish an assigned task. TACON does not provide organizational authority or administrative and support responsibilities.

Services. And while the Agency also plans to conduct a “readiness” exercise as part of the inspection if the operations tempo allows, it is unclear how such an inspection can find and correct issues at the seams of the various non-Air Force-affiliated organizations noted above. It is clear that the Air Force now recognizes the need for frequent and sustained command inspection oversight, but it is also clear that a DoD solution for broader command inspection be implemented.

Unlike AFMAO, AFMES is subject to robust medical and technical oversight that includes frequent command and technical inspections. Like AFMES, AFMAO’s mission is so specialized that a technical inspection and oversight program is also required to address mortuary affairs and mortuary science functions, for which military higher headquarters is not well qualified to assess and evaluate. The technical and experiential skills of the subcommittee appointed by the Secretary of Defense to conduct this current review provide a potential model for a more sustained board of experts to assist the commander of AFMAO in ensuring that its technical expertise is world class. This function is perhaps best served through a Board of Visitors model whereby national experts develop metrics by which to evaluate the organization and conduct routine oversight.

**Findings:** Prior to the service of the current AFMAO commander there was no ongoing and systematic internal after action reviews (AARs) that were inclusive of all team members and that could be used as a self-correcting process. AFMAO and its collaborating organizations require a sustained and systematic inspection regime to focus on command and technical issues on a regular basis. These efforts require DoD IG direction and support in addition to the Air Force Command inspection program currently being implemented.

**Recommendation 5: The Secretary of Defense should direct the Department of Defense Inspector General to conduct an annual inspection of Air Force Mortuary Affairs Operations and its relationships with the Armed Forces Medical Examiner System, the Joint Personal Effects Depot, and the Service liaison units. In addition, the Secretary of Defense should, in collaboration with Congress, direct the formation of a Board of Visitors to conduct command and technical reviews of Air Force Mortuary Affairs Operations and its interface with these organizations, and report its findings through the Defense Health Board.**

## Policy

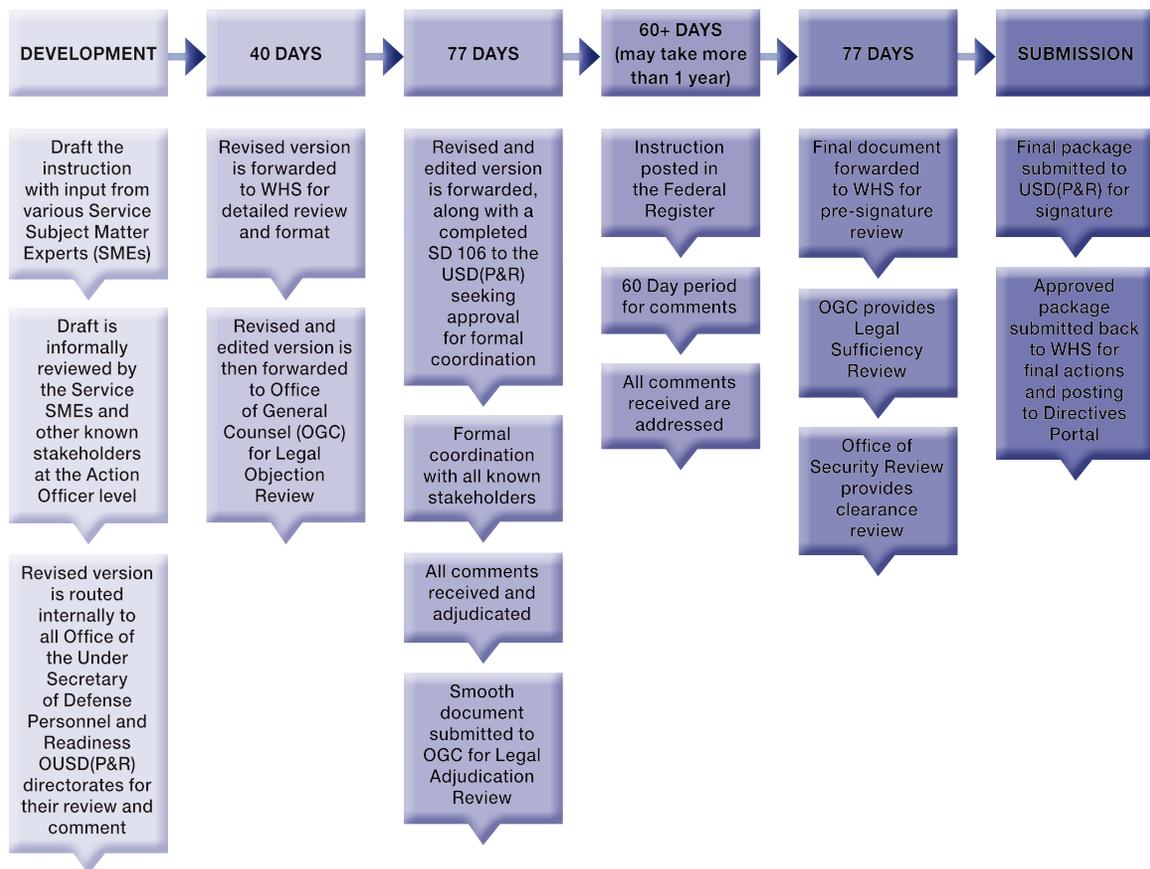
Ten years of combat operations in a theater has placed great demands on the professionals who must transport, identify, and prepare our Fallen for their final resting place. The Air Force IG identified issues of “gross mismanagement” at AFMAO with regard to accountability for remains and the conduct of some reconstructive actions to properly prepare the Fallen for burial.

The reporting of the practice of treating small portions of remains as “medical waste,” some of which was cremated, incinerated, and transported to a landfill caused many people to lose faith in our ability to care for the Fallen. While these issues are more fully discussed in other parts of the report, and policies have been revised, it is essential that DoD continue to ensure that proper policies are devised and implemented for its mortuary affairs operations. While policy has evolved over the conflict, policymaking is slow and cumbersome, individual offices responsible for policy are undermanned and under resourced, and policy review takes place at a level empowered to coordinate action but not afforded the responsibility to take action.

The Under Secretary of Defense for Personnel and Readiness is responsible for policy for mortuary affairs. However, with the action office deeply buried in the chain of oversight, it is not difficult to understand why it takes so long for policy to be staffed and approved, much less implemented. (See Figure 3, representing maximal periods of time.) Throughout the subcommittee’s discussions, the slowness of policy approval and the lack of clarity of policy issues was a constant source of frustration to nearly everyone interviewed. In particular, immediate attention should be given to completing approval for a draft DoDI that is pending action.

The Secretary of the Army is responsible to the Secretary of Defense as the DoD Executive Agent for Mortuary Affairs, and Office of the Secretary of Defense principal staff assistants are required to oversee activities of the DoD Executive Agent. Since the appointment of the Department of the Army as Executive Agent for Mortuary Affairs in the early 1990s, the subcommittee could not find any evidence that this method of executive authority was ever reviewed as being the appropriate method for conducting DoD Mortuary Affairs. It would appear appropriate that, at a minimum, every two years DoD conduct a review to reaffirm naming a Service Department as Executive Agent as the appropriate executive method for the conduct of Mortuary Affairs. As the conflicts evolved, CJMAB, manned by primarily colonel/captain staff officers (O-6), assumed more responsibility for coordinating mortuary affairs policy procedures and

**Figure 3: Department of Defense Issuance (DoDI) Process**



mobilization planning, and developing recommendations on mortuary services during military operations. Indeed, it was CJMAB that recommended the halt to the designation of some categories of remains as medical waste.

However, the subcommittee believes that roles and missions assigned by DoD to the Army with regard to theater operations and to the Air Force to run the sole U.S. port of entry mortuary and serve as the DoD component with operational oversight of the Dignified Transfer Process, created an inadvertent seam of responsibility between Services with regard to DoD-wide policies for disposition of the Fallen. Executive Agency, always unclear at the best of times, was not able to be fully exercised by the Army across Air Force lines of authority. CJMAB's coordinating ability required it to approach stakeholders, recommend changes to policy, and wait for the laborious process of policymaking to reach a consensus before real change could take place. The lack of CJMAB's authority, the slow response of the bureaucracy to policy issues, and the unclear and uneven interpretation and implementation of Service-centric casualty affairs procedures all contributed to an atmosphere where policymaking did not keep pace with the needs of the field organizations to execute policy.

Given the subcommittee's understanding of the policymaking/policy execution disconnect and the disparate chains of command involved in supporting AFMAO's mission, it is essential that specific offices within DoD be charged with policy oversight, that Executive Agency responsibilities be clarified, and that CJMAB become an action arm of the Secretary of Defense. As such, it must have a senior executive authority empowered to make, change, or implement policy under the direction of a senior military flag officer or senior civilian at the Deputy Assistant Secretary level.

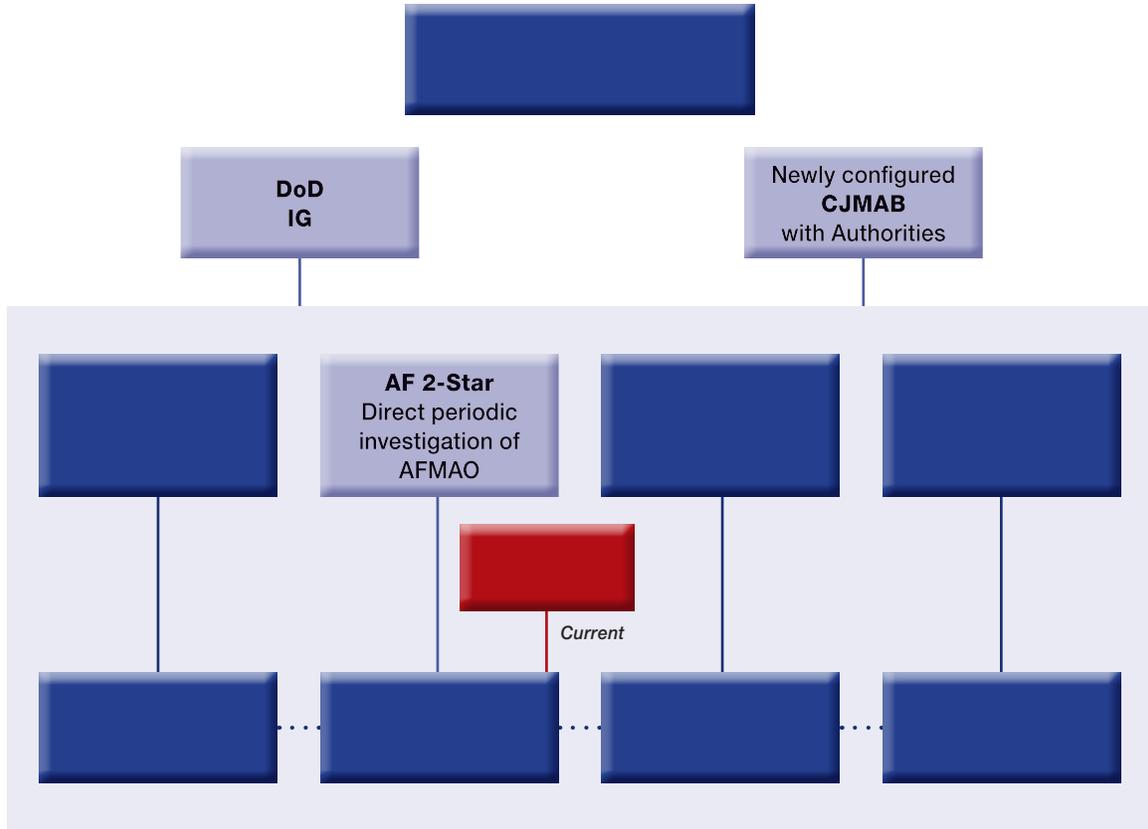
**Findings:** The source and flow of DoD policies is inadequate. Offices responsible for policy implementation and oversight are understaffed and under resourced. Ill-defined roles of Executive Agency require clarification. CJMAB has inadequate authority to direct timely and meaningful policy decisions.

**Recommendation 6: The Secretary of Defense should order:**

- a. immediate staffing and approval of policy directives concerning mortuary affairs, to be completed within 60 days of issuance of this report;**
- b. that offices within the Department of Defense responsible for policy implementation and oversight be adequately manned and resourced;**
- c. that the role of Executive Agent be clarified and strengthened with a biannual review by the Department of Defense of the continued role of the Secretary of the Army as Executive Agent; and**
- d. that the Central Joint Mortuary Affairs Board be chaired by the senior uniformed Army officer or Assistant Secretary of the Army, who is empowered to direct implementation of policies and ensure proper oversight of such policies over all components.**

Figure 4 displays the proposed new command and oversight structures.

**Figure 4: Current and Proposed Command Structure**



**LEGEND**

- New**
- Current (no change)**
- Current (to be changed)**

**ACRONYMS**

- USD(P&R)** Under Secretary of Defense (Personnel and Readiness)
- IG** Inspector General
- CJMAB** Central Joint Mortuary Affairs Board
- AF** Air Force
- MRMC** Medical Research and Materiel Command (US Army)
- AG** Adjutant General
- AFMAO** Air Force Mortuary Affairs Operations
- AFMES** Armed Forces Medical Examiner System
- JPED** Joint Personal Effects Depot
- DoD** Department of Defense



## V. Operations and Workflow

Remains of the Fallen received at DPM are cared for by both AFMES and AFMAO. Currently remains are transferred between stations by AFMAO personnel. New alignment will replace AFMAO with AFMES personnel, as described below.

In sum, under the current system, once the decedent arrives at DPM, remains are catalogued and custody is transferred to AFMES. While in custody of AFMES, the body and fragmented specimens are scientifically identified and autopsy is conducted. Once AFMES authorizes release of the body and identified fragmented remains, AFMAO arranges mortuary services for the Fallen according to the wishes of the PADD. Disassociated specimens are evaluated by AFMES and catalogued by AFMAO. Portions of remains are stored by DPM pending identification. Identified portions of remains are associated with the decedent and AFMES authorizes release to AFMAO for disposition. Unidentified/non-tested specimens are released by AFMES to AFMAO after 180 days. Non-testable specimens are released by AFMES to AFMAO after 90 days. (See Figure 5.) Another category is subsequently identified remains not returned to the family per the request of the PADD. These specimens are also released to AFMAO. Under the realignment, all remains will be in the custody of AFMES upon arrival at Dover AFB, until they are received by AFMAO.

This section describes the current operations and workflow of AFMES and AFMAO.



## The Armed Forces Medical Examiner System

The AFMES mission and authorization under 10 U.S.C. 1471 (1999) and DoDI 5154.30 (2003) is to support DoD and other Federal agencies by: providing a full accounting for every Service Member who dies while in service; improving the survivability of current and future Warriors by informing improvements in body armor and design; and providing comprehensive forensic investigative services. Thus, AFMES has responsibilities that extend beyond care for the Fallen, including U.S. Government employees, contractors, and civilians as well as foreign nationals.

AFMES has the capacity for rapid high-volume surge processing and can obtain DNA test results for identification purposes in as little as eight hours. In addition to DNA analytical capacity, AFMES has expertise in forensic pathology, forensic toxicology, and mortality surveillance.

