



OVC Bulletin

NOVEMBER 2002

PROVIDING RELIEF TO FAMILIES AFTER A MASS FATALITY

Roles of the Medical Examiner's Office and the Family Assistance Center

by Ray L. Blakeney

Primary Issues and Concerns of the Victims' Families

After a mass fatality, the victims' families will have many questions and concerns as they assimilate and accept information about the deaths of their loved ones. As information and answers are being provided, the families may benefit from an explanation about the organizations and agencies participating in the response effort, their roles, and the resources and efforts they are contributing. Below are some frequently asked questions from victims' families, arranged in the order they are most typically asked.

How will families be notified if their loved ones are recovered and identified?

A notification team will be formed to notify families in accordance with established procedures. Information about the victims should be given to their families

as soon as possible. It is extremely important to the families where the notification occurs, which family members are notified, and how they are contacted. The families need to be assured that the spokesperson is releasing accurate information that was officially issued by the medical examiner's office.

In Oklahoma City, the families were told that notifications would take place at the designated family assistance center, the Compassion Center, or at a location convenient to them. Families were warned that only information and notification provided by the Oklahoma City Medical Examiner's Office through the Compassion Center were credible and that information received elsewhere, such as from the media, may not be correct. Some organizations, including the military, law enforcement, and federal agencies, had their own death notification systems in place. In these cases, the Compassion Center provided information to the organizations for distribution through their own notification systems.

Message From THE DIRECTOR

This bulletin considers the response of the Office of the Chief Medical Examiner of the State of Oklahoma following the domestic terrorist bombing of the Alfred P. Murrah Federal Building in Oklahoma City, Oklahoma, on April 19, 1995. The recommendations in this bulletin to medical examiners and coroners come out of the Oklahoma City bombing experience, the experiences and recommendations of the Oklahoma City Medical Examiner's Office, and the experiences and practices of the National Transportation Safety Board in responding to accidents.

The Office for Victims of Crime (OVC) is publishing this bulletin to assist medical examiners and coroners in their work with surviving families of crime victims. Whether the loss of life is due to a mass-fatality event like the Oklahoma City bombing or to a homicide, OVC recognizes that medical examiners and coroners face great challenges. In addition to taking care of the body of the deceased and collecting evidence, medical examiners and coroners need to know how to work sensitively and effectively with the victim's family members. In this bulletin, OVC offers medical examiners and coroners information, guidance, resources, and lessons learned about working with families of crime victims.

Continued on page 2

Continued from page 1

The Murrah Building was a 9-story, steel and concrete building that housed 18 agencies and businesses—15 federal and 3 nonfederal. During normal working hours, more than 500 people were in the building. After the explosion on April 19, the first call to the Office of the Chief Medical Examiner came from the Oklahoma City Police Department, which estimated that more than 700 people may have been killed. Ultimately, nearly 800 people were injured and 168 were killed.

After a mass-fatality event, the medical examiner's office faces an enormous challenge. Critical decisions about many issues and concerns must be made quickly. A primary responsibility of those who respond in the aftermath of a mass-fatality event is providing care, services, and information to the victims' families and friends. This bulletin describes how the Medical Examiner's Office tried to meet the needs and address the concerns of the victims of the Oklahoma City bombing and their families. They began by determining what was important to the victims' families.

The Oklahoma response emphasized compassion while imposing structure on a chaotic situation. Under any circumstances, the tasks of gathering accurate and timely antemortem information and providing death notifications are difficult. These tasks were particularly difficult in the midst of the chaos the bombing created. Large numbers of distressed victims, families, and friends

had gathered and were anxiously seeking information. The news media arrived in a frenzied response to the bombing. Very quickly, an overwhelming number of donations and volunteers arrived that needed to be screened. A central organizing body was needed to handle the situation.

Soon after the bombing, the Oklahoma City family assistance center, called the Compassion Center, was established to provide families a secure and controlled area in which accurate notifications could be made and information exchanged. The Compassion Center was also an appropriate place for collecting antemortem information from the victims' families and friends. This information was helpful in making identifications and in developing a missing persons list. The Compassion Center staff had to consider many difficult issues and develop sensitive, effective solutions. Some examples include how to compassionately release information to families, work effectively with the media, and sensitively inform the families about the search process and results.

Additional acts of terrorism involving U.S. citizens since Oklahoma City have shown that each act of terrorism presents unique challenges specific to the mass-fatality event itself and its victims. Each mass-fatality event teaches new and important lessons for responding to future mass-fatality events and victims. For example, the complexity and scope of the Oklahoma City bombing clearly emphasized the need for all communities

to form an effective crisis response plan. In addition, OVC wants to ensure that all those who work with mass-fatality victims and families in the future have the information and training to work with the victims and their families effectively, compassionately, and sensitively. This OVC bulletin hopes to help achieve this by reporting the lessons learned in Oklahoma City while helping victims' families during the long, difficult recovery process. Families of victims need help during each stage of the recovery process. Each family must receive the death notification of their loved one. The family will hear about and sometimes participate in the identification of their loved one's body, personal effects, or belongings. Finally, the family will claim their loved one's body, personal effects, and belongings to take home.

OVC hopes that the information in this bulletin proves helpful to medical examiners and coroners as they work with the families of crime victims. Whether the death is the result of a large-scale, mass-fatality event or a single homicide, the medical examiner or coroner will likely interact with the victim's family. OVC offers medical examiners and coroners information and OVC-funded services, including victim compensation and assistance, to benefit family members.

John W. Gillis
Director

Families were briefed at 9:30 a.m. and 3:30 p.m. for the 16 days the Compassion Center was in operation. The Compassion Center closed when the last body was recovered.

What method is used to identify the families' loved ones? Personnel from the medical examiner's office should inform the families about all identification methods, explaining what they involve and their reliability. In some cases, more than

one method may be used to make the identification, including fingerprinting, dental records, DNA testing, and radiology. In particular, DNA testing involves considerations that should be explained to the families. For example, DNA testing may require that family members provide blood samples. After the blood samples are obtained, the DNA testing may require 6–12 months before an identification can be made. Families should be told that during the DNA identification

process, no material will be released until DNA testing of all common tissue¹ is completed or at the discretion of the medical examiner in consultation with the families.

When will the victims' personal effects and belongings be returned to the families? In some cases, only one personal item of a victim is recovered and identified. That item becomes very important to the family. The process for recovering

and returning victims' personal effects and belongings must be established as soon as possible after the mass-fatality event and coordinated with other agencies. The procedure needs to be explained to the families so they will understand the process and know how long it may take. In criminal cases, some or all of the personal effects and belongings may be retained as evidence until after the trial.

Responding to the aftermath of the Oklahoma City bombing was an uncommon experience for the forensic pathologists because it was a criminal event rather than a natural disaster. As a criminal event, certain procedures were required. For example, a mandatory evidence collection process was established. The personal effects and belongings on the bodies at the time of recovery were transported with the bodies to the Medical Examiner's Office, which worked closely with the Federal Bureau of Investigation (FBI), the agency in charge of the investigation. The FBI stationed agents with the pathologists to help identify evidence. After evidence was identified, the agents packaged and documented it. The teamwork of the Medical Examiner's Office and the FBI ensured proper identification, collection, handling, and preservation of as much evidence as possible, all within a secure chain of custody.

The process of recovering personal effects and belongings at a mass-fatality site involves several agencies and organizations. As is true throughout the entire response effort, it is important for each agency involved to understand the goals and responsibilities of all the other agencies and organizations to avoid duplication of effort. In Oklahoma City, for instance, local law enforcement had overall supervision of the handling of victims' personal effects and belongings. At the conclusion of their examination, the FBI and the Medical Examiner's Office turned

Special Message to Medical Examiners

The Office for Victims of Crime (OVC) recognizes that medical examiners (MEs) and coroners encounter family members when they are not working on mass disasters. Homicides often bring grieving families of victims to the ME's office. Surviving family members of homicide victims often arrive at the ME's office distraught, trying to cope with the murder of their loved one, expressing concerns, asking questions, and needing support.

