NAME International Newsletter

DECEMBE 2017 - VOLUME 2, ISSUE 3

Index

NAME 2017

The NAME 2017 meeting, October 5-17, in Phoenix, Arizona was a tremendous success! The theme was "But it's a dry heat! - What's hot in Forensic Pathology". There were 69 platform presentations and 76 poster presentations! In all, 544 individuals attended the meeting including international attendees from Australia, France, Israel, Italy, Japan, Qatar, Singapore, and Switzerland! A fun reception was held in honor of our international attendees. It was a fabulous opportunity to network, learn, and enjoy the exhibits and presentations!

The ballroom was filled to capacity each day as attendees learned of the latest in forensic pathology! The 69 presentations were superb!

The exhibit hall was always a great place to learn of new technologies, review the latest books, and socialize! Networking is an amazing chance to make friends and learn!

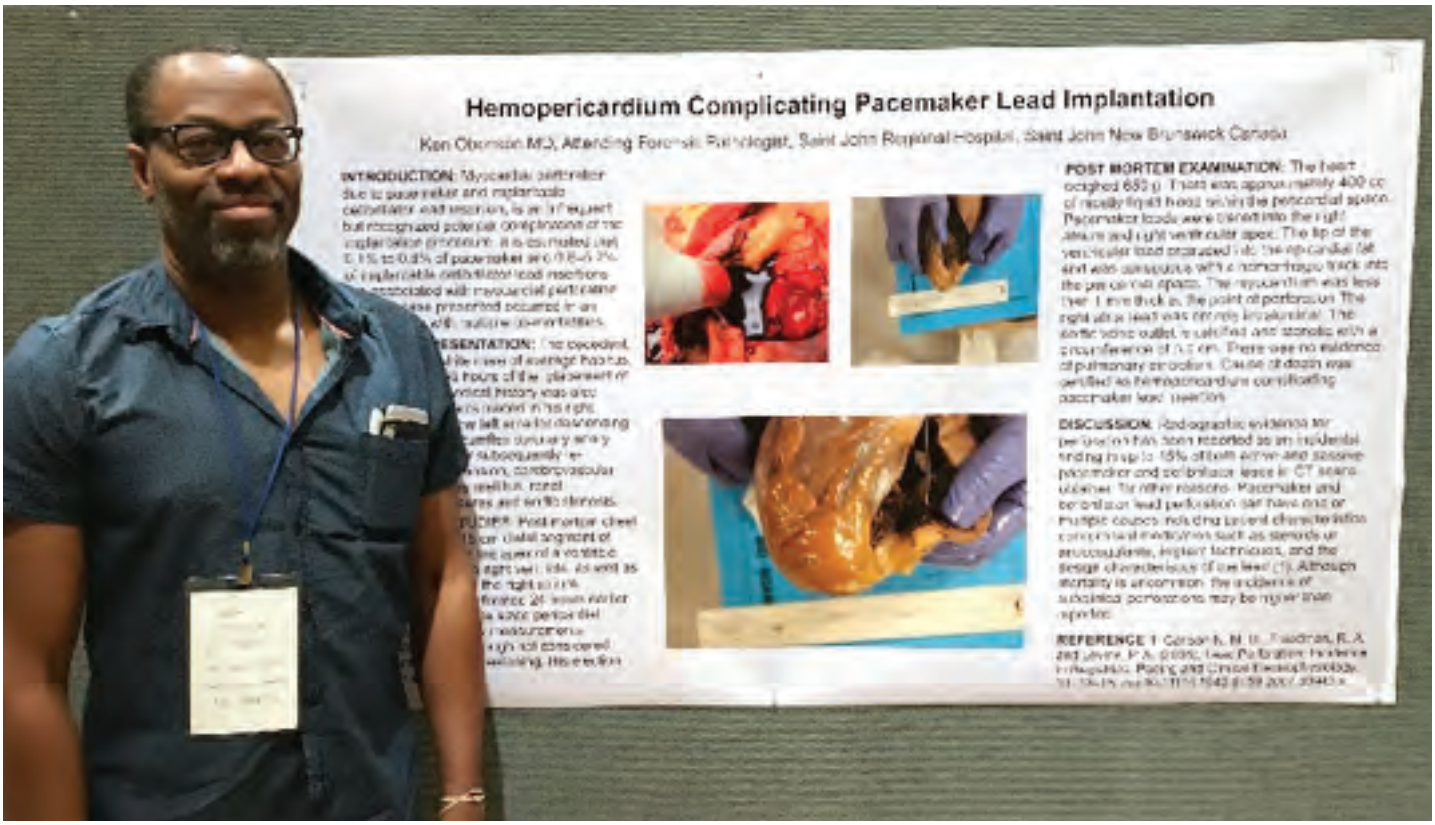

Qualtrax

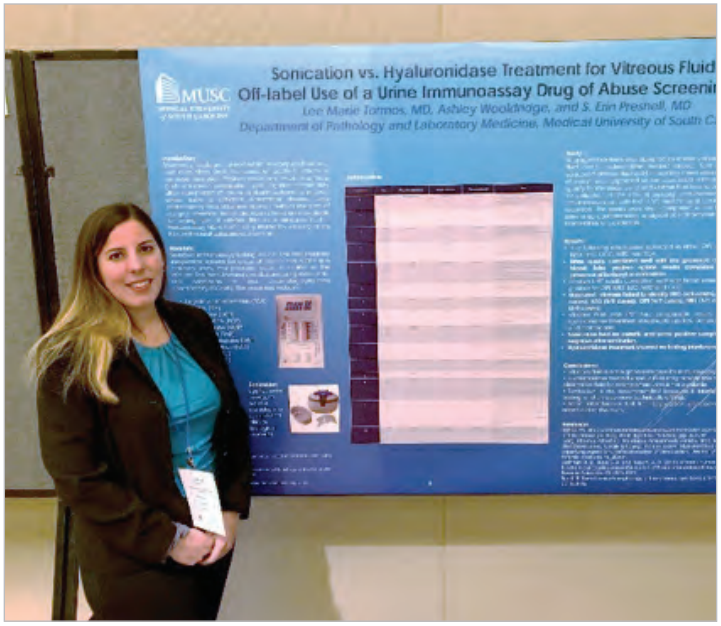
"BRING YOUR OWN STORIES"

Evening presentations such as "Bring Your Own Stories" were very popular! BYOS is an opportunity to present cases and scenarios surrounding organ and tissue recovery. Much discussion took place in an informal, relaxed atmosphere. Questions, answers, and informative discussion!

POSTER PRESENTATIONS

The 76 posters from around the world were of highest quality and received much attention as attendees walked through the presentation room. Authors were present and enthused to share their research!





FUN ACTIVITIES

The Femme Fatale luncheon is a fun time for all women attendees to get together, share experiences, and get to know one another! Great food and MANY laughs!

The annual Cadaver Open golf tournament is always an extremely popular event! Anyone and everyone are welcome to participate and fight for the trophy!

A winner, Dr. Dele Adeagbo from Canada! Congratulations Dele!

The annual International Reception sponsored by the Musculoskeletal Tissue Foundation Biologics and hosted by the NAME International Relations Committee was once again a tremendous success! What a great time to meet colleagues from around the world!