Although the AFMES facilities at Dover are perhaps the best in the world for processing DNA specimens in terms of speed of processing and in the development of techniques to obtain DNA from degraded specimens, the facility's capability is not unlimited. Because of the sophistication of both the laboratories and the technicians required for such work, it would be extremely challenging and very expensive to attempt to develop a sustained surge capacity for DNA processing. Moreover, as discussed below, situations regarding technical capacity and respect for families arise requiring the Medical Examiner's professional and compassionate judgment for resolution.

AFMES leadership believes its most important mission is to positively identify all of the Fallen so that no family will ever have doubts about the fate of a loved one. For the first time in any major military conflict, all of the Fallen have been positively identified following the inception of AFMES. Because of the horrific injuries that occur in theater, AFMES personnel have had to rely approximately 500 times on DNA tests alone as the only way to positively establish identification. On some of those occasions, the amount of tissue available to test has been very small and not of good quality, but identification was successfully accomplished.

AFMES leadership also believes its mission includes establishing identification as rapidly as possible so the remains of the Fallen can be returned to families in a timely manner. Two complications can and have occurred that have influenced how the Medical Examiner handles identification and disposition of portions of remains.

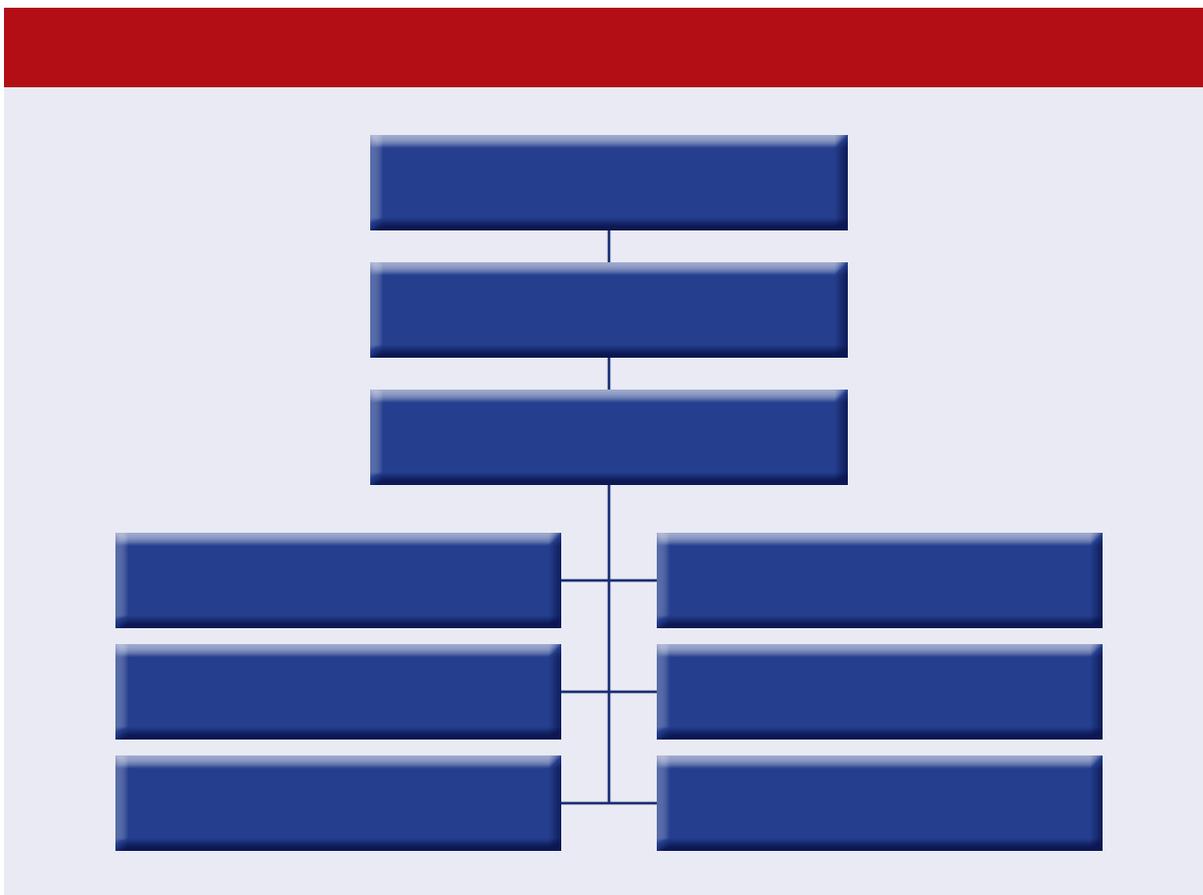
First, there have been occasions when the number of Fallen and the nature of the injuries resulted in thousands of very small portions of tissue being backed up in refrigeration units awaiting DNA testing; not all of these specimens were of the Fallen or even of human origin. Second, as these specimens were successfully processed and identified through DNA testing, some PADDs received multiple phone calls sometimes over very long periods of time notifying them of additional identified portions, almost all of which were very small; smaller even than the medical specimens taken as part of the autopsy. These calls created additional, and sometimes unwanted, stress for families. Because of these experiences, the Medical Examiner, based on professional judgment, decided that as a matter of practice very small portions, most of which are just a few grams or less, should not be DNA tested if major portions will likely be determined to be that of a decedent.

There is no firm rule on the size of portion that will not be tested, but given the operations tempo and other circumstances, the Medical Examiner sometimes elects not to send for testing portions up to 500 grams. However, in most cases these untested portions are much smaller. It is also common for portions

smaller than 500 grams to be tested if they are recognizable as a unique specific anatomical part. Untested portions are held by AFMES for 180 days before being released to AFMAO. The subcommittee found no reason to recommend any change to these practices.

For the first time in any conflict all combat and non-combat fatalities are autopsied. Autopsy reports are provided to the PADD upon request. Data gathered through investigations are also used to assess injury patterns and evaluate forward medical efforts to ultimately improve military and medical tactics, procedures, and equipment. These efforts have saved lives and reduced the impact of injuries sustained in theater (see Appendix E). Between December 5, 2001, and February 10, 2012, AFMES has completed 6,952 autopsies on personnel, the majority of whom died in theater. This figure does not include contractors, other U.S. Government employees, multinationals, and detainee fatalities.

Organizationally, AFMES is viewed as an organization that serves on behalf of the Secretary of Defense and serves under the Army in the Army's role as Executive Agent (see Figure 6). (See also section on Command, Oversight, and Policy above.) Regional medical examiners serve under the authority of AFMES, and are assigned to their respective Military Treatment Facilities (MTFs), resulting in a dual chain of command. AFMES was relocated to Dover AFB from Rockville, Maryland, in 2009 as a result of Base Realignment and Closure and operates at Dover as the Office of the Armed Forces Medical Examiner (OAFME).



OAFME engages in case tracking and validation, specimen tracking and release, overseas death certificate generation and registry, and Armed Forces Medical Examiner Tracking System (AFMETS) development and maintenance. AFMETS, a sophisticated customized database used by all Services and several agencies, was launched in May 2005 to support case processing and provide a single point of entry for autopsy documents and case information.

The AFMES facility, the quality of its equipment, and the training and expertise of personnel are more than adequate. As of February 2012, AFMES was awaiting an accreditation inspection through the National Association of Medical Examiners (NAME) pending the completion of its move into the new facilities. Unlike civilian medical examiner offices, much of the AFMES mission is mobile and done on the road at dozens of other facilities including every MTF and Veterans Affairs (VA) hospital in the country and overseas. AFMES has requested that NAME allow accreditation of the Dover facility alone, which requires a waiver from NAME's requirement that accreditation cover all facilities where practice occurs. The AFMES DNA Laboratory is accredited by the American Society of Crime Laboratory Directors Laboratory Accreditation Board (ASCLD/LAB), and the AFMES Forensic Toxicology Laboratory is accredited by the American Board of Forensic Toxicology (ABFT).

### ***AFMES Workflow and Operations***

Once sealed and contained in theater, remains are under AFMES jurisdiction. However, because AFMES had no constant physical presence and designated space prior to relocating to Dover, it had to turn physical custody of remains to AFMAO upon arrival. Under the current system, AFMAO personnel assist the medical investigators and examine the seals of the transfer cases. The decedents, sometimes fragmented, then undergo scanning for Explosive Ordnance Disposal and are weighed. The contents of the remains pouches collected in theater are removed, separated, and photographed after their seals are examined and photographed. The accompanying paperwork that arrives inside each transfer case is photocopied. In addition, personal effects are photographed. AFMAO Personal Effects personnel document the chain of custody of personal effects, which are stored at the Joint Personal Effects Depot. Case flow sheets are generated for each remain or portion in order to ensure complete processing. Custody is then transferred to AFMES for identification and autopsy.

This policy regarding chain of custody is about to change in 2012, as part of the November 6, 2011, AFMES/AFMAO Realignment Course of Action. Anticipated to be concluded by October 2012, this realignment will occur within DPM to increase accountability and align functionality so that it more closely mirrors civilian industry standards of operation and relationships between medico-legal investigations and mortuary affairs. Under the new structure AFMES will manage investigative and identification processes and areas beginning with the receipt and cataloguing of remains. AFMAO, which previously had this responsibility, will manage only mortuary affairs processes and areas. Thus, once the organizational realignment is completed, AFMES will have jurisdiction and physical custody of all remains upon arrival at DPM until they are signed over to AFMAO. The subcommittee was very impressed with the quality, dedication, and willingness of the AFMES and AFMAO personnel to work as a team.

Under past and future scenarios, once remains are in the custody of the AFMES facility, they are identified through the scientific tools of the medical examiner; identification cards, identification tags, and other circumstantial evidence are not accepted for identification purposes. Identified remains are associated with the decedent and released to AFMAO when the medico-legal investigation process has been concluded. Unidentified and non-tested portions of remains are held by AFMES and released to AFMAO after 180

days. Non-testable remains are held and released to AFMAO after 90 days. Another category of portions of remains are those that are subsequently identified after the release of the major portions but are not returned at the request of the PADD.

According to a November 14, 2011, Charles C. Carson Center for Mortuary Affairs Exposure Control Plan, which applies to AFMES and AFMAO, all personnel working within the Center exercise universal precautions, that is, the notion that all biologic materials are potentially infectious. Personal protective equipment (PPE) is worn during the handling of human remains. PPE includes caps, gowns, gloves, shoe covers, eye protection, and masks. Engineering controls are employed to minimize exposure. Vaccinations against hepatitis and tetanus are mandatory. New employee exposure control training is required as is annual training for all employees subject to these hazards.

In the case of suspected virulent airborne pathogen such as tuberculosis, staff uses special procedures. Command staff assess the situation and limit general exposure for such examinations and take steps to minimize exposure risk for those required to participate including requiring the use of additional protective equipment. All personnel are notified of the potential biologic threat via email. The pouch containing such remains is clearly marked as potentially contagious.

Every step of autopsy processing is validated through AFMETS. Initial processing begins with a case identification number that identifies and links all specimens and documents that belong to a single individual. Releases and downloads are blocked if requirements are not met. Each specimen has to be scientifically identified before it is released to the PADD as remains. If specimens are received from the same incident but are not physically attached and cannot be precisely matched through anatomy/injury—usually through fracture pattern recognition—each portion is considered a separate specimen and receives a unique case identification number until positive identification. Associated portions are released together when they are transferred to the mortuary.

As part of the autopsy process, specimens are retained for toxicology testing, DNA identification, microscopic examination, and other potential future reference and consultation. These specimens may include small amounts (approximately 1 ounce) of tissue from the heart, brain, lung, liver, spleen, and kidney, as well as soft muscle tissue. Also retained are samples of blood, urine, bile, vitreous fluid, and gastric contents. Retention and testing of these specimens are necessary for completing the medical investigation. Additionally, they help provide families with a full explanation of not only how their loved one died, but also any natural disease or conditions of which they were previously unaware. In potential criminal cases, retention and testing of these specimens are vital for legal proceedings. The exact specimens that were retained are listed in the final autopsy report, and approximately 85 percent of all families request and receive that report. Unless otherwise needed for investigative or legal requirements, the specimens are released to a private contractor for disposal as medical waste after a time period of approximately 6 to 24 months for those specimens taken from Service Members who did not die in theater. This practice is followed by DoD and conforms to the standards of civilian healthcare systems. However, biological specimens of the Fallen and other in-theater deaths are kept in perpetuity. These specimens can be invaluable in military medical research even decades later as evidenced by the information gleaned from specimens saved from World War I Service Members who died from influenza.

Release of identified remains by AFMES to AFMAO is blocked in AFMETS until all requirements are met, including receipt of the PADD's response regarding disposition of remains—including subsequently identified fragmented portions—through the Service casualty assistant, who submits the PADD responses in the system. Every step in the process of obtaining PADD consent for the release of remains is tracked in AFMETS.

Portions of the unassociated and unidentified specimens are stored in refrigeration units, currently under the control of AFMAO. Many small portions of unassociated and unidentified human specimens are combined and held rather than storing them each in a separate bag. All portions at the Dover facility that are either untested, untestable, or identified but unreleased to the PADD at his or her request are turned over to AFMAO personnel for disposition.

As part of recent corrective actions, cameras have been installed in the hallways of the refrigeration units and locks have been placed on refrigerator doors. These measures have been implemented to assist with tracking the location and custody of specimens and remains. Scanners installed in doorways ensure restricted access as well as enable tracking access to specimens and remains, because each portion and each employee is assigned a unique barcode. The system is intended to prevent the types of problems identified in the investigations that followed the whistleblower allegations specifically with regard to remains portions that were unaccounted for. If tracking or chain of custody issues arise, the system facilitates a pause in the process until the problem is resolved.

In addition to the physical and custodial realignment taking place as a result of the corrective actions, a next-level Accessions and Inventory System is being developed that will improve tracking for all cases of objects in AFMES including, for example, specimens, retained organs, tissue samples, evidence, packages, and folders. In this system, the medical examiner staff will assign an “ME number” to portions prior to storing them. One individual might have more than one ME number if there are multiple dissociated remains. Previously, when coding was the responsibility of Mortuary Affairs, portions were assigned one “Dover number.”

Currently, AFMES can only transfer remains of the Fallen and U.S. Government employees to AFMAO for preparation for interment or inurnment because of statutory authorization. AFMES must arrange for the disposition of all other remains it is statutorily required to process.

### ***Findings and Recommendations***

**Findings:** Concerns were raised by AFMAO personnel regarding the transition from the previous system in which AFMAO had greater involvement in the initial processing of remains. Recognizing the legal issues involved in the medical examiner and death certification process, AFMAO personnel expressed concerns about their lack of visibility in this process and their need to be aware of the nature of the cases that will come before them. Because of the increased responsibility to be assumed by the medical examiners following this transition, issues regarding the decreased visibility and morale of AFMAO personnel may arise.