In our constant search to find ways to improve services to victims, OVC recognized that the ME office is in the unique position of working directly with surviving family members after a homicide. OVC sees this time of interaction between the ME staff and the families of homicide victims as a good opportunity to improve the services and information provided to victims' families. By providing the latest information, tools, and resources for working with victims, OVC can help ME offices perform their duties while improving the services, assistance, and information provided to victims' families. For example, it may be helpful to the surviving family members to know that if their loved one was killed in a criminal act, they may be entitled to a variety of services, including victim compensation and assistance. More

precisely, compensation funds may be available for use to reimburse victims' families for out-of-pocket expenses that are directly related to the crime, including assistance with funeral expenses.

Each state and territory has a victim compensation program office designated by the governor. A list of these programs is available on the Internet.

Find OVC's Web site at www.ojp.usdoj.gov/ovc, then select "Help for Victims" and "Victim Assistance and Compensation Programs." The offices listed provide information about how victims and victims' families can obtain crisis intervention, support during the criminal justice process, help in preparing victim impact statements during the presentence phase, help in applying for compensation, and help in obtaining restitution.

OVC hopes ME offices will use the OVC Web site to link to other organizations that offer helpful information and provide toll-free numbers. For example, through the Mothers Against Drunk Driving (MADD) Web site, ME staff can obtain technical assistance for victim issues such as death notification. The Parents of Murdered Children Web site also offers support for homicide survivors.

the victims' personal effects and belongings over to the Oklahoma City Police Department, which was responsible for cataloging, warehousing, and arranging all personal effects and belongings for return to the victims' families.

Another example of the need for agencies and organizations to communicate and coordinate occurred in Oklahoma City. Initially, staff of the Medical Examiner's Office were inclined to dispose of the

unidentified human remains collected from the disaster site because they believed this would save families additional trauma. It was pointed out, however, that this was a problem because the unidentified human remains may conceal a victim's personal effect or belonging and therefore should not be discarded. It was decided that the unidentified human remains recovered from the site should not be discarded or destroyed without first consulting the families.

May the families go to the disaster site?

Over the years, in different mass-fatality events, victims' families have had a common initial response. When they hear that their loved ones are dead, the families immediately want to go to the event site or to the designated site when the original site is too dangerous or cannot be reached. Feeling compelled, the families converge on the site where their loved ones drew their last breaths. For many family members, being at the site allows them to feel close to their deceased loved ones, imagine their last moments, honor them, and say good-bye. Most important for the families, being at the site allows them to begin the long, difficult journey of psychologically and emotionally processing the event.

Deborah Spungen, a noted author, writes about the grief and trauma suffered by those whose loved ones are killed by homicide. Using the term "co-victim" to refer to those who survive, Spungen (1998: 132) writes about the significance of crime scene visits to surviving friends and family:

The crime scene often plays an important role to the co-victims as they begin to process the event. Some co-victims want to view the location of the death. This request is usually made to law enforcement

personnel in the immediate aftermath of the homicide or even days or weeks later.

Spungen notes that opinions about crime scene visits differ from jurisdiction to jurisdiction, and not all law enforcement personnel sanction them. However, Spungen argues that "this is a matter of choice, and co-victims should have the right to make this decision."

In another observation about crime scene visits, Spungen (1998: 132) writes

There has been a growing practice for a crime scene located in a public place to be made into a shrine. Friends, family, neighbors, and community members may stop by to leave a flower, a candle, a card, a stuffed bear, or other mementos. Or they may pray or stand in quiet contemplation of the scene. For most co-victims, this activity can be quite beneficial.

Visits to the mass-fatality event site should always be coordinated with the organization or agency that has jurisdiction of the site. If the event was criminal, the FBI has jurisdiction. If it was a transportation accident, the National Transportation Safety Board (NTSB) has jurisdiction. The office in charge of taking families to visit the site needs to keep a few things in mind. If the visit takes place during the recovery process, recovery work should stop to show respect. Visiting families should not be exposed to bodies, body parts, or personal effects and belongings. Also, it is important for those overseeing the site visit to be aware that families of surviving victims and families of deceased victims will be experiencing very different feelings during a site visit. Although both groups will be mournful, one group will be celebrating the survival

of their loved ones while the other group will be grieving the deaths of their loved ones. If both groups are on the same site visit, there may be problems. Families of the deceased may feel that the survivors' joy and celebration are not appropriate at the site of so much loss and sorrow. Consequently, offices that coordinate site visits should arrange separate visit times for families of survivors and families of the deceased.

In addition, the medical examiner's office or other offices with a role in coordinating site visits should be aware that visiting families may need to be prepared for what they are about to see. To meet this need, NTSB provides mental health professionals to brief visitors before they visit a site to view the wreckage of a transportation accident. The counselors tell the visiting families what they will see at the site, describing the conditions, the wreckage scene, and the odors. This kind of preparation makes the site visit less difficult for both visitors and coordinators.

After recovery of bodies in Oklahoma City was complete but before the site was released, the victims' families were bused to the bombing site in a visit arranged in coordination with law enforcement, the Compassion Center, and federal authorities.

What is the condition of the body? The condition of the body is a major concern for families. Explaining the condition of the body requires compassion, honesty, and tact. In Oklahoma City, the director of operations of the Medical Examiner's Office reminded families that a huge bomb had destroyed most of a nine-story concrete and steel building and that the condition of the bodies, in some cases, was severe. He explained that the location of a victim in relation to the blast point affected the condition of the body.

Example of a State/Federal Partnership To Provide Victim Assistance Services in a Medical Examiner's Office

The Office of the Chief Medical Examiner of the State of Oklahoma is just one example of a state office that has used Victims of Crime Act (VOCA) federal funds to help families of crime victims. In 1998 and 1999, VOCA funds totaling more than \$100,000 enabled the Office of the Chief Medical Examiner to provide comprehensive assistance to families of victims killed by homicide and other criminal acts such as terrorism and mass fatalities.

In addition, the Office of the Chief Medical Examiner's VOCA project for Oklahoma City and Tulsa used VOCA funds to support a family assistance coordinator at each site. The coordinator provides the following services:

- Monitors all homicide cases.
- Coordinates family contact with law enforcement agencies and local, state, and federal officials.
- Assists claimants in applying for crime victim compensation and other benefits.

- Informs families about autopsies, condition of the bodies, and evidence/property collection.
- Coordinates delivery of death notifications by working with law enforcement agencies in other states.
- Serves as court advocate, provides transportation and accompanies families to court, and attends court during the medical examiner's testimony.
- Informs families about support services and provides referrals.

The VOCA-funded projects of the Oklahoma City and Tulsa Offices of the Chief Medical Examiner are successful examples of state and federal partnerships dedicated to providing compassionate and professional assistance to crime victims and their families. For more information about program services, contact the Office of the Chief Medical Examiner of the State of Oklahoma by telephone (405-239-7141) or e-mail (medicalexaminer@ocmeokc.state.ok.us).

After the body of their loved one had been recovered and identified, each family was advised that they could meet privately as a family at the Medical Examiner's Office to discuss the condition of their loved one's body. It was important to reassure each family that the body of their

loved one was being treated with the highest degree of respect and dignity regardless of its condition.