NAME FEATURE PRESENTATION: NAMUS

The National Missing and Unidentified Persons System (NamUs)

10 Year Update


Randy Hanzlick, MD and Steven Clark, PhD

The National Missing and Unidentified Persons System (NamUs) has been fully functional online for ten years. Although the original system(s) were developed in 2005-06, the National Institute of Justice (NIJ) officially funded the NamUs project (namus.gov) as a sustainable program in 2007. Since its launch, the NamUs sites (NamUs consists of three databases: NamUs-MP [Missing Persons], NamUs-UP [Unidentified Persons] and NamUs-UC [Unclaimed Persons]) have logged over 50 million visits, and been credited for assisting in the identification of over 1200 deceased individuals and locating over 1800 missing persons. The system has established itself as the primary database for unidentified persons by the National Association of Medical Examiners (NAME) and the International Association of Coroners and Medical Examiners (IAC&ME). Both professional associations require accredited offices enter their unidentified cases into national databases, and NamUs is the only national database with universal access across all medicolegal jurisdictional types, both legal (law enforcement) and medical (medical examiner, coroners, and justice of the peace officials).

In the last decade, NamUs has been used by national agencies like the US Department of Justice (USDOJ), National Crime Information Center (NCIC), the Violent Criminal Apprehension Program (ViCAP), the Bureau of Justice Statistics (BJS), the National Center for Missing and Exploited Children (NCMEC), the FACES Laboratory at Louisiana State University, the DOE Network, and many more to improving and refining their search criteria while investigating missing and unidentified persons cases. Even more significant is that the majority of the 50 million plus visitors for the NamUs system have been members of the public. The ability for public-users to search and comment on presented case data has been critical to the success of the program.