**Recommendation 7: Air Force Mortuary Affairs Operations (AFMAO) and Armed Forces Medical Examiner System (AFMES) leadership should ensure that during the transition of responsibilities from AFMAO to AFMES regarding the receipt and cataloguing of remains, morale issues and appropriate lines of communication are properly addressed.**

**Findings:** Unresolved tension exists between AFMES and AFMAO regarding the handling, mortuary processing, and shipment of remains other than those belonging to the Fallen. Specifically, AFMES is statutorily required to conduct examinations and process numerous decedents, including DoD contractors and foreign nationals. However, AFMAO personnel are not statutorily authorized to process remains other than those pertaining to the Fallen. Currently, AFMES has to arrange for the disposition of all other remains from DPM, including overseas shipment.

**Recommendation 8: Because Air Force Mortuary Affairs Operations (AFMAO) and the Armed Forces Medical Examiner System (AFMES) currently have different authorizations regarding who is entitled to receive their services, the Department of Defense should consider expanding AFMAO authorization to include processing the remains of non-military decedents that AFMES is required to examine.**

**Findings:** The implementation of the exposure control plan as a remedy created by the new administration seems adequate. Universal precautions regarding infectious disease control and exposure control procedures have been developed and applied with regard to the handling of contagious and potentially contagious remains.

**Findings:** Corrective actions taken since the new commander assumed his responsibility seem to be appropriate and ensure suitable interaction between AFMES and AFMAO personnel. Those taken to ensure proper chain of custody, including the implementation of a barcode system of tracking remains at every handler at every stage in the medical examination process, as well as functional changes such as locked doors, authorized entries to refrigeration units, and a clear separation of the AFMAO and AFMES facilities, seem to be appropriate. Moreover, AFMETS appears to be a very robust tracking system that includes many checks from multiple personnel to mitigate the possibility of errors that might arise.

**Recommendation 9: With the realignment not yet complete, it is imperative that the Armed Forces Medical Examiner System continue to carefully monitor chain of custody procedures and ensure that appropriate oversight is accomplished as additional improvements are made. In addition, with this custodial realignment, new standard operating procedures should be developed to reflect the significant changes in procedures.**

**Findings:** AFMES personnel expressed concern that should large numbers of decedents, whether military or non-military, arrive at DPM in short periods of time, particularly if large losses are sustained over time, the ability of AFMES to surge to meet the requirement would be difficult. Partly because of the command and control issues previously discussed, adequate effort within the chain of command has not gone into planning for the possibility of large numbers of decedents.

**Recommendation 10: Planning should occur, instituted at high levels within the command and control structure, to prepare for the possibility of large numbers of decedents arriving at Dover Port Mortuary, whether from military or non-military causes (such as natural disasters).**

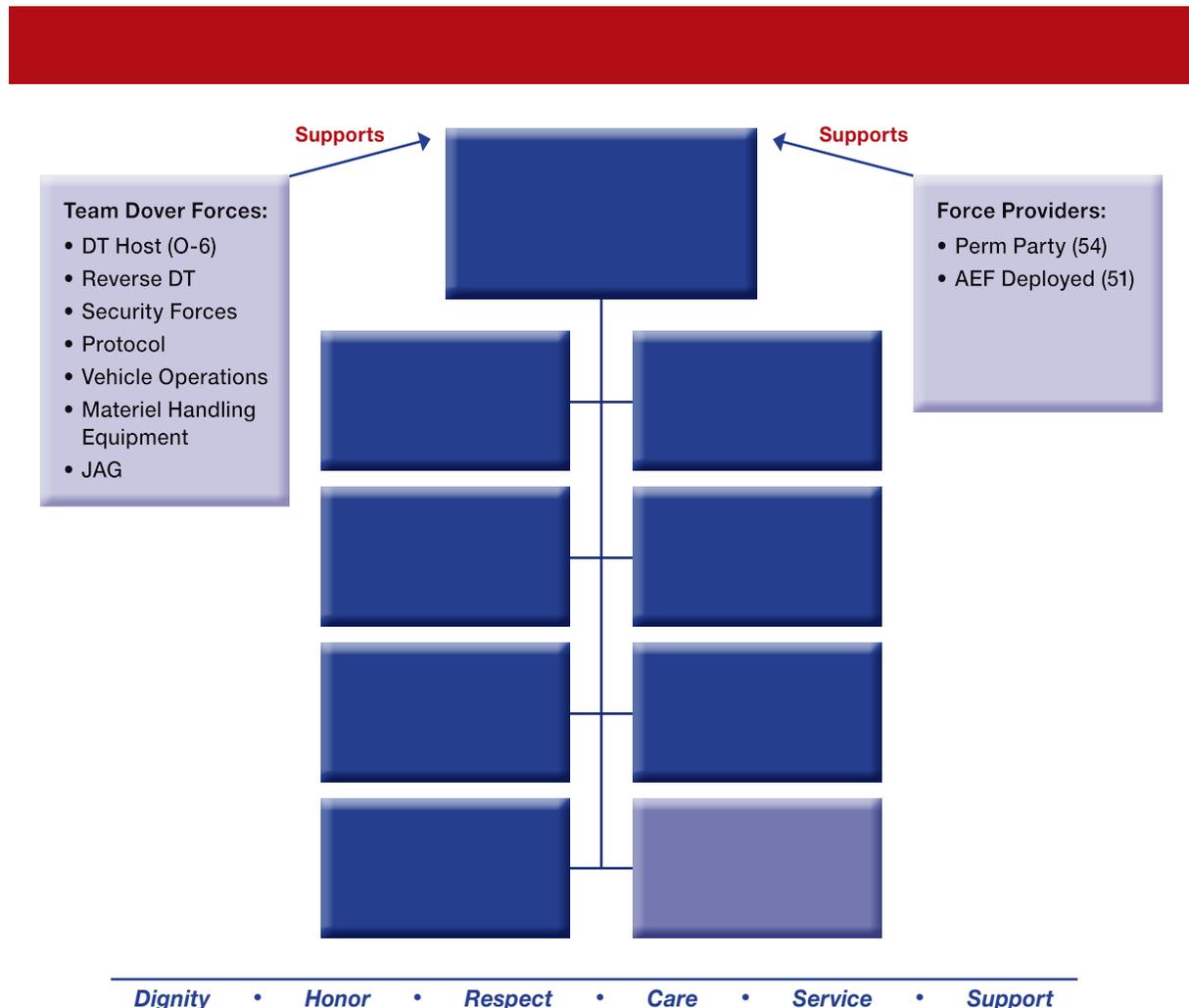
**Findings:** Appropriate practices are in place to ensure appropriate personnel training and certification. Moreover, AFMES has pursued practices to ensure its facility, personnel, and the services provided exceed the professional standard through the accreditation of the toxicology and DNA laboratories, personnel certification and training, as well as the pursuit of NAME accreditation for the AFMES facility.

**Findings:** There is no firm rule on the size of portion that will not be tested for identification, but given the operations tempo and other circumstances, the Medical Examiner sometimes elects not to send for testing portions of up to 500 grams. The subcommittee found no reason to recommend any change to these practices.

## Air Force Mortuary Affairs Operations

DoD's mortuary affairs operations have evolved over time, with several changes occurring at Dover AFB over the past decade. As noted earlier, DPM was established at Dover AFB in 1958, and became the sole CONUS port mortuary providing joint services after Travis AFB Port Mortuary closed in 2001; it previously was positioned at the squadron level. In January 2009, AFMAO was established as a "named activity" under HAF/A1S and reported to a one-star billet that was filled by a Senior Executive Service member (see Figure 2 above). DPM became AFMAO's Port Mortuary Division when Air Force Mortuary Affairs was repositioned from the Air Force Services Agency in San Antonio, Texas.

DoDD 1300.22E mandates that AFMAO maintain a capability to provide for mortuary affairs support for eligible personnel, to include search and recovery, storage and transport of remains, and related interment, memorial service, and dignified transfer travel expenses. AFMAO also has Air Force-specific responsibilities, including mortuary education/training and curriculum development; Installation Honor Guard Program/training; and a Family Liaison Officer Program. (See Figure 7.)



Also in 2009, the Secretary of Defense issued a policy regarding Dignified Transfers and Media Access, authorizing family members to allow media to be present during this process. This policy dictated that AFMAO serve as the DoD component with operational oversight of the dignified transfer process and related media access. AFMAO is adjacent to AFMES in the Charles C. Carson Center for Mortuary Affairs. It also operates the Campus for Families of the Fallen, which includes Fisher House and a meditation pavilion.

### ***Staffing and Resources***

Among the permanent party force providers are 35 civilians, 14 of whom are licensed morticians in AFMAO, as well as U.S. Marine Corps, Navy, and Army Service liaisons, who provide logistical and administrative support and communication with the PADD/family members of the Fallen. The Navy is the only U.S. military Service with a uniformed licensed mortician specialty.

Additionally, per the National Defense Authorization Act for Fiscal Year 2007, AFMAO works with a contracted carrier for the transportation of remains in order to avoid the necessity of using large commercial airports to transport remains, which makes it more convenient for families to receive their loved ones. The civilian licensed expert morticians are continuously on call to respond to fatality events worldwide, participate in non-combat search and recovery missions, and assist local bases and accident investigation boards regarding issues pertaining to human remains.

The embalming staff includes five embalmers (“mortuary specialists”) who hold state licensure following completion of at a minimum an associate degree program in funeral service, as well as non-licensed mortuary technicians and “augmentees” whose experience and credentials vary widely. AFMAO embalming staff stated that the technicians and augmentees play a critical role in their managing the workload and are permitted to assist with autopsies and perform embalming, dressing, washing, and casketing remains (with a licensed supervisor overseeing these processes). However, the use of non-licensed technicians and augmentees who do not hold appropriate credentials to perform tasks commonly completed by licensed embalmers is not consistent with the highest standards of the funeral service profession.

Funding for continuing education activities is provided. Trainers are periodically brought to the base for this purpose, and embalmers are also permitted to attend external training activities. However, external training activities described by the licensed embalmers did not appear to target or reinforce the advanced technical training needed in this setting.

### ***AFMAO Workflow and Operations***

As described in the section on AFMES, until change in policy occurs in 2012, remains arriving at Dover AFB are transferred between stations by AFMAO personnel. Thus, all Air Force personnel deployed to support mortuary operations also support AFMES operations. This arrangement perpetuated a system that is contrary to industry standards for medical examiners, mortuaries, and funeral homes. As part of the corrective actions the new alignment will replace AFMAO with AFMES personnel for receipt and initial processing of remains, thereby eliminating the seam. This new alignment will capitalize on the benefit of having AFMES adjacent to AFMAO and is intended to de-conflict accountability issues between AFMAO and AFMES. Under the realignment, mortuary affairs will not receive custody of remains until they are released by the Medical Examiner. Once remains are received into the care of AFMAO, they are assigned a “Dover number” for tracking purposes, and they are cared for and prepared for interment or inurnment, according to the wishes of the PADD. A crematory was installed at DPM in fall 2009 for cremation of

subsequent portions, thereby eliminating the need for contracts with external entities. If AFMES determines that remains are incomplete, the PADD must sign a Disposition of Remains Election Statement.

Although AFMAO was state-of-the-art at the time it was built, improvements are required in the air ventilation system. Efforts are under way to increase airflow while decreasing formaldehyde air concentrations. Currently, morticians are required to wear respirators while embalming remains.

As noted previously, until 2008, portions of remains that could neither be tested nor identified, or for which the PADD asked not to receive notification of, were cremated under contract at a civilian crematory and returned to DPM, then placed in sealed containers that were provided to a biomedical waste disposal contractor. Per the biomedical waste contract at that time, the contractor then transported these containers and incinerated them. The assumption on the part of DPM was that after final incineration nothing remained. Press reports that followed the release of the OSC review found that there was some residual material following incineration and that it was being disposed of in landfills. The landfill disposition was not disclosed in the biomedical waste disposal agreement.

In December 2008, the DPM director recommended to the CJMAB that the Services implement a more fitting option for disposition of unidentified portions of remains that were subsequently identified and for which the PADD chose not to be notified or take possession. CJMAB recommended adoption of retirement-at-sea as policy for the disposition of those unidentified/untestable portions or those identified portions of remains where the PADD chose not to be notified or take possession. In April 2009 new policy guidance was issued. Initially the Department of the Navy developed the retirement-at-sea process. DPM transferred 14 sea salt urns with cremated portions of remains to the Navy and the first retirement at sea occurred in January 2011. In October 2011, the AFMAO commander proposed to CJMAB that the U.S. Coast Guard be used as another option for retirement at sea because it would allow for timelier disposition of cremated remains. Currently, cremated portions of remains that the PADD declines to claim are transported by either the Coast Guard or the U.S. Navy in a sea salt urn and are retired at sea.

Different forms are used to communicate with a Service Member's PADD, depending on the Service. The Air Force is the only Service in which licensed morticians (serving as case workers) communicate with the PADD. Credentials and qualifications of other personnel involved in this crucial function vary widely, and the number of people involved in the process complicates communication. For example, in the Army, the Army liaison communicates with a case manager, who communicates with a casualty assistance officer, who in turn is responsible for communicating directly with the PADD/family. AFMAO staff indicated to the subcommittee that the convoluted communication chains can make it difficult to ensure that proper communication is maintained with the PADD/family. This can cause confusion, especially with regard to PADD/family requests. To address this problem, AFMAO is currently developing a joint form that will be used by all Services to communicate any requests from the PADD/family.

### ***Handling of Fetal Remains***

One of the past concerns voiced was the allegation that human fetal remains were transported from LRMC to DPM in containers that were inappropriate and did not meet regulatory standards. Subsequent investigation revealed that although the containers used met regulatory standards they were not containers typically used for this purpose. The mortuary staff at LRMC had ordered the appropriate transport container, but the supply of containers had not arrived in time for these shipments. LRMC now has the appropriate containers in stock, and the issue is resolved.

## ***The AFMAO Crematory***

The AFMAO crematory is the only crematory owned and operated by the Federal Government. At this time there is no statutory, DoD, or other federal regulatory guidance governing the operation of a federal crematory. The AFMAO SOP 34-242-04 *Crematory Section* includes AFMAO guidance and procedures for cremation. During the subcommittee's visit to DPM on January 10, 2012, the responsible senior mortuary specialist, when specifically questioned, responded that there have been no errors with regard to cremation of the Fallen to include the preparation, transport, and eventual cremation.

AFMAO staff also informed the subcommittee that the AFMAO crematory is used only for the cremation of unidentified portions and subsequently identified portions that, consistent with wishes of the PADD, are to be disposed of appropriately, and fetal remains. Full body cremation of remains at DPM is rare and is completed only following a waiver granted by the Senior Policy Advisor, Casualty, Mortuary and Funeral Affairs Honors, Office of the Deputy Under Secretary of Defense. To date, DPM has completed 60 cremations, with 18 completed in 2011 that included 10 Service Members. The subcommittee was informed that remains are generally cremated by contract at a crematory in the Dover area or by contract at a crematory outside the Dover area with most of the remains cremated at the final destination.

On February 15, 2012, the details of a Command Directed Investigation were provided to the subcommittee outlining an incident that occurred on or about September 30, 2011, in which remains were cremated in a manner contrary to PADD instructions. This was in violation of the Departments of the Army and Air Force regulations. Regulations stipulate that a cremation casket will meet or exceed the "specification Hardwood Casket" utilized by all Services and mandates compliance with the PADD instructions regarding the choice of a hardwood casket unless odor or transportation regulations prohibit its use. The regulation also stipulates that if a cremation casket, other than the one chosen by the PADD must be used, the PADD must be notified before using the alternative. While there is Service variability and inconsistencies within individual Service policies regarding what kind of casket could be used for cremation, multiple regulations speak to the singular authority of the PADD to make this decision without qualification, which should resolve any potential ambiguity.