When personnel from the medical examiner's office speak to families about the condition of their loved ones, they should

use language that is sensitive to the family's needs. Avoid words or phrases such as "damage to the body," "fragmentation," "dismemberment," "pieces," "parts," "destroyed body parts," and "the body is in bad condition." Replace such words with more appropriate choices like "severe," "significant," "trauma to the body," or "condition of the body" rather than "damage to the body." Often, family members may prefer that the personnel from the medical examiner's office refer to the victims as "loved ones" rather than victims. As a general rule, the amount of information families can handle is revealed by the questions they ask and the feedback they give. Medical examiner personnel should take cues from the families and tell them only what they want to know.

Will an autopsy be performed? The determination of whether to perform autopsies depends on the nature of the event and the decision of the local medical examiner or coroner. Family requests, cultural customs, and religious beliefs that prohibit autopsies for their loved ones should be considered; however, in most areas of the country, the medical examiner or coroner makes the final decision about whether an autopsy is necessary. If an autopsy is recommended, then the families should be told why it is necessary. In Oklahoma City, the chief medical examiner made the decision to perform autopsies only for cases in which the cause and manner of death could not be determined by other means. Of the 168 victims killed in the bombing, 13 were autopsied.

How do families know that the information they receive is accurate? When a mass fatality occurs, information becomes public knowledge through a number of sources, including print media, television, radio, and the Internet. Families should

learn about the injury or death of their loved ones from a credible source in a compassionate way—not through the news media.

Speculation over the cause of the Oklahoma City bombing was widespread. Generally, the investigative agency does not disclose to the public every detail of the investigation and its analysis. Only general information is released. In that situation, families should be reminded that information from any source other than the officially recognized source(s) may be unreliable. In Oklahoma City, the families had been told that the only reliable sources of information were the spokesperson of the lead investigative agency and the representative from the Medical Examiner's Office. These individuals communicated with the families at family meetings held in the Compassion Center.

Family members who live out of town or are physically unable to come to a family assistance center should not have to depend on unreliable news reports. They also should have access to reliable, first-hand information from the investigating agencies. To solve this problem, NTSB sets up a telephone-conference bridge at major accident sites that allows families to remain at home with their natural support system and receive current, accurate information. Using a toll-free number and a pass code, victims' families back home can hear updated information in real time as can families who traveled to the site or to the city nearest the site. This gives families at home and at the site the same information and essentially the same opportunity to ask questions.

The medical examiner's office should provide victims' families who travel to a family assistance center with a written record to help them keep track of the difficult

and overwhelming information they will receive. In the aftermath of a mass fatality, families often are in shock and may not accurately recall what was said to them. In such a stressful situation, families can easily misunderstand what they read and hear and get an inaccurate perception of past and present events and future expectations. Not having the correct information can be very distressing to the families not only at the time of the event but also later.

May families obtain copies of the medical examiner's or coroner's report?

Contact persons from the office of the medical examiner or coroner should be sensitive to and understanding of the needs of family members. The families should be provided the names and numbers of the contact persons and encouraged to call if they have questions. Many families will want to go over the case or see photographs of their loved ones. The contact person from the medical examiner's or coroner's office should also be able to explain to the families how and when the reports will become available.

Lessons Learned About What Is Helpful When Working With Victims' Families

The *Crash of ValuJet 592, A Forensic Approach to Severe Body Fragmentation* documents the lessons learned in the aftermath of the crash of ValuJet 592 into the Florida Everglades on May 11, 1996, which killed all 110 persons on board. Written by medical examiners who worked on this case, this book describes forensic lessons learned as well as lessons learned about helping victims' families.

This book reports that after the crash of ValuJet 592, the families immediately wanted information. They expressed concern about not knowing what was going on regarding recovery of the remains, identification, and issuance of death certificates. It became very important to provide the victims' families accurate information, so an informational letter addressing identification and notification procedures, disposition options, issuance of death certificates, and matters related to unidentified remains was sent to all families. A followup letter with updated information was later sent to the families.

In any mass fatality, it is extremely important to be humane and considerate when notifying next of kin after an identification has been made. Decisions about how to accomplish this may differ in different mass-fatality events. *The Crash of ValuJet 592, A Forensic Approach to Severe Body Fragmentation* describes the notification protocol established during the ValuJet 592 recovery effort. The same protocol was followed for all identifications: all notifications had to be made in person, not by telephone. This protocol was established to show respect to the families and ensure that the families received the proper information and understood it. Every family was visited by a notification team consisting of one law enforcement officer, to show respect, and one mental health professional or member of the clergy, to offer the family help and support.

Like other air disasters, the ValuJet 592 air disaster left in its wake severely fragmented bodies. The following excerpt is taken from *The Crash of ValuJet 592, A Forensic Approach to Severe Body Fragmentation* (2000: 52). The medical examiners in this case learned how important it was to allow the victims' families a choice regarding the disposition of body

fragments that had been identified as coming from their loved ones.

When severe fragmentation occurs, it is critical to permit family choice in the disposition of an identified fragment, especially when the identification process may involve multiple fragments from one person recovered over an extended time period. It would cause great consternation for the family to release their loved ones' remains for burial only to inform them later that another fragment has been identified. Choice in the disposition of such remains is best decided as soon as one piece of tissue is identified.

Family Assistance Center

The establishment of a family assistance center is necessary to facilitate the exchange of information and to address the families' needs. Families and friends may spend many long hours waiting anxiously for information about their loved ones. The family assistance center provides the families with accurate information in an appropriate manner and setting.

Many families travel to the disaster site and are away from home for some time. Other families are displaced as a result of the disaster. The family assistance center addresses the basic physical needs, including food, shelter, transportation, telephones, and emergency services, that these families often will have.

When a community develops a crisis response plan, it is essential that county and state victim assistance and compensation staff collaborate to ensure that the family assistance center has information about community resources such as mental

health support, spiritual counseling, grief support, and childcare. Then, in the event of disaster, an effective family assistance center can be established quickly. The Oklahoma City family assistance center, the Compassion Center, was in operation by 3:30 p.m. on the day of the bombing.

The Compassion Center was initially set up by the Office of the Chief Medical Examiner. The Oklahoma Funeral Directors Association provided about 20 funeral directors to greet families and gather antemortem (predeath) information.² By the next day, April 20, the American Red Cross was operating the Compassion Center and serving victims and families. Hundreds of local clergy, police, military chaplains, and mental health professionals from across the Nation supported the Compassion Center. Other agencies also shared support responsibilities for the Compassion Center, including the County Sheriff's Office, the Oklahoma National Guard, the Salvation Army, Tinker Air Force Base, and the Department of Veterans Affairs.

The effective operation of a family assistance center like the Compassion Center depends on many organizations and individuals working together as a team, the establishment of a chain of command, and the selection of a site that is acceptable to all the individuals and agencies that will be working there. Commitment and coordination by all involved in the establishment of a family assistance center will enhance the rescue and recovery effort.

The following text discusses the considerations and factors involved in selecting a site for the family assistance center and in establishing policies and procedures that will ensure that the work of the family assistance center is effective.

Site Selection Considerations

Site Selection Factors

Many factors must be considered when selecting a site for a family assistance center. The type of disaster event and number of fatalities will affect site selection. A family assistance center should be located close enough to the site of the disaster to allow the medical examiner or coroner and others to travel easily among the site, morgue, and center but far enough from the site that families are not continually exposed to the scene. If available, a neutral, nonreligious site such as a hotel or school is often an ideal choice for a family assistance center because some families may be uncomfortable coming to a religious structure. In addition, a hotel or school often can provide flexible, long-term accommodations. Finally, those involved in site selection should keep in mind the many agencies that are part of that community's crisis response plan and consider what those agencies will need to do their jobs effectively.