NamUs starting as a pilot on-line system named the Unidentified Decedent Reporting System (UDRS) in 2005 after discussions at meetings held by the International Association of Homicide Investigators (IHIA) and the National Center for Forensic Science at the University of Central Florida (UCF). These meeting were held in 2003-04 to develop best practices for the investigation of missing and unidentified person cases. During this time, there were also multiple awareness meetings held by the US Department of Justice to emphasize the need for improved investigations. Since its launch, NamUs has been recognized as a true innovation in the fields of technology, investigation and service. Including: the 2009 International Association of Chiefs of Police iXP Excellence in Technology Award, the Computerworld 2010 Laureate award for software the serves society, the 2011 Samuel J. Heyman Service to America Medal, the 2011 August Vollher Award for Excellence in Forensic Science and the 2012, Paul H. Chapman Award from the Foundation for Improvement of Justice. Although the author and his staff continue to serve as national system administrators for NamUs, day-to-day operations and administration is run by staff at the University of North Texas Health Science Center and its Center for Human Identification.

Like all data systems, NamUs is only as good as the data in it. Trust, distrust, and lack of confidence are critical components to online data use (American Press Institute and the Associated Press – NORC Center for Public Affairs Research, 2017). In today's social media-sharing communities, research appears to indicate that "who is sharing" the information, is more important to users, than "who is creating" the data. NamUs attempts to avoid the pitfalls associated with extraneous/garbage data in two simple ways, 1) limiting the number of data fields and 2) respecting the user. From the early stages of development, NamUs instituted a formal structure for data review and vetting. The NamUs Regional System Administrators

(RSA) are the gatekeepers and eventual "sharers" of NamUs data online.

Data vetting is critical, however NamUs has one other unique advantage over other on-line "tools" attempting to identify human remains; NamUs receives all UP data from primary sources; the medical examiner, coroner and Justice of the Peace [ME/C/JP]) users, and its missing persons (MP) data from verified law enforcement users. NamUs is a "data system" which processes information using algorithms developed using "textbook" investigative and forensic science practice. In addition, NamUs takes advantage of what computers do well – mathematics. For example, unidentified human remains discovered in 2016 and estimated to be 20-30 years old can be excluded as "the" missing person born in 1955. The most notable auto-search function is the "possible matches" search. This feature runs 24/7 and tags unidentified cases with missing persons cases on data fields such as a decedent's physical characteristics (e.g., estimated height, sex, etc.) with known date-ranges and discovery history. These possible matches help investigators narrow their searching and rule-out cases as possible matches, which in-turn helps all NamUs users.

Fortunately, medical examiner and coroner (ME/C) investigators identify most individuals within hours of discovery, and rarely have cases that remain unidentified beyond 30 days. This results in a manageable average of three or four "new" unidentified cases daily and (depending on local resources) another dozen or so submissions of what are commonly considered "cold" cases, or "changes" to existing cases already in the system, which are also reviewed before going "live." In addition, case "entry" privileges are limited to official agency representatives (ME/C, law enforcement, etc.) or their designees, which makes verification of cases easier.

Timely review and publication ensures broad-based distribution of case information to a growing internet community of NamUs "users" - who review cases daily. By harnessing the power of the public, NamUs becomes a powerful tool for both investigative agency personnel and the general public who seek answers to questions about missing persons and unidentified decedents. NamUs is an online system with powerful search capabilities, functions that allow users to construct and save custom searches looking for the smallest details in a case. From a single missing tooth - to specific clothing details, if the data was entered, you can search for it. Complex searches can be saved and rerun periodically, as new cases are entering the system daily.

NamUs was an "early adapter" of today's 100% web-based cloud computing. The idea of using the internet as an investigative system was not an easy "sell" in 2005, today the model has been embraced as the "internet of things" by largest companies in the Dr. world. As technology becomes more interactive and accessible, NamUs will continue to evolve and has the potential to become more global is use and effectiveness in the resolution of these complex cases of missing and unidentified persons cases.