The substantiated report indicated that a casualty assistance officer was assigned to explain to the PADD the options for disposition, casket choice, and allowances. The PADD subsequently requested that a hardwood casket be used for the cremation of the Fallen.

The PADD signed the AFMAO Cremation Authorization Form, which also specified a casket that meets or exceeds the specification Hardwood Casket. Despite the PADD request for a wooden casket and no approved reason for not granting the PADD request, the remains were cremated in a cremation insert, which is made of reinforced cardboard and is designed as a detachable interior component of a casket. The decision to use the casket insert was made by a senior mortuary specialist. When questioned by a junior enlisted technician, the senior mortuary specialist reaffirmed the decision to use the casket insert. Neither the casualty assistance officer nor the PADD were notified of this decision. While use of a casket insert for cremation is within industry standards it was not acceptable in light of the specific request for a hardwood casket and the mandatory lines of communication to ensure compliance with PADD wishes.

## **Findings and Recommendations**

**Overarching Findings:** All respect and credit is owed to the very dedicated mortuary personnel currently working at DPM. The subcommittee reviewed the corrective actions and new policies and procedures developed to address past concerns. For the most part, the subcommittee found these improvements to be appropriate and sufficient.

In addition to improving these policies and resources, AFMAO personnel have continued to meet their crucial mission through extraordinary effort and innovative thinking. Addressing needs for grieving families, they formed relationships and partnerships, streamlined processes, and otherwise focused all efforts to comfort the families of the Fallen, regardless of rank. They deserve our complete gratitude.

However, the subcommittee did identify additional areas for improvement. There is an overarching need to enhance and acknowledge the key role played by morticians at the DPM. Efforts should be made to augment their status and credibility. Thus, several findings of the subcommittee focus on personnel and training and the need for oversight and review to achieve this end.

**Findings:** DPM licensed embalmers are understaffed for large-scale events. Additional licensed embalmers are available in the AFMAO Mortuary Affairs Division; however, they perform other assigned functions. The qualifications of various categories of mortuary staff (embalmers, technicians) are of concern, as is the level of supervision provided to licensed embalmers and unlicensed staff. The mission requires the highest skill levels and extensive embalming and restorative experience. However, past hiring practices were not consistent with the values expressed in the DPM mission. Supervisors who did not demonstrate appreciation for requirements of practice hired minimally qualified personnel. In addition, there is no established process for evaluating competency.

**Recommendation 11: Resourcing of licensed embalming personnel should be carefully reviewed to ensure that it is consistent with the values of the stated Dover Port Mortuary mission.**

**Findings:** The scope of practice regarding various categories of embalming, restoration, and preparation staff is of concern. Personnel unlicensed as embalmers are performing advanced levels of embalming and restorative technical functions, ostensibly due to minimal staffing levels. This predisposes the working environment toward possible errors related to the misapplication of specialized technical skills and judgment. Licensed embalmers, particularly those who are brought in as temporary contract staff, may not have the necessary expertise to independently and appropriately complete the more complex cases without additional assistance.

**Recommendation 12: Air Force Mortuary Affairs Operations should establish policies on scope of practice (i.e., who is qualified to perform which functions). Licensed personnel who do not hold the necessary skills to complete complex cases should receive adequate support and/or training.**

**Findings:** Training is insufficient across Mortuary Affairs. The budget for advanced technical training of embalmers is often being used in a manner not germane to job performance. The stressors derived from pressure from the family to receive the remains, a previously unresponsive and unsupportive leadership, and a lack of expertise may have led to some misclassifications regarding potential viewability. Given the current supportive environment fostered by AFMAO leadership, one of the remaining limiting factors is a training deficit.

A previous concern voiced relates to effective processes, procedures, and policies for handling and transporting remains with possible contagious disease. This reflects a failure to understand and implement “universal precautions” consistent with current standard practice. Additional training on health and safety is needed, especially regarding Occupational Safety and Health Administration (OSHA) “universal precautions” (see section on AFMES). Had DPM personnel better understood the concept of “universal precautions,” the concern about effective processes, procedures, and policies for handling and transporting remains with possible contagious disease would not have been an issue.

Further, communication with the PADD about care of their loved one requires the highest skill level and should be performed by experienced funeral service practitioners. Training and credentials for Service liaisons, case managers, and casualty assistance officers vary among services. Training and background credentials for those directly communicating with families is often inadequate given the gravity and complexity of these issues, and should include sensitivity training, or its equivalent.

**Recommendation 13: Periodic training should be provided to: a) ensure personnel are up-to-date on health and safety practices and regulations and b) ensure embalmers are trained in the most advanced techniques available in the embalming and restorative arts. Competency evaluations should be created in consultation with subject matter experts.**

**Findings:** The lines of communication across the continuum of care are fraught with risks. The mortuary staff described ongoing supervision and a collegial environment that facilitates communication among licensed embalmers particularly when added expertise is required for difficult cases. However, this does not appear to be the case as evidenced by at least one contract embalmer assigned a complex and difficult case that resulted in less than optimal results.

**Recommendation 14: Training for Service liaisons, case managers, and casualty assistance officers should be increased and standardized across Services. Training must provide skills for effective communication between morticians and the Person Authorized to Direct Disposition. Competency evaluations should be created in consultation with subject matter experts.**

The array of forms and terminology used creates difficulties for staff communicating internally and externally. There are more than 27 different terms to describe portions of remains alone. Current forms provide limited options to families. For example, a partial body wrap classification should be included on forms, which conveys whether remains are viewable. This exclusion has reduced the number of remains that may have been otherwise viewable, because embalmers have been following protocol for full body wrap (unviewable) on remains that are partially viewable.

**Recommendation 15: Air Force Mortuary Affairs Operations should conduct a complete review of authorization/disposition forms utilized in Mortuary Affairs with the goal of creating a standardized form for use by all Services. Forms should employ language regarding necessary embalming and authorizing restorative art procedures in consultation with subject matter experts. Options should be provided to ensure viewability if desired and feasible.**

**Recommendation 16: During the initial notification, the Person Authorized to Direct Disposition should be provided with all of the information that is available at that time and an overview of the medical examiner and mortuary processes.**

**Recommendation 17: Standardized internal communication/collaboration among licensed embalmers should be established to ensure optimal viewability classification is determined, consistent with the wishes of the Person Authorized to Direct Disposition and the overall mission.**

**Findings:** Current options for disposition of identified portions that the PADD does not wish to receive are limited to retirement at sea. Conversations between the subcommittee and representatives of the VA involved in memorial affairs raised the possibility of additional options for disposition of cremated remains through VA services and operations. Such options include comingling of cremains in an ossuary or placement of ashes in a scatter garden in a VA national cemetery.

**Recommendation 18: The Department of Defense (DoD) should work with the Department of Veterans Affairs (VA) to assess the feasibility of alternatives to retirement at sea, such as interment or inurnment in VA facilities. In addition, DoD should explore alternatives for such disposition in military cemeteries.**

**Recommendation 19: To ensure ongoing discussions of ways in which the Department of Veterans Affairs (VA) might assist in interment or inurnment of portions of remains, the Department of Defense (DoD) should work with VA to create a permanent slot for VA representation on the Central Joint Mortuary Affairs Board.**

**Findings:** The event involving the AFMAO crematory underscores the lack of supervision of the senior mortuary specialist, a knowledge deficit regarding the fundamental approval process that affects junior and senior staff, and a failure to utilize appropriate communication channels between the mortuary specialist and the PADD.

**Recommendation 20: Whole body cremations should not be conducted at DPM.**

## VI. Way Ahead

Care of the Fallen and their families is a DoD-wide mission and a sacred duty. Thus, the assurance of proper chain of command, regular oversight, and review of the interactions among the supporting missions must be a DoD priority. There is no singular Air Force or Army solution to ensuring the highest standards of service and execution of the AFMAO mission, despite the critical roles each Service plays. The entire DoD must find ways to establish the necessary levels of policy, oversight, organizational structure, and command to ensure a well-coordinated, flawless execution of the mission.

Current AFMAO and AFMES leadership are doing the best that can be expected given the current limits on their authority; indeed, their levels of commitment to excellence are outstanding, as is the dedication of their staff. However, until changes are made in the chain of command, authorities, and oversight of AFMAO and its interface with collaborating agencies, the opportunity exists for future incidents of the type cited in the previous investigations.

Significant and very positive changes within the organization have occurred in the past 18 months. Nevertheless, the demand for perfection in the execution of this hallowed mission necessitates that the changes within AFMAO extend beyond one commander and beyond AFMAO and are institutionalized across DoD to ensure achievement of that perfection now and into the future.

Implementing the recommendations made in this report will enable AFMAO and its affiliated agencies to not only improve the conduct of their missions but also routinely implement corrective actions and ensure continuous quality improvement as needed and sustain the trust of families and our Fallen.

## Appendix A: Subcommittee Biographies

### **General (Ret) John P. Abizaid**

John P. Abizaid retired from the U.S. Army in May 2007, after 34 years of active service. After graduating from the U.S. Military Academy at West Point, he rose from second lieutenant of infantry to four-star general in the Army. At the time of his retirement he was the longest-serving commander of United States Central Command, with responsibility for an area spanning 27 countries in the Middle East, Southwest Asia, and the Horn of Africa. During a distinguished career he commanded units at every level, serving in the combat zones of Grenada, Lebanon, Kurdistan, Bosnia, Kosovo, Afghanistan, and Iraq. Units under his command have included the 1st Infantry Division, a brigade in the 82nd Airborne Division, and two Ranger companies. General Abizaid worked on the Joint Staff in three assignments, the last as Director. He studied at the University of Jordan in Amman, holds a master's degree in Middle Eastern Studies from Harvard University, and is widely considered to be an expert in the field of Middle Eastern affairs. As such, General Abizaid was one of the first to recognize the protracted nature of the ongoing conflict against religious-inspired extremists. He serves as the Distinguished Chair of the Combating Terrorism Center at West Point and works closely with several charitable and non-profit organizations. Through his consulting company, JPA Partners LLC, General Abizaid advises small businesses through Fortune 500 companies nationally and internationally, and serves as a Board Member for both USAA and RPM, Inc.

### **Caleb S. Cage**

Mr. Caleb S. Cage was appointed Executive Director of the Nevada Office of Veterans Services by Governor Brian Sandoval. Mr. Cage is a veteran of the U.S. Army, serving from 2002 until 2007. Mr. Cage was born and raised in Reno, Nevada; he attended the U.S. Military Academy, West Point, where he studied American History. Upon graduation in 2002, he was commissioned as a Field Artillery officer and was assigned to the 1st Infantry Division in Bamberg, Germany, for a three-year tour. During this period, he served as a company executive officer and later as a motorized rifle platoon leader in the city of Baqubah, Iraq. Less than a year after returning to Germany, he received orders to return to Iraq. His second deployment was to Baghdad, Iraq, in support of Operation Iraqi Freedom IV where he served as an Information Operations officer for Multinational Corps-Iraq. Before this appointment, Mr. Cage served as Senior Policy Advisor for rural and veterans issues for the Nevada Lieutenant Governor.

### **Vernie Fountain**

Mr. Vernie Fountain has been associated with funeral service since 1965. As a graduate of the Kentucky School of Mortuary Science, Mr. Fountain became licensed as a funeral director in 1972 and as an embalmer in 1977. For 18 years, until December 1995, he owned and operated Fountain Mortuary Service in Columbia, Missouri, which responded to more than 1,000 deaths annually and was composed of the following five divisions: Embalming and Transportation, Forensic and Clinical Autopsy/Investigation, Cemetery (Exhumations & Grave Openings), Embalming Consulting, and Fountain National Academy of Professional Embalming Skills. He currently owns and operates Fountain Embalming Services, Fountain National Academy of Professional Embalming Skills, and Forensic Investigative Resources of the Midwest (F.I.R.M.), which is a licensed and insured private detective agency that focuses on death investigations and exhumations. All are headquartered in Springfield, Missouri. Mr. Fountain is an active member of the Missouri Funeral Directors and Embalmers Association and served for many years as Chair of its Mass Fatality Disaster Emergency Response Committee and Chair of its Organ and Tissue Committee. He is past

President of the Missouri Funeral Supply Sales Club. In 2007, the Missouri Funeral Directors and Embalmers Association awarded him the Robert Knell Award, the highest award granted by that Association. He is a member of the National Funeral Directors Association, the Funeral Ethics Association, the American Society of Embalmers, Academy of Professional Funeral Service Practice, and former member of the National Association of Medical Examiners. Mr. Fountain is a proud United States Marine. He served in the U.S. Marine Corps during the Vietnam War and is a member of Disabled American Veterans (DAV), the American Legion, and the Marine Corps League. He is a Purple Heart recipient for wounds received by enemy fire in Vietnam on May 9, 1970. Following a 13-month stay in a military hospital, he was medically retired from the Marine Corps.

#### **General (Ret) Frederick M. Franks, Jr.**

General (Ret) Fred Franks graduated from the U.S. Military Academy in 1959 and retired from active Army service in 1994. Since active Army retirement, General Franks has worked in public service and as an advocate for Wounded Warriors. He has taught strategic and senior tactical level leadership and has been advisor to Army studies on training and leader development. He collaborated with author Tom Clancy on *Into the Storm: A Study in Command*, first published in 1997, and revised in 2007. In 2001 President George W. Bush appointed him to serve on the American Battle Monuments Commission, for which he became the ninth Chairman in 2005 and served in that capacity until January 2009. General Franks currently holds the Class of 1966 Chair in the Simon Center for the Professional Military Ethic at the U.S. Military Academy at West Point. In those duties he taught Battle Command, proposed beginning a Capstone Course for senior Cadets and advised its execution, and served as an advisor to the U.S. Army's Profession of Arms study, and Chief of Staff's Leader Development Study. He currently serves as a senior advisor with Veterans Outreach for the Red Sox Foundation-Massachusetts General Home Base Program. In 2009, he completed work for the Army Chief of Staff recommending ways for the Army and Nation to better fulfill our duty to Wounded, Ill, and Injured Service Members. In 2010, he completed a second study on the challenges Reserve Component Soldiers face in accessing the Military Disability System. He chaired the Limb Loss Panel of the Defense Health Board from 2003 to 2010. He also serves voluntarily as Chairman of the Board of VII Corps Desert Storm Veterans Association. During his active Army service, General Franks commanded Armored Cavalry units at platoon, troop, squadron, and regimental levels in the 11th and 3d Armored Cavalry Regiments in periods from early 1960 to 1984. General Franks served in combat in Vietnam as S-3, 2nd Squadron, 11th Armored Cavalry Regiment August 1969 until being medically evacuated to Valley Forge General Hospital in 1970 after being wounded in action in Cambodia. After having his leg amputated below the knee and recovery and rehabilitation at Valley Forge General Hospital, he was permitted to remain on Active Duty and returned to active service in 1972. In Operations Desert Shield and Desert Storm, then Lieutenant General Franks commanded the 146,000 U.S. and British forces of VII Corps that attacked more than 250 kilometers in 89 hours and as part of the Coalition that liberated Kuwait in February 1991. He concluded his active service as Commanding General Training and Doctrine Command (TRADOC) from 1991 to 1994, responsible for the U.S. Army's school system and for formulating concepts and requirements for future land warfare.