Availability of Facility—Immediate and Long Term

The family assistance center should be established and opened as soon as possible after the incident. The center may be needed for as long as 3–4 weeks, depending on the length of time necessary to recover the bodies. In Oklahoma City, the site was selected and the Compassion Center was available to the victims' friends and families immediately after the bombing. The massive destruction of the building made recovery of the bodies difficult and slow. The Compassion Center was open and operating for 16 days, until the last body was recovered. Other large-scale events may require additional resources, including mental health care. More information about crisis response planning appears later in this bulletin.

Summary of Site Selection Considerations for the Family Assistance Center

- **Site selection factors.**
 - ❑ Type of disaster event and number of fatalities.
 - ❑ Location in relation to the disaster site and the morgue.
 - ❑ Availability of a neutral, non-religious site (e.g., hotel, school).
 - ❑ Needs of the many participating agencies.
- **Availability of facility—immediate and long term.**
- **Infrastructure.**
 - ❑ Electrical power.
 - ❑ Telephone service.
 - ❑ A sufficient number of toilets.
 - ❑ Controlled heat/air conditioning, water, and sewage.
- ❑ Adequate parking.
- ❑ Security options.
- ❑ Disability accommodations.
- **Space and floor plan.** Accommodate the performance of many functions and delivery of services. Space should be provided for
 - ❑ Operations center and administrative offices.
 - ❑ Large general assembly room with a public address system.
 - ❑ Reflection room.
 - ❑ Death notification rooms.
 - ❑ Counseling rooms.
 - ❑ Medical area.
 - ❑ Reception area.

Infrastructure

The infrastructure of the site under consideration for the family assistance center must meet several requirements. It is very important to estimate the number of family members and friends who may visit the center to determine whether the center's infrastructure is adequate to handle that number of people. The structure must offer adequate services and utilities including electrical power, telephone service, toilets, controlled heat and air conditioning, water, and sewage. A

determination must be made about whether the site can accommodate people with disabilities. In addition, a suitable site must allow for implementation of security measures. Information about procedural considerations appears later in this bulletin.

The First Christian Church in downtown Oklahoma City was selected as the Compassion Center because of the building's proximity to the bombing site, size and floor plan, food service facilities, and

adequate parking spaces for about 1,200 vehicles. The bombing resulted in 168 fatalities. As many as 1,200 family members and friends were at the Compassion Center at one time, especially during the first days following the bombing. The Compassion Center did not need to include overnight facilities because the Oklahoma City bombing was a local event.

Space and Floor Plan

The family assistance center needs to have a floor plan that will accommodate the simultaneous and effective performance of many functions for and delivery of services to the families and friends of the victims.

Operations center and administrative offices. An operations center is necessary to allow the different service groups and organizations to meet. If representatives from all organizations are present at meetings, then victim services can be coordinated and efforts will not be duplicated. In addition, administrative offices should be available for all of the different service groups including mental health professionals, clergy, and medical examiners and organizations including the American Red Cross and Salvation Army. Since these administrative offices will hold files and confidential information generated by the family assistance center, they must be kept secure. It could be devastating to the victims' families if information about their loved ones was leaked before the families were properly notified. Controlling how, when, and where official death notification information is released minimizes confusion and helps staff avoid problems. Later, this bulletin discusses the concerns related to releasing search, recovery, and death notification information to the families and the press and describes the procedures that Oklahoma City adopted. Finally, the family assistance center should have a separate

entrance for its staff so they can check in, be briefed, and receive their assignments before they interact with the families.

General assembly room. A large room with a public address system should be available so that updates on the search and recovery process can be given at least twice daily to large gatherings of family members and friends. Activities in this room may require translator services, including sign language interpretation. In large cities, possible sources for translators include a local consulate, embassy, or the U.S. Department of State. For more information about such services, contact a local federal agency, university, hospital, or judicial system or court.

Reflection room. The family assistance center should provide a space where the victims' families and friends can quietly reflect, meditate, pray, seek spiritual guidance, or observe religious practices. This space must be designed and furnished to respect diverse cultures and beliefs. The family assistance center made such a space available after the October 31, 1999, EgyptAir Flight 990 crash into the Atlantic Ocean 60 miles south of Nantucket Island, Massachusetts.

Death notification rooms. To provide privacy and to expedite the notification process, several rooms should be set aside for families to receive the information that their loved ones have been identified. Circumstances may dictate how death notification takes place. In Oklahoma City, families were asked to return to the Compassion Center to receive the death notification of their loved ones. Some families felt retraumatized when asked to return to the Compassion Center because they knew that this request was made so that they could be given the official death notification. In most cases, it is preferable for death notification teams to be sent to the

families' homes rather than requiring families to come to the family assistance center. The Oklahoma City Medical Examiner's Office coordinated with organizations such as the military and the police departments that sent their own personnel to the families' homes to carry out death notification.

Counseling rooms. Several small rooms should be available to provide a private space where information such as antemortem data can be gathered from families and where families can receive counseling from clergy and mental health professionals. In addition, these rooms can be used for family members to spend time together and to use the telephone to contact other relatives and friends. The number of rooms necessary will vary depending on the number of fatalities. The following is a general rule: 100 or fewer fatalities will require 3–5 rooms, 101–200 fatalities will require 10–12 rooms, and more than 200 fatalities will require 15–25 rooms. Counseling that is meant to convey positive identification of the loved one and emotional support for families should not be conducted in hotel rooms with bedroom furniture. If hotel rooms are the only rooms available, replace the bedroom furniture with couches and chairs.

Medical area. Family members and friends of the victims may require medical assistance. In Oklahoma City, the Compassion Center provided an area that had eight beds and was staffed with registered nurses, paramedics, and doctors. For the first 3 or 4 days, this medical area was very busy caring for the medical problems of family members, friends, and Compassion Center workers. In addition, an ambulance was on standby at all times at the Compassion Center to transport patients to area hospitals if necessary.

Reception and registration for families. When family members and friends arrive at the family assistance center, the staff should greet them and gather information about who will be visiting the family assistance center. Staff will assign them an escort who will take them to a designated area where they may be more comfortable and can be located if necessary. When families and friends leave the family assistance center, they should check out and leave their address so that they can be contacted with additional information and support and notification of their loved ones' deaths. When adequate personnel are available, an escort may be assigned to each family group. Escorts may help the families with any need that arises during their stay at the family assistance center. At the Oklahoma City Compassion Center, the American Red Cross provided personnel who were trained in counseling to serve as escorts.

Procedural Considerations

Collect antemortem data. Personnel at the family assistance center will be assigned to collect accurate and detailed antemortem information from the families and friends of the victims. This information may be gathered by experienced death investigators or funeral directors who have been well briefed on the information they need to collect from the families. If funeral directors are providing this service, it is critical that they act as representatives of the medical examiner's or coroner's office and not as funeral directors. In Oklahoma City, funeral directors acted as representatives of the Medical Examiner's Office in gathering antemortem information. Funeral directors were selected to perform this service for many reasons, including their training in collecting antemortem information and their experience in dealing with families in crisis. However, they were told that

they must act as representatives of the Medical Examiner's Office.

Death certificate information can be collected at the initial interview to save the families from going through another interview at the funeral home. Many states require that similar information be provided on death certificates, including the deceased's occupation, level of education, and residency and the name of the informant (person providing the information). During an investigation, NTSB uses another form, the National Disaster Medical System's Disaster Mortuary Operational Response Team (DMORT) questionnaire form, which DMORT developed as a universal questionnaire designed to expedite antemortem data collection. Before conducting antemortem interviews, NTSB compares the information on the state death certificate with the information on DMORT's Family Assistance Center (FAC) Questionnaire and then requests any missing information. DMORT's 7-page FAC Questionnaire (see below) can be downloaded from the DMORT Web site at www.dmort.org by clicking "FAC Questionnaire." During antemortem data collection, it is important to reassure families that all information will remain confidential.

Summary of Procedural Considerations for the Family Assistance Center

In a mass-fatality event, procedures must be established and followed to effectively accomplish the following:

- Collect antemortem data.
- Conduct death notifications.
- Coordinate and manage many volunteers.
- Determine fiscal responsibility for expenses.
- Dispose of common tissue.
- Establish victims' suffering.
- Implement security measures.
- Work with the media.

The U.S. Department of Health and Human Services (HHS), DMORT, and the Disaster Medical Assistance Team (DMAT) are resources that medical examiners and coroners can draw on to assist with victim identification and provide medical services. (See DMORT contact information at the end of this bulletin.) In a major criminal event, the FBI will be involved, and its disaster squad can assist the medical examiner or coroner by providing fingerprint experts. The American Red Cross can assist the medical examiner or coroner by providing mental health professionals who may be

needed during antemortem interviews or memorial services. Victim advocates can identify community resources and refer the victims' families to them for help throughout the recovery process.

Conduct death notifications. The procedures for death notification are an important component of a sensitive family assistance plan. Whenever possible, death notification should be made by a team rather than an individual. The team may consist of a representative of the medical examiner or coroner, a member of the clergy, a mental health professional, and possibly a medical professional. Some families may feel a notification team is not necessary, but other families may need the support. It is better to err on the side of having support persons present in case they are needed than to need them and not have them present. If the family's own pastor or other clergy member is present, the team clergy should play only a supportive role. The notification team should be well briefed on the information being provided to the families so they can answer as many questions as possible. The team should be given a fact sheet that contains relevant information that they can leave with the family

DMORT's Family Assistance Center Questionnaire

DMORT developed this questionnaire to expedite antemortem data collection. Visit www.dmort.org and click on "FAC Questionnaire" to download a copy.



for later reference, because family members may forget to ask questions at the time of the notification.

Death notification teams also should be available to travel to meet with families who do not want to or are not physically able to come to the family assistance center. Next of kin who are out of town should always be notified in person. When a death notification must be made in a distant location, the office charged with death notification responsibilities can contact the sheriff or chief of police in the distant community to request coordination of notification. The American Red Cross or the state VOCA victim assistance agency can assist in providing a mental health professional. The office charged with death notification responsibilities can provide the notifying law enforcement agency with a letter from the medical examiner or coroner that contains information about the deceased and the name and contact number for the medical examiner or coroner in case the family has questions.

In Oklahoma City, the team approach was used to notify families. The teams were prepared to answer questions and assist families with any needs they had, including transportation, funeral arrangements, and spiritual and mental health counseling. Families were advised about unidentified human tissue. They were told about the bomb's violent impact and the resulting presence of unidentified human tissue. They were informed that they would be notified later about a memorial service and burial of the common tissue. Families also were told that the name and age of their loved ones would be released to the press. They were asked how long they needed to notify the rest of their family and friends before that information was released to the media.

DMORT Teams

The Disaster Mortuary Operational Response Teams (DMORTs) were tasked with providing victim identification and mortuary services by the Federal Government through its National Disaster Medical System (NDMS), U.S. Department of Health and Human Services (HHS), under Emergency Support Function #8. DMORTs are composed of private citizens, each with a particular field of expertise, who are activated in the event of a disaster. The Federal Government compensates them for their duty time as temporary federal employees. DMORT members must maintain appropriate certifications and licenses within their disciplines that all states recognize. Activated DMORTs assist local authorities by providing technical assistance and personnel to recover, identify, and process deceased victims. DMORTs are directed by NDMS in conjunction with a regional coordinator in each of the 10 federal regions. During an emergency response, DMORTs work under the guidance of

local authorities to coordinate disaster mortuary planning and response. Teams include forensic pathologists, forensic odontologists, forensic anthropologists, fingerprint specialists, funeral directors, morticians, embalmers, medical records technicians and transcribers, X-ray technicians, mental health specialists, security and administrative personnel, and support personnel. Within HHS, the U.S. Public Health Service's Office of Emergency Preparedness (OEP)/NDMS, in support of the DMORT program, maintains a Disaster Portable Morgue Unit (DPMU) at the OEP warehouse in Gaithersburg, Maryland. A DPMU is a depository of equipment and supplies for deployment to a disaster site. It contains a complete morgue with designated workstations for each processing element and for prepackaged equipment and supplies. For more information, contact DMORT, NDMS, and HHS at 1-800-USA-NDMS, or visit their Web site at www.oep-ndms.dhhs.gov.

Staff conducting a death notification for a victim whose body is not intact must ask the family at the time of notification if they want to be informed about later identification of common tissue. Informing the family later about common tissue identification without their consent may be upsetting to them once they have buried their loved one. Families may prefer to be notified only about the memorial service and burial of the common tissue. After the family members make their decision, staff should provide them with a

written copy of their decision as a reference for what they agreed to at that time.

Coordinate and manage many volunteers. In Oklahoma City, thousands of volunteers turned out to help in the recovery effort, but they needed to be screened and directed. While preventing the entry of unauthorized persons,³ Compassion Center staff admitted and processed thousands of volunteers—screening credentials, examining documents, completing forms, and assessing

experience and specialized training. The task of providing appropriate victim services for an event of this scope and nature was very difficult. The American Red Cross Web site provides the “Guide to Organizing Neighborhoods for Preparedness, Response, and Recovery” (www.redcross.org/disaster/safety/marin%2Dg2.html), which offers several ideas about volunteer management and support services for disaster preparedness. This site also helps communities identify their own resources and teaches them how to avoid pitfalls as they develop a crisis response plan.

Determine fiscal responsibility for expenses. The expense of setting up the investigation site and providing family assistance accommodations varies depending on the event and the state in which it occurred. If the President of the United States declares the event a disaster, the Federal Emergency Management Agency (FEMA) is immediately contacted. FEMA provides “consequence management” that involves emergency management to save lives, protect property, restore government services, and provide emergency relief. It also funds a crisis counseling program that is carried out through the Center for Mental Health Services. In the event of a major transportation accident, the medical examiner or coroner for the locality in which the accident occurred is contacted within an hour of the accident. NTSB discusses with the medical examiner or coroner the capabilities and resources of the local office. If the medical examiner or coroner believes the operation is beyond local capabilities, HHS and DMORT can provide support services. Generally, NTSB assumes investigative expenses, and the airline involved assumes the expenses to shelter and care for the families, including flying relatives to a location near the site, and the victim identification costs,

including DNA analysis. The American Red Cross manages and coordinates volunteer and support services to provide disaster relief for victims that addresses basic human needs, including shelter, food, and health and mental health services. The American Red Cross also feeds emergency workers, provides blood and blood products, and helps locate other resources for those affected by the disaster.

Dispose of common tissue. After incidents such as high-impact aviation crashes, bombings, and tornadoes, some human tissue may not be identifiable. When the medical examiner or coroner determines that all means of identification have been exhausted, the decision about the disposition of common tissue must be made. Typically, common tissue is interred at a memorial service to which the victims’ families are invited. In a major aviation accident, the American Red Cross is the designated planning organization for memorial services and may also assist the medical examiner or coroner.

In Oklahoma City, burial arrangements for the common tissue were complicated because, at that time, the bombing was the largest mass murder in the Nation’s history, and a burial could not take place until after the federal trials. The families were consulted about the selection of the burial site, type of service, and memorial marker. After 4½ years, the common tissue was buried on the grounds of the Oklahoma State Capitol in a nondenominational memorial service.