#### **Garold (Gary) D. Huey**

Mr. Garold (Gary) D. Huey currently serves as a consultant to and trainer for the International Mass Fatalities Center. The Center provides on-site training for planning and response to mass fatality incidents. Mr. Huey received his undergraduate education from Wayland Baptist University in Occupational Education with a Specialization in Mortuary Science and Science Studies. He received his professional training at San Antonio College as an Associate in Mortuary Science. At the Louisiana Family Assistance Center, Mr. Huey

managed Post-Mortem Operations from March to August 2006. In this capacity, he provided oversight to the operational components of family affairs, cemetery affairs, forensic identification, and dental sections. In addition to serving in academic positions as an Adjunct Faculty Member in the Department of Mortuary Science and the Protective Services Department, Emergency Management Administration Program, San Antonio College, Mr. Huey held several military and civil service positions. These include serving as Hospital Corpsman, Embalming Technician for the U.S. Navy, and as Chief of the Technical and Identification Branch of the Mortuary Affairs Division, Air Force Services Agency. In this latter capacity, he provided corporate-level management of U.S. Air Force mortuary affairs, including responsibility for quality assurance of all Active Duty initial casualty and death reports, ensuring scientific identification of remains, and managing the Air Force remains repatriation program for remains from previous U.S. conflicts. Among his numerous achievements was serving as Technical Advisor for the U.S. Air Force representative to the Central Joint Mortuary Affairs Office and the Armed Forces Identification Review Board. Over the past three decades, Mr. Huey has engaged in numerous professional development opportunities, including those pertaining to forensic pathology, dental identification, and anthropology at the Armed Forces Institute of Pathology and Smithsonian Institution. He is a licensed embalmer and funeral director in the State of Texas, and a recipient of the National Board Certificate by the Conference of Funeral Service Examining Boards.

#### **Bruce O. Parks, M.D.**

Dr. Bruce Parks recently retired as the Chief Medical Examiner for the Forensic Science Center Department Head, at Pima County in Tucson, Arizona, a position he held from 1991 to 2011. He is currently working at the Pima County Forensic Science Center as a part-time forensic pathologist. Dr. Parks received a bachelor's of science in chemical engineering and his medical degree from the University of Arizona. He has received certification from the American Board of Pathology (anatomic, clinical, and forensic pathology). Dr. Parks's affiliation with professional organizations includes the American Academy of Forensic Sciences and the National Association of Medical Examiners. Dr. Parks has also served as a member of the Arizona Governor's Office for Children Interagency Child Fatality Review Task Force (1991-1992), a member of the Arizona State Sudden Infant Death Advisory Council and SIDS Autopsy Protocol Committee (1992-2002), Co-chairman to the Sudden Infant Death Advisory Council (1995-2000), a member of the Pima County Child Fatality Review Team (1994-2011), a member of the Arizona State Unexplained Infant Death Advisory Council (2002-2011), and the Disaster Mortuary Operational Team, Region IX. Dr. Parks's research has been published in scientific journals including the *Journal of Forensic Sciences*, the *Journal on Cancer*, *The American Journal of Forensic Medicine and Pathology*, and the *Journal of Immigrant and Minority Health*.

#### **Victor (Vic) Snyder, M.D.**

Dr. Vic Snyder is a former U.S. Representative, serving from 1997 to 2011. As a member of the House Committee on Armed Services, he chaired the Subcommittee on Oversight and Investigations and was a member of the Subcommittee on Military Personnel. He was a member of the House Committee on Veterans' Affairs and the House Joint Economic Committee. Prior to his election to the U.S. House of Representatives, Dr. Snyder was an Arkansas State Senator from 1991 to 1996. Since retiring Congress, Dr. Snyder has been named the corporate medical director for external affairs for Arkansas Blue Cross and Blue Shield. Dr. Snyder served in Vietnam as a part of the Headquarters Company of the U.S. 1st Marine Division, where he attained the rank of Corporal. After leaving Active Duty, he returned to Willamette University, earning a bachelor's degree in chemistry. He then received his medical degree at the University of Oregon Health Sciences Center (now the Oregon Health and Science University) and completed

his residency at the University of Arkansas for Medical Sciences. As a family practice physician, Dr. Snyder spent time volunteering his medical services overseas at Cambodian refugee camps in Thailand, Salvadoran refugee camps in Honduras, and Ethiopian refugee camps in Sudan. In addition to his work in the medical field, Dr. Snyder received his law degree from the University of Arkansas at Little Rock School of Law.

### **Ruth Stonesifer**

Mrs. Ruth Stonesifer lives in southeastern Pennsylvania. Originally from Middletown, Delaware, she received her bachelor's of science in home economics from the University of Delaware. She devoted 25 years of her life as a potter and then as a wearable art craftsman and eight years as the Executive Director of the PA Guild of Craftsmen. She is currently self-employed as a long-arm quilter, instructs quilting classes, and runs a Quilts of Valor program making presentation quilts for wounded soldiers. Mrs. Stonesifer's son, Kristofor, was deployed as an Army Ranger immediately after the September 11, 2001, attacks. Specialist Stonesifer was killed in action during Operation Enduring Freedom on October 19, 2001. Her loss compelled Mrs. Stonesifer to become dynamically involved with American Gold Star Mothers, Inc. She started as a volunteer Director of Publications for the Gold Star Mothers newsletter and website. She was the National President of the organization from 2009 to 2010. In 2010, the Secretary of Veterans Affairs Eric K. Shinseki asked her to serve on the VA Selection Committee for the Under Secretary for Benefits. In addition to being a Gold Star Mother, Mrs. Stonesifer is also the proud mother of retired Army Chief Warrant Officer Frederic Stonesifer.

### **Jacquelyn Taylor, Ph.D.**

Dr. Jacquelyn Taylor is the Executive Director of the New England Institute at Mount Ida College where she also holds appointment as a full professor. She joined the College in October 2001. Dr. Taylor previously was President of San Francisco College of Mortuary Science. She brings to her current position 28 years of experience in the funeral industry having held positions ranging from Funeral Director/Embalmer to Branch Manager, General Manager, and Director of Marketing with Uniservice Corporation, owner of mortuaries and cemeteries in the Pacific Northwest. Dr. Taylor has been responsible for managing a variety of operations including several business turnarounds. She has developed training programs for a wide range of applications. Dr. Taylor has designed and delivered curricula on subjects including ethics, funeral service counseling, legal and regulatory compliance, policy and procedures, human resource management, motivation, new product introduction, general management and marketing. Her expertise includes technical applications involving all areas of mortuary affairs including embalming, restorative art, and infection control. Dr. Taylor's educational background includes a B.S. in Business Administration, a M.B.A., and a Ph.D. in Interdisciplinary Studies with concentrations in ethical and creative leadership and public policy. She is a licensed Funeral Director and Embalmer and holds designations as a "Certified Thanatologist" from the Association for Death Education and Counseling and a "Certified Funeral Service Practitioner" from the Academy of Professional Funeral Service Practice. Dr. Taylor is an internationally recognized leader in funeral service education and a highly successful expert witness in her field.

## Appendix B: Terms of Reference

These terms of reference establish the Secretary of Defense (SecDef) objectives for an independent subcommittee review of mortuary operations within the Air Force. At SecDef direction, the Dover Port Mortuary Independent Review Subcommittee has been established under the Defense Health Board to conduct this assessment.

**Mission Statement:** Accomplish an independent assessment of current operations at the Port Mortuary Division of Air Force Mortuary Affairs Operations (AFMAO) at Dover AFB (Port Mortuary); the interface between AFMAO, medical examiners, and other Services; and the impact and effectiveness of recent changes in policies and procedures.

**Issue Statement:** The Air Force recently completed an extensive review of policies, processes, and procedures in effect at the Dover Port Mortuary to ensure the continuation of AFMAO operations with reverence, care, dignity and respect, applying the highest professional standards in support of our Nation's fallen heroes and their families. Various areas involving standards, accountability, the interface between AFMAO and medical examiners, embalming, safety and environment and written guidance were identified as requiring attention. In some cases, updating or clarification of policies and rules was required; in others, policies and practices had to be developed. Over the past few months corrective actions/changes have been formulated and implemented in a number of areas of operations at this facility. Senior Department leadership now seeks independent assessment of the current overall operations of the Dover Port Mortuary, the effectiveness of changes identified and/or taken to date, and the means (on an on-going basis) by which those changes are examined for continued effectiveness. In addition, the Subcommittee should identify whether the Air Force should be considering or taking any further actions to enhance these operations.

**Objectives and Scope:** The Subcommittee will address the following specific objectives.

- Assess the effectiveness and propriety of the current policies, processes, and procedures for the handling and preparation of remains, to include chain of custody procedures. Among the areas to be examined particular attention should be focused on the policies, processes and procedures implemented to address the interaction between medical examiners and Port Mortuary personnel in regards to chain of custody, coordination, and processing and release of remains. Copies of any policies and procedures, including the pertinent Joint Standard Operation Procedures and Memoranda of Agreement, will be made available for the Subcommittee's review.
- Assess the effectiveness and propriety of the current policies, processes, and procedures for determining viewability and the use of restorative art.
- Assess the effectiveness and propriety of the current processes, procedures and policies for handling and transportation of remains with possible contagious disease, including the adequacy of warnings and precautionary measures and other environmental controls.
- Assess the effectiveness and propriety of the current processes and procedures for cremation, including the documentary requirements preceding cremation.
- Examine known past concerns raised regarding mortuary operations or functions to ensure that current policies, processes, and procedures adequately address those concerns.

- Examine the consistency and adequacy of policies and procedures to determine whether they are sufficient to provide appropriate training and references for assigned and attached personnel.
- Examine how mortuary operations are periodically re-evaluated to ensure their on-going effectiveness.
- Assess AFMAO compliance with current DoD policies on Mortuary Affairs. Determine if DoD policies provide adequate guidance to address and cover the Dover Port Mortuary requirements and mission.
- Assess the role of the DoD Executive Agent for Mortuary Affairs and its role in the overall operations of the Dover Port Mortuary.
- Assess the effectiveness of the changes undertaken by the Air Force at the Dover Port Mortuary and identify other changes that may be appropriate to ensure that the operations at this facility are conducted with the appropriate reverence, care, dignity and respect.

The Subcommittee shall develop conclusions and recommendations on the above matters, and any other matters the Subcommittee deems pertinent to strengthening operations of the Dover Port Mortuary functions at Dover.

**Methodology:**

1. The Subcommittee assessment will be conducted in compliance with the Federal Advisory Committee Act (FACA).
2. The Subcommittee assessment should focus on the policies, procedures and processes currently in place at the Port Mortuary. The Subcommittee should recommend any further improvements to assure the Port Mortuary and medical examiner functions are performed to the highest professional standards of care.
3. The Subcommittee is authorized to access, consistent with law, Air Force documents and records from other organizations, which the Subcommittee deems necessary, and Department of Defense (DoD) personnel the Subcommittee determines necessary to complete its task.
  - a. As background, the Subcommittee may review the results of past and recent examinations of mortuary operations within the Air Force, to include investigative reports and reference materials provided by the Secretary Air Force/General Counsel.
  - b. Subcommittee participants may be required to execute a non-disclosure agreement, consistent with FACA.
4. The Subcommittee may conduct interviews as appropriate.
5. As appropriate, the Subcommittee may seek input from other sources with pertinent knowledge or experience.

**Deliverable:**

The subcommittee will complete its work and report to the Defense Health Board in a public forum. The Defense Health Board will then report to the Secretary of Defense no later than February 29, 2012.

**Subcommittee Membership:**

1. Subcommittee membership, as appointed by the SecDef, includes members with the following backgrounds:
  - a. A representative of the families supported by the AFMAO mission.
  - b. A member of the medical examiner profession with extensive experience, particularly in addressing mass casualty situations.
  - c. A representative of the funeral home/mortuary profession.
  - d. A retired senior military member.
  - e. A former member of Congress or other person of national stature.
2. One member of the Subcommittee will be appointed as the Chair.

**Support:**

1. The DHB office will provide any necessary administrative and logistical support for the Subcommittee.
2. The Office of the Secretary of Defense and all Military Departments will support the Subcommittee's review by providing personnel, policies, and procedures required to conduct a thorough review of the Dover Port Mortuary.

## Appendix C: Meetings and Presentations

### December 13, 2011

Arlington, Virginia

Mr. Mark Ward, Program Manager, Casualty Affairs, Office of the Deputy Assistant Secretary of Defense (Military Community and Family Policy). Presentation: *Department of Defense Policies Regarding Mortuary Affairs*.

COL Richard Teolis, Director, Casualty and Mortuary Affairs Operations Center. Presentation: *Department of Defense Policies Regarding Mortuary Affairs*.

CAPT Craig Mallak, Director, Armed Forces Medical Examiner System. Presentation: *Armed Forces Medical Examiner System Introduction and Overview*.

Col Tom Joyce, Commander, Air Force Mortuary Affairs Operations. Presentation: *Air Force Mortuary Affairs Operations*.

Ms. Cheri Cannon, Deputy General Counsel, Fiscal, Ethics, and Administrative Law, Department of the Air Force Office of the General Counsel. Presentation: *Dover Port Mortuary*.

### January 9-11, 2012

Arlington, Virginia and Dover Air Force Base, Delaware

Mr. Paul Hutter, SES, General Counsel, TRICARE Management Activity. Comments

COL Richard Teolis, Director, Casualty and Mortuary Affairs Operations Center. Comments.

CAPT Craig Mallak, Director, Armed Forces Medical Examiner System. Comments.

Col Tom Joyce, Commander, Air Force Mortuary Affairs Operations. Comments.

Lt Col Edward Mazuchowski, Deputy Medical Examiner, Armed Forces Medical Examiner System. Comments.

Mr. Kevin Smith, Dover Port Mortuary Crematory Officer. Comments.

Ms. Lynne Oetjen-Gerdes, Deputy Chief, Mortality Surveillance Division, Office of the Armed Forces Medical Examiner and Program Manager, Armed Forces Medical Examiner Tracking System. Presentation: *Armed Forces Medical Examiner Tracking System*.

Dr. Louis N. Finelli, Chief Deputy Medical Examiner, Office of the Armed Forces Medical Examiner and Director, Department of Defense DNA Registry. Comments.

Lt Col Laura Regan, Director of Operations, Office of the Armed Forces Medical Examiner. Comments.

CAPT Stephen Robinson, Deputy Chief Armed Forces Medical Examiner, Office of the Armed Forces Medical Examiner. Comments.

Ms. Catherine McMullen, Chief, Disclosure Unit, U.S. Office of Special Counsel. Comments.

Ms. Jennifer Pennington, Attorney, Disclosure Unit, U.S. Office of Special Counsel. Comments.

*Air Force Mortuary Affairs Operations Whistleblower Panel*

Mr. William Zwicharowski, Mortuary Branch Chief  
Mr. James Parsons, Autopsy/Embalming Technician  
Ms. Mary Ellen (Mel) Spera, Mortuary Specialist

**January 17, 2012**

Washington, D.C.

Lt Gen Marc Rogers, Inspector General of the Air Force, Office of the Secretary of the Air Force.  
Overview of Air Force IG Investigation.

**January 17, 2012**

Washington, D.C.

*Disposition of Remains Discussion:*

Mr. Paul Hutter, SES, General Counsel, TRICARE Management Activity. Comments.  
Mr. Mark Ward, Program Manager, Casualty Affairs, Office of the Deputy Assistant Secretary of Defense (Military Community and Family Policy). Presentation: *Department of Defense Policies Regarding Mortuary Affairs. Comments.*  
Mr. Trevor Dean, Entitlements Branch, Air Force Mortuary Affairs Operations. Comments.  
Col Tom Joyce, Commander, Air Force Mortuary Affairs Operations. Comments.  
COL Carl Johnson, President of the NCR ; Former Chairman of the Central Joint Mortuary Affairs Board. Comments.

**February 8-9, 2012**

Arlington, Virginia

Mr. Glenn Powers, Deputy Under Secretary for Field Programs, U.S. Department of Veterans Affairs.  
Presentation: *National Cemetery Administration.*

*AFMAO, AFMES, CJMAB Leadership Panel*

COL Richard Teolis, Director, Casualty and Mortuary Affairs Operations Center.  
CAPT Craig Mallak, Director, Armed Forces Medical Examiner System.  
Col Tom Joyce, Commander, Air Force Mortuary Affairs Operations.  
COL Carl Johnson, President, National Capital Region Physical Evaluation Board.

*Department Leadership for Mortuary Affairs Panel*

Lt Gen Darrell Jones, Deputy Chief of Staff, Manpower, Personnel and Services (A1) Headquarters  
U.S. Air Force  
Mr. Samuel Retherford, Deputy Assistant Secretary of the Army (Military Personnel) Office of the Assistant Secretary of the Army (Manpower and Reserve Affairs)  
BG Gwendolyn Bingham, 51st Quartermaster General, U.S. Army and Commandant, U.S. Army Quartermaster School  
COL (Ret) Michael Cervone, Acting Director of Supply, Department of the Army (G-4)

### *Mortuary Affairs Policy Panel*

Mr. Mark Ward, Program Manager, Casualty Affairs, Office of the Deputy Assistant Secretary of Defense (Military Community and Family Policy)

Mr. Tom Bailey, Branch Chief, Plans, Training, and Operations, Casualty and Mortuary Affairs Operations Center

Mr. S. Todd Rose, Director, Mortuary Affairs Division, Air Force Mortuary Affairs Operations

COL Richard Teolis, Director, Casualty and Mortuary Affairs Operations Center.

### *Information Technology Panel*

Mr. Kevin McGarrigle, Technical Support Specialist, Information Technology

### *Air Force Mortuary Affairs Operations*

Ms. Lynn Oetjen-Gerdes, Deputy Chief of Mortality Surveillance, Armed Forces Medical Examiner System and Program Manager, Armed Forces Medical Examiner Tracking System

### *Medical Examiner Panel*

MG James Gilman, Commander, U.S. Army Medical Research and Materiel Command

CAPT Craig Mallak, Director, Armed Forces Medical Examiner System

### *Service Liaison/Chaplain Panel*

CDR Tony Glover, Director, Navy Mortuary Office, Navy Casualty Assistance Division

Mr. S. Todd Rose, Director, Mortuary Affairs Division, Air Force Mortuary Affairs Operations

Mr. Robert Wagner, Branch Head, Military Personnel Services Branch, Headquarters Marine Corps

Lt Col (Chaplain) Dennis Saucier, Lead Chaplain, Air Force Mortuary Affairs Operations

COL Richard Teolis, Director, Casualty and Mortuary Affairs Operations Center.

## **February 9, 2012**

### **Teleconference**

Congressman Rush Holt, U.S. Representative. Overview of DPM Issues.

## **February 12, 2012**

### **Teleconference**

Dr. Patricia O’Kane-Trombley, Gold Star Mother

Mrs. Gari-Lynn Smith, Spouse of Fallen Hero

## Appendix D: AFMAO Process Improvements

### AFMAO Process Improvements re HAF/A1 Letter of Instruction & SAF/IG ROI

7 Oct 10 (Note: Responses to SAF/IG ROI/OSC response annotated in parenthesis below)	<ul style="list-style-type: none"> <li>▪ Change of command at AFMAO (new CC immediately took steps to create a positive work environment within AFMAO, and relevant commands, to include an emphasis on safety, personal accountability, and discipline, communication, and training)</li> </ul>
12 Oct 10	<ul style="list-style-type: none"> <li>▪ HAF/A1 Letter of Instruction to new AFMAO/CC: <ul style="list-style-type: none"> <li>○ Upon taking command, AFMAO/CC was issued a Letter of Instruction from AF/A1, dated 12 Oct 10, which provided specific guidance in regard to compliance with federal rules and regulations regarding the proper care, handling, and accountability of human remains and personal effects, establishing professional labor/management relationships, and ensuring employee training and resilience programs</li> <li>○ Ensure compliance with standards regarding the handling of remains and personal effects and compliance with all health and sanitation standards and procedures; coordinate with the chaplain and mental health support to ensure an adequate decompression program; maintain productive and professional management-labor relations expeditiously inform superiors of any issues that could engender significant public, congressional or media interest</li> </ul> </li> </ul>
15 Nov 10 (Improper handling and transport of remains with possible contagious disease)	<ul style="list-style-type: none"> <li>▪ AFMAO/CC Safety Policy issued: "Supervisors have the responsibility of...ensuring personnel are trained...and empowered to identify hazards and implement risk control procedures." (Thorough training on airborne and bloodborne pathogens now being accomplished and documented.)</li> </ul>
17 Nov 10	<ul style="list-style-type: none"> <li>▪ Initial meeting with AFMAO union chief steward and shop steward</li> </ul>
17 Nov 10	<ul style="list-style-type: none"> <li>▪ Letter of Instruction (LOI) Update to HAF/A1</li> </ul>
1 Dec 10	<ul style="list-style-type: none"> <li>▪ AFMAO Christmas Tree Lighting/Menorah Lighting Program (w/ special guest, the widow of long-time Port Mortuary director, Mr Charles C. Carson, for whom the facility is named)</li> </ul>
2 Dec 10	<ul style="list-style-type: none"> <li>▪ HAF Directorate of Services division chief site visit (Note: reached agreement HAF/A1S owns mortuary policy)</li> </ul>
7 Dec 10	<ul style="list-style-type: none"> <li>▪ "True Colors" Teambuilding session with AFMAO senior leadership</li> </ul>
7 Dec 10	<ul style="list-style-type: none"> <li>▪ Commander's Call</li> </ul>
8 Dec 10	<ul style="list-style-type: none"> <li>▪ Discussion re Support Division organization w/ Director of Support (i.e., span of control)</li> </ul>
10 Dec 10	<ul style="list-style-type: none"> <li>▪ Air Force policy review w/ AFMAO senior leadership (i.e., review of draft Air Force mortuary affairs instructions)</li> </ul>
13 Jan 11 (Failure to Properly Account for all Remains Portions)	<ul style="list-style-type: none"> <li>▪ Surveillance cameras/DVR installed outside of refrigerated storage</li> </ul>
13 Jan 11	<ul style="list-style-type: none"> <li>▪ Mortuary Affairs Division Past Conflicts Standard Operating Procedure issued</li> </ul>
19 Jan 11 (Improper handling and transport of remains with possible contagious disease)	<ul style="list-style-type: none"> <li>▪ AFMAO/CC Voluntary Protection Program (VPP) Letter of Intent issued <ul style="list-style-type: none"> <li>○ To maintain highest caliber of safety and health possible</li> </ul> </li> </ul>

## AFMAO Process Improvements re HAF/A1 Letter of Instruction & SAF/IG ROI

22 Feb 11	<ul style="list-style-type: none"> <li>▪ Unit Self Inspection Program Operating Instruction issued</li> </ul>
22 Feb 11 (Improper transport and processing of remains of military dependents)	<ul style="list-style-type: none"> <li>▪ Port Mortuary Crematory Section Standard Operating Procedure issued, to include medical release and authorization requirements</li> </ul>
24 Feb 11	<ul style="list-style-type: none"> <li>▪ AFMAO/CC Cornerstone document issued                             <ul style="list-style-type: none"> <li>○ Subject: Dignity, Honor and Respect – Our Cornerstones</li> </ul> </li> <li>▪ AFMAO/CC Unit Safety Program Representatives Appointments</li> </ul>
17 Mar 11 (Improper handling and transport of remains with possible contagious disease)	<ul style="list-style-type: none"> <li>▪ Port Mortuary Training/Professional Development: Trauma and the Gift of the Open Casket                             <ul style="list-style-type: none"> <li>○ Course presented at AFMAO by Mr. Rob Meyer, Pittsburgh Mortuary Institute. He examined the various embalming problems that are often seen, keys to a successful viewing, and explained the psychological effects that an open casket has on a grieving heart, and the role of embalmers. It provided basic &amp; advanced embalming techniques, and discussed the impact these procedures have on the family and the viewing process. Training attended by licensed AFMAO embalmers.</li> </ul> </li> </ul>
20-24 Mar 11 (Improper handling and transport of remains with possible contagious disease)	<ul style="list-style-type: none"> <li>▪ Environmental Safety Health Occupational and Training, Nashville, TN: The training covered awareness of the Unit Safety Representative (USR) to ESOH topics and program. Attended by Safety Officer and AFMAO embalmer.</li> </ul>
24 Mar 11 (The ROI found a violation of AFI 34-242, para 3.31, which requires a letter of instruction be sent to the receiving funeral director informing him of, among other things, the condition of the body.)	<ul style="list-style-type: none"> <li>▪ AFMAO/CC issued a written memorandum, Subject: Preparation of Remains: Letter of Instruction, Restorative Consent and Viewability, to the Port Mortuary Director, directing that the requisite letter of instruction be sent to receiving funeral homes for all remains prepared by the Port Mortuary, consistent with para 3.31 of the AFI.</li> <li>▪ This Directive also instructs the Port Mortuary Director to ensure his staff communicates with the Service liaison regarding the conditions of the remains upon receipt from autopsy (the initial assessment) and prior to final departure to the receiving funeral home.</li> </ul>
24 Mar 11 (While no violation was found with regard to the actual preparation of the deceased Marine, the Air Force has taken steps to improve its processes related to embalming restorative art procedures and communication with the appropriate military service in difficult cases such as this one.)	<ul style="list-style-type: none"> <li>▪ Guidance was issued in the Directive setting forth circumstances where notification to the PADD and PADD approval are needed for a major restorative art procedure and how such notification and approval is accomplished.</li> <li>▪ The Guidance provided that, in those cases where restoration of the remains is beyond those viewable areas where consent to restore to a natural state is implied, the mortuary specialist assigned to prepare those remains will work with the appropriate Service liaison to make a request in writing to obtain the family's consent to restore and present the remains in a more viewable condition, if appropriate to the circumstances.</li> <li>▪ In addition, the March 2011 Directive sets forth a process for conflict resolution when embalmers disagree on issues (on ethical or other grounds) related to viewability classifications and</li> </ul>

## AFMAO Process Improvements re HAF/A1 Letter of Instruction & SAF/IG ROI

	<p>embalming and/or restorative art procedures.</p> <p>Since then, the Port Mortuary Standard Operating Procedure has been modified to:</p> <ul style="list-style-type: none"> <li>▪ Obtain the appropriate Military Service position re major restorative art and whether further contact w/ family is advisable</li> <li>▪ Ensure LOI to receiving funeral home on restoration/viewability</li> <li>▪ Establish conflict resolution on process/viewability disagreements that may exist between licensed embalmers</li> </ul>
25 Mar 11	<ul style="list-style-type: none"> <li>▪ Port Mortuary Operations Branch Standard Operating Procedure issued</li> </ul>
25 Mar 11	<ul style="list-style-type: none"> <li>▪ Port Mortuary Reverse Dignified Transfers Standard Operating Procedure issued</li> </ul>
29 Mar 11	<ul style="list-style-type: none"> <li>▪ Port Mortuary Departures Branch Standard Operating Procedure issued</li> </ul>
21 Apr 11	<ul style="list-style-type: none"> <li>▪ Port Mortuary Mortician Positions upgraded from GS-11 to GS-12 positions as a result of position description rewrite reflecting current duties</li> </ul>
26 Apr 11 (Failure to Properly Account for all Remains Portions )	<ul style="list-style-type: none"> <li>▪ HAF/AIS direction AFMAO/CC                             <ul style="list-style-type: none"> <li>○ Subject: AFMAO Serious Incident Reporting, instructed positive contact within four hours of potential loss of full accountability of remains or a remains portion; potentially contaminated of contagious remains; potential serious safety hazard; potential explosive device, or any other serious anomaly not in keeping with the mission</li> </ul> </li> </ul>
26 Apr 11 (Failure to Properly Account for all Remains Portions )	<ul style="list-style-type: none"> <li>▪ Memorandum of Understanding (MOU) between AFMAO and AFMES (the Armed Forces Medical Examiner System (AFMES))                             <ul style="list-style-type: none"> <li>○ Signed by AFMAO/CC and the Armed Forces Medical Examiner (AFME)</li> <li>○ Outlines responsibilities and relationships AFMAO and AFMES as they relate to operations within the Dover Port Mortuary (DPM)</li> </ul> </li> </ul>
28 Apr 11 (Failure to Properly Account for all Remains Portions )	<ul style="list-style-type: none"> <li>▪ Joint Standard Operating Procedure, <i>Remains Processing</i>, established between AFMES and AFMAO                             <ul style="list-style-type: none"> <li>▪ AFMES photographs portions</li> <li>▪ Implemented “3-bag rule”                                     <ul style="list-style-type: none"> <li>○ Each portion tagged/bagged in one bag with bar code</li> <li>○ Documents tagged and bagged in another bag</li> <li>○ Both bags placed in 3rd bag with bar code</li> </ul> </li> <li>▪ No more than one portion stored per bar-coded location</li> <li>▪ Swipe card access to AFMAO refrigerated storage units further enhances accountability</li> <li>▪ IT system requires portion scanning to IDs</li> <li>▪ IT training improved: conducted, documented and certified</li> </ul> </li> </ul>