NTSB’s Office of Family Affairs developed a promising practice for handling the unidentified remains of victims. They notify families that a memorial service will be held at a later date to honor these final remains. In the case of the EgyptAir crash, a stone was erected for the victims at the 1-year anniversary of the crash, and

flowers were dropped into the sea by the Coast Guard in honor of the victims. Bricks, one for each victim, led to the memorial site. Each brick had been inscribed with the name of a victim. A similar ceremony was held for the families of the victims of the Alaska Air crash. As in the case of the Oklahoma City bombing and many airplane crashes, interment of common tissue may not occur soon after the mass-fatality event due to the length of time required to complete the scientific identification of the tissue and/or the length of time required to investigate and complete legal proceedings.

Establish victims’ suffering. The issue of victims’ suffering can cause tension. On the one hand, there is a need to preserve evidence that establishes the amount of suffering the victim endured for use at the perpetrator’s sentencing hearing. On the other hand, there is great need to comfort families and answer their questions about how much their loved ones suffered before dying. During the recovery of bodies, the medical examiner or coroner must sensitively convey information to families that is consistent with the information provided to the prosecution.

Implement security measures. Access to the family assistance center must be controlled so families and friends of the victims have privacy and are not overwhelmed by the press, photographers, and the public. Checkpoints may need to be established at entrances to the family assistance center and its parking lot. A badging system can be implemented that gives family members and authorized workers easy access to the family assistance center. The American Red Cross has a badge system that simplifies the process of signing in and out.

In Oklahoma City, uniformed sheriff’s deputies and members of the National

Guard were stationed at the outside entrances to the Compassion Center to check identification. Also, police in plain clothing patrolled inside the center to ensure that no unauthorized persons gained entry.

Work with the media. The medical examiner or coroner should designate a public information officer to release information about the mass-fatality event. The press will have questions that only a representative of the medical examiner's or coroner's office can answer properly, including questions about the recovery operation, identifications, and condition of the bodies. Information must be released to the press **only** by the designated public information officer and not by any staff members of the medical examiner's or coroner's office. A joint information center should be set up to coordinate the release of information, and no information should be released to the media unless it has been discussed with the families first.

In Oklahoma City, the director of operations for the Medical Examiner's Office released information to the press twice a day, including the names of those who had been identified as being among the dead. The director also tried to answer all press questions concerning the operation of the Medical Examiner's Office.

In Oklahoma City, the media persistently and intensely requested interviews with city, state, and federal officials, survivors, family members, and rescue workers. Consequently, the Joint Information Center (JIC) was established on April 23, 1995, to monitor print and broadcast media, disseminate information, answer inquiries, and assist officials in scheduling interviews. JIC operated in coordination with the following agencies and organizations: the local U.S. Attorney's Office; U.S. Department of Justice; Small

Business Administration; the FBI; Bureau of Alcohol, Tobacco and Firearms; Social Security Administration; General Services Administration; Federal Executive Board; Governor's Press Office; state departments of insurance, mental health, and human services; State Highway Patrol; State Bureau of Investigation; State Medical Examiner's Office; American Red Cross; United Way; and Feed the Children.⁴ In addition to coordinating media communications, JIC made it possible for many diverse agencies and organizations to speak with one voice, reducing public confusion over policies and resources. For example, it was established that when a family's representative indicated that the family wished to speak to the press, the public information officer from the American Red Cross would always coordinate it.

The press served several important functions as it covered the Oklahoma City bombing and recovery effort. It focused world attention on this most tragic event. The press also identified victim services and provided information to citizens who wanted to contribute toward victim assistance.

Formulating a Crisis Response Plan

When a mass-fatality event occurs, the community should already have in place a crisis response plan to effectively respond to the needs of victims and families. The many tasks and challenges involved in crisis response and recovery efforts require prior planning to ensure that adequate resources are identified, procedures are in place, and protocols are established. Prior planning by a community will enhance a coordinated response when a mass-fatality event occurs and help make it possible to meet

the needs of victims and families. When a community has in place a crisis response plan, they will more effectively coordinate appropriate victim services and ensure that victims are notified of their statutory rights as victims of crime. As communities develop crisis response plans, they should keep in mind that effective crisis response planning includes representatives from relevant organizations and offices, including the medical examiner or coroner, law enforcement, the victim advocacy community, rescue workers, the prosecutor, mental health professionals, volunteer agencies (American Red Cross, Salvation Army), and the state VOCA victim assistance and compensation programs. As communities plan for a mass-fatality event, they need to realize that the chain of command will be altered with the arrival of each new group of volunteers and staff members. During the preplanning process, the community should put in place memorandums of understanding and service agreements in anticipation of the many changes that occur during the management of a mass-fatality event.

Agencies that the medical examiner or coroner may encounter at a mass-fatality or terrorism incident include HHS, DMORT, DMAT, FEMA, the American Red Cross, the U.S. Department of State, and the U.S. Department of Justice, including the FBI and the local U.S. Attorney's Office. NTSB will be involved in an aviation disaster or other major transportation accident; its Family Affairs Office is responsible for assisting victims and their families.

When planning a crisis response plan for a multiple-fatality event, a family assistance center is an important part of that plan. The crisis response plan must include consideration of locating and funding material resources as well as people resources—the personnel and agencies

Coordinating Long-Term Crisis Response Plans

The Jefferson Institute for Justice Studies (JIJS) designed a 1- to 5-day training session to help local communities and states develop, implement, and coordinate long-range crisis response plans. JIJS also works with local and state agencies to prepare response plans for incidents that involve victims of mass violence and terrorism. Training focuses on response to trauma, both psychological and medical, as well as long-term stress, death and dying, intervention, spiritual considerations, and media management. Curriculum modification can produce

1-day overview training or expanded training with comprehensive, interactive sessions. For more information about this training, go to JIJS's Web site at www.jijs.org/ccri/ccri_background.htm or contact JIJS at 1015 18th Street NW., Suite 902, Washington, DC 20036, (telephone) 202-659-2882, (fax) 202-659-2885.

Go to the American Red Cross Web site at www.redcross.org/disaster/safety/marin%2Dg2.html to access the "Guide to Organizing Neighborhoods for Preparedness, Response, and Recovery."

that will assist in the operation. Crisis response planners should regularly update materials on how to access these resources as well as any contracts, agreements, and memorandums of understanding. The Oklahoma Medical Examiner's Office had a crisis response plan in place before 1995. Twice in 5 years the crisis response plan was implemented: on April 19, 1995, for the Oklahoma City bombing and on May 3, 1999, for the Oklahoma City tornado. Having a plan in place prior to these crises resulted in smoother, more effective response operations.

With advance planning, coordination among agencies, meetings to discuss each agency's responsibilities, and practice of tabletop exercises and mock disasters, each community can develop a crisis response plan.

Promising Practices

Grassroots efforts by family members who lost loved ones in aviation crashes have led to the development of a coordinated response to assist family members in the aftermath of mass-fatality events. A large number of family members approached the NTSB chairman during the public hearing that followed the 1994 tragedy involving USAir Flight 427 out of Pittsburgh. After sharing their stories about how they were treated after losing their loved ones in aviation crashes, these family members expressed the need for one agency to lead a coordinated crisis response to reduce the chaos they had experienced.

While every mass-fatality event will present unique challenges, all will present

the constant challenge of trying to provide for the basic needs of the victims' family members. This challenge is best met through the work of the family assistance center. In Oklahoma City, the establishment of the family assistance center was made possible through the collaboration of government agencies, family members, and industry. A family assistance center provides a special place in which services can be delivered and information can be gathered from family members in a sensitive and timely manner. Above all, the family assistance center's most important function is to provide a private place for families to grieve.

On September 9, 1996, then-President Bill Clinton, in an Executive memorandum, designated NTSB as the coordinator of federal services to victims and their families in major transportation disasters. As the designated responsible agency, NTSB ensures that the following family services will be provided in a sensitive and timely manner: notification of the accident, updates about search and recovery efforts, updates about the investigation, delivery of mental health support, and establishment of a place in which victims' families can grieve in private.

Families affected by past aviation disasters became the driving force behind the creation of new legislation called the Aviation Disaster Family Assistance Act of 1996 (49 U.S.C. § 1136). Family members were asked to participate on a task force that generated 61 recommendations that were presented to the Federal Government, the airline industry, and other organizations about how to treat and better assist the victims of major aviation accidents and their families.⁵

Pursuant to the Act, NTSB created the Office of Family Affairs and assigned it the responsibility for coordinating the provision of federal services to victims and their families after major aviation disasters. While coordination for these services is outlined in the Federal Family Assistance Plan for Aviation Disasters (to find out more about this plan, visit www.nts.gov), the principles and resources are applicable to any mass fatality. A brief summary of the victim support tasks performed by various agencies follows.

National Transportation Safety Board

- Coordinates federal assistance efforts with local and state authorities.
- Coordinates and conducts briefings for victims' families and friends to provide information about resources for recovery, progress of the investigation, and identification of victims and their personal effects and belongings.
- Coordinates with the investigator in charge of the accident and local and state authorities to try to arrange a family visit to the crash site or to an appropriate alternative site.

Airline

- Notifies the families of passengers in a timely manner that their relatives may have been on the flight.
- Secures a facility to establish a family assistance center in which family members can receive investigative updates, support, and protection from the media.
- Supports logistically those family members who want to travel to the accident city and maintains contact with the families who stay at home.

American Red Cross

- Coordinates the mental health services and emotional care and support for families as designated by NTSB.
- Manages and coordinates volunteer and support services.
- Arranges suitable interfaith memorial services.

U.S. Department of Health and Human Services, supported by U.S. Department of Defense

- Assists with victim identification, mortuary support, and the setup of temporary morgue facilities if the medical examiner or coroner reports insufficient resources to support the operation.
- Provides experienced personnel to collect antemortem information from the victims' next of kin.
- Assists the designated medical examiner or coroner with notifying victims' families of positive identification, providing particular expertise in explaining how identification was made.

U.S. Department of State

- Assists foreign families and interested parties with translations.
- Aids with collection of antemortem medical and dental radiographs and records from non-U.S. passengers.
- Assists in returning the deceased to their native countries.

Federal Emergency Management Agency

- Provides communications assets in the event the accident site is in a

remote location and there is no way to convey information.

- Provides personnel to assist with disseminating public information.
- Assists in the event of an urban aviation disaster.

U.S. Department of Justice

- Provides, on request, the FBI Disaster Squad to assist local jurisdictions with fingerprint identification for criminal and noncriminal events.
- Provides information, through the Office for Victims of Crime, to victims of criminal acts and their families about programs to which they are entitled.

As previously mentioned, a victim-sensitive crisis response plan for addressing mass fatalities had been developed prior to the Oklahoma City bombing. This plan was developed in reaction to the 1986 Edmund, Oklahoma, U.S. Post Office shooting of 14 employees and to the state's long history of mass fatalities from tornadoes. The plan was put to the test after the Oklahoma City bombing, and it served well. In fact, many consider the victim response in Oklahoma City to have set a standard for responding to mass-casualty incidents. The effectiveness of the Oklahoma City Compassion Center as a central gathering place and a place to meet the special needs of disaster victims won the center recognition as a promising practice. Within the past 10 years, family assistance has evolved and continues to grow. Once nonexistent, family assistance is now a major part of crisis response efforts after mass fatalities.

Family assistance operations face a major challenge as they work with victims and families from many countries and cultures. In many ways, multicultural issues

complicate the family assistance effort, from basic communication to sensitive cultural differences. This has an impact on recovery and investigative efforts. Having had experience in several major aviation accidents, NTSB was able to provide valuable insight about multicultural issues. Important considerations include the proper formatting of first and last names and recording correctly the spelling differences in similar sounding names. This is particularly important when recording family information and creating records that will be referenced by many agencies. When working with families from other cultures, the family assistance operation needs to note information about the family's religious or spiritual beliefs, including practices and rituals, daily prayer times, important dates, beliefs about autopsy, and other information that may be relevant to the rescue, recovery, and disposition of their loved ones. For guidance in emergency situations like this, it may be beneficial to consult a leader of the appropriate religious or spiritual community or contact the American Red Cross, which provides contacts with national chaplain organizations that can provide interdenominational perspective.

Other resources with information on handling mass fatalities include the Mass Fatalities Incident Response Course at the National Emergency Training Center in Emmitsburg, Maryland,⁶ and NTSB's Federal Family Assistance Plan for Aviation Disasters. The NTSB plan describes airline and federal responses to an aviation crash involving a significant number of passenger fatalities and/or injuries. DMORT, part of the National Disaster Medical System (NDMS), may be dispatched through NTSB or the Federal Response Plan (to find out more about this plan, visit www.fema.gov/r-n-r/frp/frpfore.htm) to mass-fatality incidents

throughout the country on request by the medical examiner or coroner at the disaster. The DMORT experts and equipment can respond within a few hours of a request. For more information about training and all aspects of mass fatalities, contact NDMS by calling 1-800-USA-NDMS.

Conclusion

Experiences gained from mass-fatality incidents, including the Oklahoma City bombing, reinforce the need to impose the structure of a family assistance center on an otherwise chaotic event. Although in most cases the response falls on the medical examiner or coroner who is local to the incident, preplanning for an effective crisis response should be based on the collaboration of many. Many lessons were learned from the Oklahoma City experience. The response efforts in Oklahoma City became another step forward in developing a more effective crisis response plan for the next disaster and its victims and their families. The Oklahoma City bombing became the impetus for congressional hearings, passage of special funding legislation for victim relief, training development, and identification and coordination of resources. Experts in many fields, including emergency preparedness, medical and mental health, and victim assistance, were motivated to examine their local crisis response plans and their capacity. The knowledge that we have today came from those involved in responding to victims and from the victims themselves, who have shared their painful experiences so that lessons could be learned and so their losses would not be in vain.

Recommendations presented in this report are not comprehensive, but they are practical and useful and will help refine

and improve the crisis response to terrorism.

For More Information

For more information on meeting victims' needs after a mass fatality, contact

Office for Victims of Crime

U.S. Department of Justice
810 Seventh Street NW., Eighth Floor
Washington, DC 20531
202-307-5983
Fax: 202-514-6383
Web site: www.ojp.usdoj.gov/ovc

National Transportation Safety Board Office of Government, Public and Family Affairs

490 L'Enfant Plaza East SW.
Washington, DC 20594-2000
202-314-6185
1-800-480-2520 (to order publications)
Web site: www.nts.gov

Federal Emergency Management Agency

500 C Street SW.
Washington, DC 20472
202-646-2500
1-800-480-2520 (to order publications)

National Emergency Training Center

16825 South Seton Avenue
Emmitsburg, MD 21727
301-447-1000
Web site: www.fema.gov/emi/nrcrs.htm

Disaster Mortuary Operational Response Teams (DMORTs)

Tom Shepardson, National Team Leader
315-471-2349
1-800-USA-NDMS
Web site: www.dmort.org

American Red Cross

17th and D Streets NW.
Washington, DC 20013
202-737-8300
Web site: www.redcross.org

For copies of this bulletin, other OVC publications, or information on additional victim-related resources, please contact

OVC Resource Center

P.O. Box 6000
Rockville, MD 20849-6000
1-800-627-6872 or 301-519-5500
(TTY 1-877-712-9279)
E-mail: askovc@ojp.usdoj.gov
Web site: www.ncjrs.org

Or order OVC publications online at
<http://puborder.ncjrs.org>.