## AFMAO Process Improvements re HAF/A1 Letter of Instruction & SAF/IG ROI

	<ul style="list-style-type: none"> <li>▪ Each remains portion to be scanned to a handler and station</li> <li>▪ Portion inventories established: weekly, monthly and spot check</li> </ul>
3 May 11	<ul style="list-style-type: none"> <li>▪ Cremation Seminar               <ul style="list-style-type: none"> <li>○ Webcast seminar for cremator operator certification. Topics included basics of operation, principles of combustion, incinerator design, cremation and the environment, handling and packaging, exposure control, history of cremation, recordkeeping and cremation statistics. Attended by two Port Mortuary embalmers</li> </ul> </li> <li>▪ Exercised Joint Standard Operating Procedures w/ AFMES and AFMAO personnel</li> </ul>
4 May 11 (Failure to Properly Account for all Remains Portions )	
6 May 11 (Improper handling and transport of remains with possible contagious disease)	<ul style="list-style-type: none"> <li>▪ AFMAO/CD signs Exposure Control Plan               <ul style="list-style-type: none"> <li>○ AFMAO and AFMES collaboratively developed joint Exposure Control Plan (to include airborne and blood borne pathogens)</li> <li>○ Establishes communication requirements and procedures</li> </ul> </li> <li>▪ Port Mortuary Administrative Branch Standard Operating Procedure issued</li> <li>▪ Mortuary Affairs Division Families of the Fallen Support Standard Operating Procedure issued</li> <li>▪ Chief, Mortuary Branch position upgraded from GS-12 to GS-13 position, as a result of position description rewrite reflecting current duties</li> <li>▪ AFMAO Command, Control, and Communications (C3) Standard Operating Procedure issued</li> <li>▪ Exercised Exposure Control Plan w/ AFMES and AFMAO personnel</li> </ul>
11 May 11	
16 May 11	
23 May 11	
8 Jun 11	
22 Jul 11 (Improper handling and transport of remains with possible contagious disease)	
25-28 Jul 11	<ul style="list-style-type: none"> <li>▪ Process Improvement Event, Dignified Transfer Process: Full participation by Team Dover agencies participated; 335 steps identified, 227 considered non-value added by participants; saved over \$90K by removing AFMAO Mortuary Affairs Division civilians from the DT Process and replacing with a deployed NCO; will save 300+ man-hours annually by consolidating all GO coordination from AFMAO/C3 to 436 AW Protocol Office</li> <li>▪ Air Force Inspection Agency (AFIA) Management Team Site Visit to AFMAO               <ul style="list-style-type: none"> <li>○ AFIA orientation and foundation for inspections beginning FY12</li> </ul> </li> <li>▪ Met w/ new AFMAO union shop steward</li> <li>▪ Exposure Control Plan updated/reissued (collaborative effort between AFMAO and AFMES)</li> </ul>
22-24 Aug 11	
6 Sep 11	
22 Sep 11 (Improper handling and transport of remains with possible contagious disease)	
23 Sep 11 (Failure to Properly Account for all Remains Portions )	<ul style="list-style-type: none"> <li>▪ Swipe card access to AFMAO refrigerated storage units completed to further enhance accountability/control</li> <li>▪ American Federation of Government Employees (AFGE) Local 1709, Sub-Labor Management Agreement Charter for AFMAO signed</li> </ul>
27 Sep 11	

AFMAO Process Improvements re HAF/A1 Letter of Instruction & SAF/IG ROI

<p>28-30 Sep 11</p> <p>11 Oct 11 (While no violation was found with regard to the actual preparation of the deceased Marine, the Air Force has taken steps to improve its processes related to embalming restorative art procedures and communication with the appropriate military service in difficult cases such as this one.)</p>	<ul style="list-style-type: none"> <li>▪ Process Improvement Event on Information Management/Command &amp; Control                             <ul style="list-style-type: none"> <li>○ Multiple duplicative information processing efforts identified</li> <li>○ Facility locations not efficient; redesign underway</li> <li>○ Additional results pending</li> </ul> </li> <li>▪ Port Mortuary Division Standards Operating Procedure PM-430 revised                             <ul style="list-style-type: none"> <li>○ Revised to explain the terms Implied Consent (5.6.10) and Communication of Condition of Remains and Restoration Beyond Implied Consent (5.6.11)</li> </ul> </li> </ul>
<p>13 Oct 11</p> <p>19 Oct 11 (Failure to Properly Account for all Remains Portions )</p>	<ul style="list-style-type: none"> <li>▪ Exercise Evaluation Team-Inspection Program Operating Instruction issued</li> <li>▪ Exercised Joint Standard Operating Procedures w/ AFMES and AFMAO personnel</li> </ul>
<p>19 Oct 11 (Improper handling and transport of remains with possible contagious disease)</p>	<ul style="list-style-type: none"> <li>▪ Exercised Exposure Control Plan w/ AFMES and AFMAO personnel</li> </ul>
<p>2 Nov 11 (Failure to Properly Account for all Remains Portions )</p>	<ul style="list-style-type: none"> <li>▪ Recertified Joint Standard Operating Procedure, <i>Remains Processing</i>, established 28 Apr 11 between AFMES and AFMAO</li> </ul>
<p>6 Nov 11 (Failure to Properly Account for all Remains Portions )</p>	<ul style="list-style-type: none"> <li>▪ AFMES/AFMAO Realignment Course of Action signed by AFME and AFMAO/CC                             <ul style="list-style-type: none"> <li>○ Identifies realignment of areas within DPM to increase accountability and align functionality</li> <li>○ Endorsed by AF/A1 &amp; Commanding General, USA Medical Research &amp; Materiel Command</li> </ul> </li> </ul>
<p>16 Nov 11</p>	<ul style="list-style-type: none"> <li>▪ Initial AFMES/AFMAO Realignment Working Group meeting</li> </ul>
<p>18 Nov 11</p>	<ul style="list-style-type: none"> <li>▪ Attended meeting w/ CG, US Army Medical Research and Materiel Command, and AFMES leadership re Realignment/Teaming</li> </ul>
<p>21 Nov 11</p>	<ul style="list-style-type: none"> <li>▪ 2d Sub Labor-Management Meeting held with Union</li> </ul>

## Appendix E: Dover Port Mortuary (DPM) Timeline

### Dover Port Mortuary (DPM) Timelines

**31 May 90** – Vice Director, Joint Staff, issued Memorandum of Policy No. 16 which specifies the Army as Executive Agent of CJCS for Mortuary Affairs program and CSAF will “Operate and maintain CONUS east and west coast port-of-entry mortuary facilities in support of all services.”

**22 Feb 91** – SecArmy note to DepSecDef that Army stands ready to assume Executive Agency for mortuary affairs.

**23 Feb 91** – Memo from SecArmy to SecDef stating MOP 16 is inconsistent with statutory prohibitions on CJCS and responsibilities of Secretaries of Military Depts.

**15 Mar 91** – DEPSEC approved recommendation from SecArmy, CJCS, and GC designating SecArmy as DoD Executive Agent for mortuary affairs.

**10 Feb 95** – CDI completed on improper disposition of remains.

**26 Jan 98** – Vice Director for Logistics (J-4), Joint Staff, issued memo revitalizing the Central Joint Mortuary Affairs Office (CJMAO) under the Army as executive agent.

**20 May 02** – 436 AW/CC, Memo for SPTG/CC, Subj: Dover Port Mortuary: “Although the Dover Port Mortuary (PM) enjoys a very positive reputation, the recent inventory control and tracking problems are something which we cannot stand to have repeated. The fact that we failed to ship only 7 of the more than 2400+ portions represents, from a purely statistical perspective, success but falls short of the “zero-defect” operation we and the Department of Defense expect. ... Develop an infallible inventory tracking system agreeable to all parties involved in the mortuary process” (Unknown what may have been up-channeled to AMC/CC)

**25 Jul 02** – Memo from Acting Director of Army Casualty and Mortuary (executive agent), to Dispose of “Group F” remains from the Attack on the Pentagon as non-associable and non-biological specimens through incineration. “Group F” are non-associable fragmented remains that cannot be further identified.

**7 Aug 02** – 436th AW/CC sends note to 436th MSG/CC to dispose of “Group F” remains and keep email as coordination. Email specifies incineration.

**19 Nov 02** – CJMAO charter signed by representatives from USD (P&R), Joint Staff (J4), AFME, USAF, USN, and USA; established “for coordinating mortuary affairs policy, procedures, mobilization planning, and recommendations on mortuary services during military operations.”

**Feb 03** – Mortuary Operations Management System (MOMS) contract awarded to Anteon Corp, Montgomery, AL (now General Dynamics IT) (as a result of the 436 AW/CC direction, above, May 2002).

**18 Aug 03** – First record of non-testable/non-identifiable subsequent remains in MOMS sent for medical waste disposition.

**2 Nov 03** – New mortuary facility opens for processing – first use of MOMS in processing.

**12 Feb 04** – 1<sup>st</sup> instance of memo from Dept of Army, Chief of Mortuary Affairs and Casualty Support Division, directing Dover Port Mortuary (DPM) dispose of subsequent remains of Soldier as medical waste.

**Feb 04** – Contract established for biomedical waste removal (prior to that, biomedical waste removal accomplished through Govt Purchase Card).

**23 Feb 04** – First record of identifiable subsequent remains in MOMS sent for medical waste disposition.

**17 May 04**—Memo from Dept of the Navy, OIC Military Medical Support Office, directing Port Mortuary dispose of subsequent remains of four (4) Marines as residual tissue.

**23 Nov 04** – Memo from Dept of Army, Chief of Mortuary Affairs and Casualty Support Division, directing DPM dispose of subsequent remains of soldier as medical waste.

**20 Sept 05** – Headquarter Air Mobility Command (AMC), Director of Installations and Mission Support (A7), directs AMC multi-disciplinary staff assistance visit (SAV) to evaluate how the new DPM facility (opened in Nov 03) and personnel were performing under a very heavy operations tempo, and to make an assessment of procedures and leadership at DPM. (Note: There had been indication of some minor incidents at DPM that should not have happened, and he had received an anonymous letter (as had the Air Force Director of Services, HAF/A1S) highlighting some ongoing issues).

**26 Sep 05** – 18th AF/CC directs CDI of DPM to investigate impropriety. Investigation substantiated allegation that “human remains were misrouted in a fashion constituting dereliction of duty” and did NOT substantiate four (4) other allegations. Additionally, the report states, the “Mortuary Director failed to ensure standard written procedures were in place for the release of remains for transportation...and communication challenges between DPM and HHQ.”

**3-6 Oct 05** – HQ AMC/A7S SAV Report cited problems with manning, communication/coordination between rotations, and remains inventory controls.

**7 Mar 06** – 436th MSG/CC response sent to AMC/A7S updating status on corrective actions to include increase in deployed manning, overlap for deployers, update of Standard Operating Procedures.

**22 Jul 06** – CDI directed by 18th AF/CC on destruction of remains from T-39 mishap. CDI completed 10 Aug 06. Group remains were cremated and disposed of as medical waste rather than being interred in group burial. Poor communication between Dover Port Mortuary, AFMES, and Branch of Service (Navy) cited as cause (26 Jun 07 and 19 Aug 08 – HQ AMC/A1 sent updates to AMC/CC on progress of corrective actions).

**Jun 06** – Unclear CJMAB reference to burial of ashes in Jun 06 CJMAB Minutes.

**30 Aug 06** – 436th SVS/CD email to 436th MSG/CC indicating all findings from AMC Oct 05 SAV have been addressed and no further visits were necessary from AMC.

**10 Jan 07** – CDI directed by 436 MSG/CC in regard to USMC fallen Personal Effects (PE) missing. Mar 07 report concluded PE was inadvertently destroyed with Human Remains Pouch. Cited cause as not following established procedures. Corrective actions implemented included AFMES agreeing to provide the mortuary PE section a copy of the PE inventory immediately upon opening of transfer case.

**7 Jan 08** – AF pays \$25K settlement to spouse of aforementioned Marine for mental anguish and medical costs due to loss of personal effects.

**Jun 08** – Prior to Jun 08, in cases where the PADD elected not to receive, or be notified of, subsequently identified portions of remains, the Dover Port Mortuary effected appropriate disposition in line with industry standards, as directed by the appropriate Military service (e.g., Army for a Fallen Soldier). The new director of the Dover Port Mortuary reviewed the process and directed cessation of the process pending further review to determine if there was a more dignified manner to effect disposition.

**25 Aug 08** – First reference in MOMS for cases that were deemed unidentifiable, non testable to be buried/retired at sea.

**15 Dec 08** -- Air Force Mortuary Affairs Operations (AFMAO) created as a named activity, and was activated 6 Jan 09. Its mission is to fulfill the nation's sacred commitment of ensuring dignity, honor and respect to the fallen, and care, service and support to their families.

**18 Dec 08** – Dover Port Mortuary director recommended to the Central Joint Mortuary Affairs Board that the Services implement a retirement-at-sea option as a more fitting option for subsequently unidentified portions of remains and identified portions of remains where the Person Authorized to Direct Disposition (PADD) chose not to be notified or take possession.

**16 Apr 09** – CJMAB recommended adoption of retirement-at-sea as policy for the disposition of those unidentified/untestable portions or those identified portions of remains where the Person Authorized to Direct Disposition (PADD) chose not to be notified or take possession. In addition, the CJMAB minutes noted senior Army leadership has additionally approved this policy.

**6 May 09** – AFMAO/CC directed CDI to investigate the loss of a portion of human remains while in the custody of the Dover Port Mortuary. The investigation resulted in the strengthening of security measures.

**27 Aug 09** – AFOSI opened an investigation into allegations of fraud at the Port Mortuary. AFOSI has completed their investigation but the case is still open with the AUSA for a decision.

**10 Sep 09** - Certification of Crematory by Delaware Dept Natural Resources and first cremations at AFMAO, Dover AFB, DE on Case #s: D09-0989 and D09-0990. First cases were two (2) cadavers from private funeral homes to test the two (2) DPM retorts; cremated remains were returned to funeral homes upon completion.

**1 Jan 10 (approx.)** – OSC opened an investigation into allegations of civilian prohibited personnel practices (reprisal for whistleblowing).

**28 May 10** – SAF/IG appointed investigating officer to investigate allegations of improprieties in the handling of service members' remains within AFMAO, including allegations of mishandling of remains referred to SecDef by OSC.

**30 Jun 10** – 14 sea salt urns transferred to Navy Medical Center, Portsmouth, VA for retirement at sea.

**2 Sep 10** – Army IG began an investigation into allegations of improper transport of fetal remains from Landstuhl, Germany to AFMAO for cremation (an allegation referred to SecDef by OSC).

**1 Dec 10** – AFOSI began an investigation into allegations of improper transport and cremation of fetal remains at the AFMAO crematory (an allegation referred to SecDef by OSC).

**16 Jan 11** – USS Leyte Gulf conducted retirement at sea.

**5 May 11** – AFOSI began an investigation into allegations of improper handling of non-DoD affiliated civilian remains at the Port Mortuary. The investigation found that two civilian bodies were used to test the new crematory at AFMAO.

**11 May 11** – Air Force submitted Report of Investigation to OSC. This report consolidated parts of the then-on going SAF/IG investigation started on 28 May 10, the

Army IG investigation started on 2 Sep 10, and the AFOSI investigation started on 1 Dec 10.

**30 Aug 11** – Air Force submitted Supplemental report to OSC.

**3 Oct 11** – AF/A1S initiated an inquiry into an allegation that the remains of an Army MSG were cremated in a manner contrary to the PADD's directions.

**19 Oct 11** – AFMAO/CC proposes to CJMAB utilization of USCG as another option for retirement at sea as it will allow for more timely disposition. No objection from the CJMAB members.

**8 Nov 11** – AF Inspector General approved the IG Report of Investigation concerning allegations of improprieties in the handling of Service members' remains within the Air Force Mortuary Affairs Operations (resulting from complaints made in 2009/2010 by three employees of the Dover port Mortuary). OSC publicly releases the SecAF report (filed on 11 May 11) and supplement (filed on 30 Aug 11).