For information on training and technical assistance available from OVC, contact

OVC Training and Technical Assistance Center

10530 Rosehaven Street, Suite 400
Fairfax, VA 22030
1-866-OVC-TTAC (1-866-682-8822)
Fax: 703-279-4673
E-mail: TTAC@ovcttac.org
Web site: www.ojp.usdoj.gov/ovc/assist/welcome.html

Notes

1. Unidentified human remains are also referred to as common tissue.
2. American Psychological Association, July 1997.
3. Oklahoma Department of Civil Emergency Management, 1996.
4. American Psychological Association, July 1997.
5. National Transportation Safety Board, October 29, 1997.

6. Federal Emergency Management Agency, January 1996.

Bibliography

American Psychological Association. July 1997. *Final Report of the Task Force on the Mental Health Response to the Oklahoma City Bombing*. Washington, DC: American Psychological Association.

Bennett, Thomas L., Iowa Organization for Victim Assistance, MADD/Polk County Chapter, and Polk County Victim Services. n.d. *In Person, In Time: Recommended Procedures for Death Notification*. Des Moines, IA: Crime Victim Assistance Division, Iowa Department of Justice.

Center for Mental Health Services. n.d. *Human-Caused Disasters: Recommendations for the Crisis Counseling Assistance and Training Program*. Rockville, MD: U.S. Department of Health and Human Services.

Federal Emergency Management Agency. January 1996. *Mass Fatalities—Incident Response Course (Instructor Guide 403)*, Emmitsburg, MD: Emergency Management Institute, www.fema.gov/emi/nrcrs.htm.

Jordan, F.B. April 1999. *The Role of the Medical Examiner in Mass Casualties With Special Reference to the Alfred P. Murrah Building Bombing*. Oklahoma State Medical Association 92(4): 159-63.

Kelly, C.C. 1998. "Dealing With the News Media: Effective Communication Strategies for Medical Examiners." *American Journal of Forensic Medicine and Pathology* 19: 181-85.

Mahoney, Emmet Louis. July 1986. *Disaster Medical Assistance Team Organization Guide*. Report NDMS-86.

Manpower Task Force, National Disaster Medical System. Washington, DC: U.S. Department of Health and Human Services, Public Health Service, Health Resources and Services Administration, Bureau of Resources Development.

"Mass Fatalities Incident Response Course." January 1996. Emergency Management Institute, National Emergency Training Center, Federal Emergency Management Agency. Emmitsburg, MD. Available at www.fema.gov/emi.

Mittleman, Roger E., M.D., Jay S. Barnhart, Jr., M.D., Joseph H. Davis, M.D., Ray Fernandez, M.D., Bruce A. Hyma, M.D., Robert D. Lengel, Lt. Ret., Emma O. Lew, M.D., and Valerie J. Rao, M.D. 2000. *The Crash of ValuJet Flight 592, A Forensic Approach to Severe Body Fragmentation*, Miami, FL: Miami-Dade County Medical Examiner Department.

Morgan, J. 1994. "Providing Disaster Mental Health Services Through the American Red Cross." *National Center for PTSD Clinical Quarterly* 4: 13-4.

Mothers Against Drunk Driving (MADD). 1996. *Death Notification: Breaking the Bad News With Concern for the Professional and Compassion for the Survivor—A Seminar for Medical Professionals*. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office for Victims of Crime.

National Organization for Victim Assistance. May 1998. *The Community Crisis Response Team Training Manual, 2d ed.* Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office for Victims of Crime. Available at www.ojp.usdoj.gov/ovc/publications/infores/crt.

National Transportation Safety Board. October 29, 1997. *Final Report: Task*

Force on Assistance to Families of Aviation Disasters. Washington, DC: U.S. Department of Transportation.

Office for Victims of Crime. October 2000. *Responding to Terrorism Victims, Oklahoma City and Beyond*. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office for Victims of Crime.

Oklahoma Department of Civil Emergency Management. 1996. *After Action Report: Alfred P. Murrah Federal Building Bombing*. Oklahoma City, OK: Oklahoma Department of Civil Emergency Management.

Phillips, Brenda D. 1989. "Cultural Diversity in Disasters: Sheltering, Housing and Long Term Recovery." *International Journal of Mass Emergencies and Disasters* 11: 99–110.

Spungen, Deborah. 1998. *Homicide: The Hidden Victims—A Guide for Professionals*. Thousand Oaks, CA: Sage Publications, Inc.

Task Force on Assistance to Families of Aviation Disasters. n.d. *Aviation Disaster Assistance Guide*. Prepared through a grant by the U.S. Department of Justice, Office for Victims of Crime, and the National Organization for Victim Assistance.

U.S. Department of Justice. 2000. *Attorney General Guidelines for Victim and Witness Assistance*. Washington, DC: U.S. Department of Justice.

Volunteer Center of Marin. n.d. "Guide to Organizing Neighborhoods for Preparedness, Response, and Recovery." *California Preparedness Materials*. Prepared through a grant from the Northern California Disaster Preparedness Network

Acknowledgments

OVC gratefully acknowledges the dedicated efforts of Ray L. Blakeney, Director of Operations for the Office of the Chief Medical Examiner of the State of Oklahoma, and Sharon W. Bryson, Deputy Director of the Office of Family Affairs, and Brian Fiffick, Manager of Forensic Operations, both of NTSB, for their work on this bulletin.

OVC also gratefully acknowledges the following contributors and reviewers who provided a wealth of thoughtful recommendations:

Gwen Allen, M.S.W., M.P.H.
Director, Project Heartland
Department of Mental Health and
Substance Abuse
Oklahoma City, OK

Joseph H. Davis, M.D.
Director (Retired), Medical Examiner
Department
Miami-Dade County, FL

Anthony Falsetti, Ph.D., D-ABFA
Director and Associate Professor
C.A. Pound Human Identification
Laboratory
Department of Anthropology
University of Florida
Gainesville, FL

Stephanie Frogge, M.T.S., C.T.S.
National Director, Victim Services
Mothers Against Drunk Driving
Irving, TX

Fred B. Jordan, M.D.
Chief Medical Examiner,
State of Oklahoma
Oklahoma City, OK

Gary Moore
Director, Division of Emergency
Preparedness and Operation
U.S. Department of Health and
Human Services
Twinbrook Metro Plaza
Rockville, MD

Mary Elizabeth Nelson, M.S.W.
Branch Chief, Emergency Services and
Disaster Relief Branch
Center for Mental Health Services
Rockville, MD

Jack O'Brian Poe, D.Min., F.T., C.F.S.
Chaplain, Oklahoma City Police
Department
Oklahoma City, OK

Thanks also go to OVC staff members Laura Ivkovich (nee Federline), Program Specialist, and Writer/Editors Grace Coleman and Debra Christenberry for the time and talent they invested in this bulletin.

and the American Red Cross. Available at www.redcross.org/disaster/safety/marin%2Dg2.html.

About the Author

Ray L. Blakeney is the Director of Operations for the Office of the Chief Medical Examiner of the State of Oklahoma. He is an adjunct faculty member for the National Emergency Training Center in Emmitsburg, Maryland, and a member of the Disaster Mortuary Operational Response Team, National Disaster Medical System. He set up family assistance centers for the Oklahoma City bombing and the 1999 Oklahoma City tornado. As a member of DMORT, he has assisted with the setup and operation of family assistance centers at other mass-fatality incidents.

Preparation of this document was supported by the Office for Victims of Crime, Office of Justice Programs, U.S. Department of Justice. The opinions, findings, conclusions, and recommendations expressed in this document are those of the author and do not necessarily represent the official position or policies of the U.S. Department of Justice.

The Office for Victims of Crime is a component of the Office of Justice Programs, which also includes the Bureau of Justice Assistance, the Bureau of Justice Statistics, the National Institute of Justice, and the Office of Juvenile Justice and Delinquency Prevention.

NCJ 188912