**14 Dec 11** – 5 sea salt urns transferred to USCG Cutter FINBACK, USG Station Cape May, NJ; first retirement at sea conducted by USCG same day.

**29 Jan 12** – OSC released a report on their reprisal investigation to the Air Force.

**9 Feb 12** – CDI initiated on 3 Oct 11 determined remains were cremated in a manner contrary to the PADD's directions.

**Prepared by Major Garrett Condon, SAF/GCA**

## Appendix F: Feedback to the Field (FT2F) #11

### FEEDBACK TO THE FIELD (FT2F) #11: *Application of the Combat Application Tourniquet (CAT)*

AFMES: COL H.T. Harcke, MC, USA  
Lt Col E. Mazuchowski, MC, USAF

DMMPO: CDR T. Brunstetter, MSC, USN  
Maj B. Ritter, BSC, USAF  
C. Wasner, Program Analyst  
S. Burrows, Biomedical Electronic Technician

REVIEWER: COL (Ret) J.F. Kragh, MC, USA

#### BACKGROUND:

- The *Combat Application Tourniquet (CAT)* is the most commonly carried and used tourniquet in the US military
- A recent review published in *Military Medicine*\* prompted an analysis of data being collected by AFMES/DMMPO on tourniquet application in the field. These data are based on tourniquets recovered from deceased service members autopsied by AFMES at Dover AFB

\* Kragh JF, O'Neil ML, Walters TJ, Dubick MA, Baer DG, Wade CE, Holcomb JB, Blackbourne LH. The Military Emergency Tourniquet Program's Lessons Learned With Devices and Designs. *Military Medicine* 2011;176:1144-1152.

## BACKGROUND:

- This study focuses on the routing of the CAT friction band through its buckle. The friction band can be routed through one slit or both slits of the buckle
  - Recommended routing depends upon: (1) *application* (one handed or two handed) and (2) *placement* of the tourniquet (upper or lower extremity)



## BACKGROUND:

- Friction band routing through the CAT buckle: *3 possibilities...*



Inside Slit

Outside Slit

1 Slit (Inside)



1 Slit (Outside)



2 Slits



## BACKGROUND:



- Manufacturer ships the CAT with the friction band routed through **one slit (Inside)**
  - This is called the “ready to go” position



**Instructions for Use: One-handed Application**

The C-A-T is delivered in its one-handed configuration. This is the recommended storage configuration.

**1** Insert the wounded limb through the loop formed by the band.

**2** Pull the band tight and securely fasten the band back on itself.

**3** Adhere the band around the limb. Do not adhere the band past the rod clip.

**4** Twist the rod until bright red bleeding has stopped and the distal pulse is eliminated.

**5** Place the rod inside the clip locking it in place. Check for bleeding and distal pulse.

**6** Adhere the band over the rod, inside the clip, and fully around the limb.

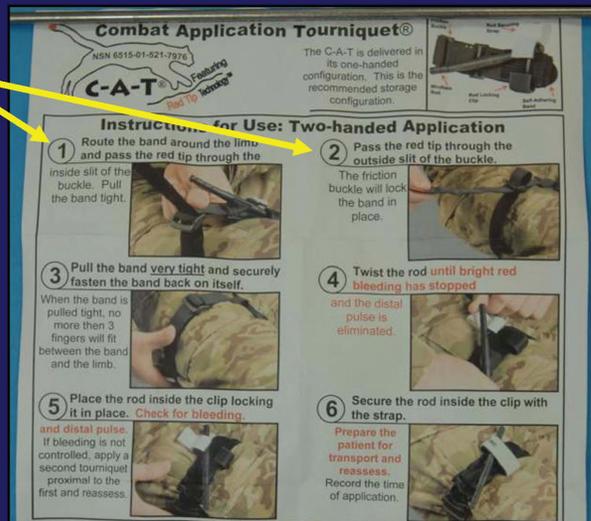
**7** Secure the rod and band with the strap. Prepare for transport and reassess.

“Ready to go”

(CAT Packaging Insert)

Single slit routing is used with *one-handed application* in the *upper extremity*

Double slit routing is used with two-handed applications



(CAT Packaging Insert)

Lower extremity applications should always have two slit routing. Single slit routing is only acceptable in the upper extremities

## CASE SERIES:

A review of 100 CAT placements evaluated the routing of the friction band through the buckle:

- 34 (34%) were upper extremity
- 66 (66%) were lower extremity

## RESULTS: BY EXTREMITY LOCATION

Location	Single Slit Routing	Double Slit Routing	Total:
Upper Extremity	18	16	34
Lower Extremity	23	43	66
Total:	41	59	100



## RESULTS: SINGLE SLIT ROUTING PATTERN

Location	Single Slit <i>INSIDE</i>	Single Slit <i>OUTSIDE</i>	Total:
Upper Extremity	11	7	18
Lower Extremity	16	7	23
Total:	27	14	41



## DOUBLE SLIT ROUTING:

- “Routing through both openings is indicated in lower extremity use...”
- “This double-routing also keeps the band from slipping when more torque is required in use on the thigh.”

[Kragh, et al. *Mil Med*, 2011]



## SUMMARY:

- Based on this sample of CAT usage, single slit routing was found in 23 of 66 (35%) of lower extremity applications
- In 7 of these 66 (11%) lower extremity applications, routing was through the outside slit, *preventing double slit use*



## **DMMPO RECOMMENDATIONS / ACTIONS:**

- Services should review tourniquet training techniques & procedures
- Studies of tourniquet applications should be continued

## **NOTES of CAUTION:**

- The clinical circumstances and details surrounding emergency treatment in these cases is unknown
- This presentation makes no association between tourniquet application and outcome of treatment

**This material is intended for educational and training purposes. If portions are extracted, the following statement must be included:**

**“Source: Armed Forces Medical Examiner System and Defense Medical Material Program Office”**

# Appendix G: Relevant Department of Defense Policy Documents

## Department of Defense Directives

DoD Directive 1300.22E, "Mortuary Affairs Policy," May 25, 2011

DoD Directive 5154.24, "Armed Forces Institute of Pathology," October 3, 2001 (Certified Current as of April 23, 2007)

DoD Directive 1344.8, "Intermittent Allowance for Deceased Active Duty Personnel," September 25, 1978 (Certified Current as of November 21, 2003)

DoD Directive 5101.1, "DoD Executive Agent," September 3, 2002 (Certified Current as of November 21, 2003; Incorporating Change 1, May 9, 2003)

## Department of Defense Instructions

DoD Instruction 1300.ii, "Mortuary Affairs Policy," Draft/Pre-decisional.

DoD Instruction 1300.18, "DoD Personnel Casualty Matters, Policies and Procedures," January 8, 2008 (*Incorporating Change 1, August 14, 2009*)

DoD Instruction 5154.30, "Armed Force Institute of Pathology," March 18, 2003

## Other Department of Defense Documents

Armed Services Public Health Guidelines

## Memoranda of Understanding (MOU)

Memorandum of Understanding Between Air Force Mortuary Affairs Operations and the Armed Forces Medical Examiner System, April 26, 2011

Memorandum, Department of the Army, "AFMES/AFMAO Realignment," November 6, 2011

## Department of Defense Joint Publication

Joint Publication 4-06, "Mortuary Affairs," October 12, 2011

## Joint Standard Operating Procedures (JSOP)

Armed Forces Medical Examiner System and Air Force Mortuary Affairs Operations JSOP 01, "Remains Processing," April 28, 2011 (Current as of November 2, 2011)

## Department of Defense Regulations

DoD 4515.13-R, "Air Transportation Eligibility," November 1994 (Administrative Reissuance Incorporating Through Change 3, April 9, 1998)

## **Joint Regulations**

Joint Federal Travel Regulation (JFTR), Volume 1, "Uniformed Service Members," Change 270, June 1, 2009

## **Military Service Policies**

### *Army*

Army Regulation 638-2, "Care and Disposition of Remains and Disposition of Personnel Effects," December 22, 2000

Department of the Army Pamphlet 1-1, "State, Official and Special Military Funerals," December 30, 1965

Army Operation Order 4-09, April 10, 2009

Memorandum, Secretary of the Army, "Army Directive 2009-02, The Army Casualty Program, (Dover Media Access and Family Travel)," April 3, 2009

Technical Guide 195, U.S. Army Center for Health Promotion and Preventive Medicine, "Safety and Health Guidance for Mortuary Affairs Operations: Infectious Materials and CBRN Handling," May 2009

### *Navy*

Navy Medical Command Instruction 5360.1, "Decedent Affairs Manual," September 17, 1987

### *Air Force*

Air Force Instruction 34-242, "Mortuary Affairs Program," April 30, 2008

Air Force Handbook 10-247, Volume 4, "Guide to Services Contingency Planning: Mortuary Affairs Search and Recovery," January 20, 2006

Air Force Instruction 34-244, "Disposition of Personal Property and Effects," March 2, 2001

Air Force Instruction 36-3002, Scott Air Force Base Supplement, "Casualty Services," October 6, 2011

Air Force Instruction 34-1101, "Assistance to Survivors of Persons Killed in Air Force Aviation Mishaps and Other Incidents," October 1, 2001

Air Force Occupational Safety and Health Standard 48-137\_IC2, "Respiratory Protection Program," April 7, 2009

Air Force Occupational Safety and Health Standard 91-501, "Air Force Consolidated Occupational Safety Standard," July 7, 2004

Air Force Pamphlet 34-504, "Escorting Deceased Air Force Military Personnel," April 11, 2011

Air Force Pamphlet 34-505, "Mortuary Services Benefits for Retired Air Force Members," April 15, 2011

Air Force Pamphlet 34-506, "Mortuary Services Benefits for Members who Die While on Active Duty," August 12, 2011

Air Force Policy Directive 34-5, "Morale, Welfare, Recreation, and Services," July 22, 1993

Air Force Policy Directive 34-11, "Service to Survivors," May 1, 2000

Air Mobility Command Instruction 24-101, Volume 11, "Cargo and Mail Policy," April 7, 2006

### *Coast Guard*

Commandant Instruction M1770.1C, "Coast Guard Decedent Affairs Guide," September 18, 1991

## **Air Force Mortuary Affairs Operations Documents**

Air Force Mortuary Affairs Operations (AFMAO) Instruction DS-201, "AFMAO Command Control and Communications (C3)," June 8, 2011

AFMAO Instruction 34-242-02, "Dignified Transfer of Remains Arriving at Dover AFB," December 15, 2009

AFMAO Instruction DS-202, "Exercise Evaluation Team-Inspection Program (EET-IP)," October 24, 2011

AFMAO Instruction CC-152, "Charles C. Carson Center for Mortuary Affairs Exposure Control Plan," November 14, 2011

Mortuary Affairs Division Standard Operating Procedure MA-320, "Past Conflicts Branch," January 13, 2011

Mortuary Affairs Division Standard Operating Procedure MA-330, "Families of the Fallen Support Branch," May 16, 2011

Mortuary Affairs Division Standard Operating Procedure MA-340, "Entitlements Branch," November 18, 2011

Memorandum, Department of the Air Force, Headquarters 436th Airlift Wing, for 436th Medical Group Personnel, "Interim Change to MDGI 48-116, Occupational Blood and Body Fluid Exposure Control Plan," February 17, 2010

Chaplain Corps Operating Instruction (HCOI) 232, "HC Official Party Procedures During Dignified Transfers," May 1, 2011

HCOI 233, "HC Procedures for Family Support Team," May 1, 2011

HCOI 234, "HC Procedures for Support of Military Escorts Arriving with the Fallen," May 1, 2011

HCOI 235, "HC Ministry with Processing Team 'Back Shops,'" May 1, 2011

HCOI 236, "HC Procedures for Air Force Family Support," May 1, 2011

Port Mortuary Division Operating Instructions March 27, 2010

Port Mortuary Division Standard Operating Procedure PM-430, "Mortuary Branch," October 11, 2011

AFMAO Instruction CC-151, "Unit Respiratory Protection Program," December 7, 2010

Memorandum, Department of the Air Force AFMAO, for Quinton R. Keel, AFMAO/PM, "Direction to Rescind AFMAO/PM SOP 34-242-04 Sec 1.2, 12.2, and Appendix 1," May 6, 2011

Port Mortuary Division Standard Operating Procedure 410, "Administration Branch," May 11, 2011

Port Mortuary Division Standard Operating Procedure 440, "Operations Branch," March 25, 2011

Port Mortuary Division Standard Operating Procedure 450, "Departures Branch," March 29, 2011

Port Mortuary Division Standard Operating Procedure 451, "Reverse Dignified Transfers," March 25, 2011

## **Federal Regulations**

29 Code of Federal Regulations (CFR) 1910.134, "Personal Protective Equipment: Respiratory Protection"

29 Code of Federal Regulations (CFR) 1910.1030, "Toxic and Hazardous Substances: Bloodborne Pathogens"

29 Code of Federal Regulations (CFR) 1910.1048, "Toxic and Hazardous Substances: Formaldehyde"

29 Code of Federal Regulations (CFR) 1910.1200, "Toxic and Hazardous Substances: Hazard Communication"

## Appendix H: Acronyms

<b>A1</b>	Deputy Chief of Staff for Manpower, Personnel, and Services, Headquarters U.S. Air Force
<b>A1S</b>	Directorate of Services, Headquarters U.S. Air Force
<b>AAR</b>	After Action Review
<b>AFB</b>	Air Force Base
<b>AFMAO</b>	Air Force Mortuary Affairs Operations
<b>AFME</b>	Armed Forces Medical Examiner
<b>AFMES</b>	Armed Forces Medical Examiner System
<b>AFMETS</b>	Armed Forces Medical Examiner Tracking System
<b>CJMAB</b>	Central Joint Mortuary Affairs Board
<b>CMAOC</b>	Casualty and Mortuary Affairs Operations Center
<b>CONUS</b>	Continental United States
<b>DHB</b>	Defense Health Board
<b>DoD</b>	Department of Defense
<b>DoDD</b>	Department of Defense Directive
<b>DoDI</b>	Department of Defense Instruction
<b>DPM</b>	Dover Port Mortuary
<b>HAF</b>	Headquarters Air Force
<b>IG</b>	Inspector General
<b>JP</b>	Joint Publication
<b>JPED</b>	Joint Personnel Effects Depot
<b>JSOP</b>	Joint Standard Operating Procedure
<b>LPMC</b>	Landstuhl Regional Medical Center
<b>ME</b>	Medical Examiner
<b>MOU</b>	Memorandum of Understanding
<b>MPMC</b>	Medical Research and Materiel Command
<b>MTF</b>	Military Treatment Facility
<b>OAFME</b>	Office of the Armed Forces Medical Examiner

<b>OSC</b>	Office of Special Counsel
<b>PADD</b>	Person Authorized to Direct Disposition
<b>SAF</b>	Secretary of the Air Force
<b>SOP</b>	Standard Operating Procedure
<b>TACON</b>	Tactical Control
<b>UCMJ</b>	Uniform Code of Military Justice
<b>US</b>	United States
<b>VA</b>	Veterans Affairs

## Appendix I: Support Staff

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