INTERNATIONAL DEATH INVESTIGATION FEATURE: CANADA

The Medico-Legal Systems and Forensic Pathology Practice in Canada

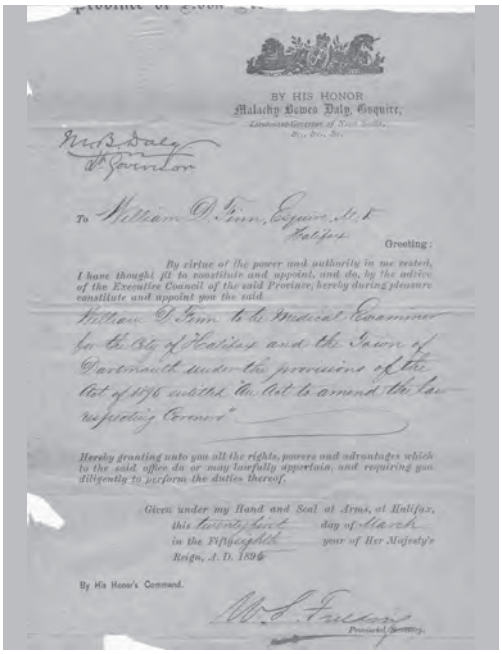
Dr. Chris Milroy

Though European contact with Canada started with the Norsemen, it was in the 1497 Venetian explorer John Cabot, sent to by the English Monarch Henry VII, found Newfoundland. In 1583 the English founded St. John's Newfoundland and in 1603 the French explorer Champlain established Port Royal followed by Quebec City in 1608. For the next 150 years Canada was fought over by France and Britain, until the French were defeated in the Seven Years War 1756-1763 (the French and Indian War) and Canada was ceded to the British by the French, though leaving a significant French speaking population. Following the 1812-1814 war between Britain and the United States, the boundaries between British North America and the USA were established. The Oregon Treaty of 1846 established the westward boundary along the 49th parallel to Vancouver Island. Newfoundland was the last province to join Canada in 1949.

As a consequence of being a British colony, English Common Law and the coronial system were imported into Canada. The exception was that Quebec was allowed to keep its civil law, though not criminal law and they also received the Coroner system, at that time lay coroners.

Canada is a federal parliamentary democracy with a constitutional monarchy made up of 10 provinces and 3 territories, with a total population of 36 million. There are two official federal languages, English and French, which also means trials may be in either language (with translation), though each province decides its language policy and territories have official indigenous languages as well. Three groups of aboriginal people are recognized, First Nations, Inuit and Métis. The provinces are the equivalent of States in the USA. There is a single federal criminal code, but non-criminal law is a matter for each province. The provinces are thus responsible for their own medico-legal system and each has its own Coroner Act or other Act that covers Medical Examiner systems (e.g. Alberta Fatal Inquiries Act). The three territories, which cover the northern/artic parts of Canada (Northwest Territories, Nunavut and Yukon) are all lay Coroner systems. Four provinces (Newfoundland and Labrador, Nova Scotia, Manitoba and Alberta) have changed to Medical Examiner Systems, with the remaining six provinces having Coroner systems. These vary from lay Coroner systems (New Brunswick, Saskatchewan and British Columbia) to medical Coroner Systems (Ontario and Prince Edward Island) and a mixed medical and legal system in Quebec, which is predominantly French speaking. Unlike in the USA, all Coroners and Medical Examiners are appointed and not elected. Halifax, Nova Scotia appointed a Medical Examiner in 1895, with Dr. William Finn as the first appointee.

William Finn, First Medical Examiner appointed in Canada



BY HIS HONOR
Malachy Bowes Daly, Esquire,

To William D. Finn, Esquire, M.D.
Halifax

Greeting:

By virtue of the power and authority in me vested, I have thought fit to constitute and appoint, and do, by the advice of the Executive Council of the said Province, hereby during pleasure constitute and appoint you the said

William D. Finn to be Medical Examiner for the City of Halifax and the Town of Dartmouth under the provisions of the Act of 1896 entitled "An Act to amend the law respecting Coroners"

Hereby granting unto you all the rights, powers and advantages which to the said office do or may lawfully appertain, and requiring you diligently to perform the duties thereof.

Given under my Hand and Seal at Arms, at Halifax, this twenty-first day of March in the Fifty-ninth year of Her Majesty's Reign, A. D. 1896

By His Honor's Command.

William Finn's letter of appointment

Nova Scotia Medical Examiner Office – Dr. William D Finn Centre

The Nova Scotia Medical Examiner's Office building is named after him. Another early practitioner of Forensic Medicine in Canada was Dr. William Derome. Graduating from Université Laval in Montreal, Quebec, he studied legal medicine (médecine légale)

in Paris in 1908-1909 before returning to practice in Montreal in 1910. In 1914 he established the first Government Forensic Science Laboratory in North America in 1914. J. Edgar Hoover visited his laboratory in 1929 before establishing the FBI laboratory. The current headquarters building of the Securité du Québec is named in his honour, which houses the Quebec forensic pathologists at the Laboratoire de Sciences Judiciaires et de Médecine Légale.

Manitoba became a Medical Examiner system in 1970. Alberta converted to a Medical Examiner system and Dr.

John Butt, a past President of NAME, was appointed its first Chief Medical Examiner in 1977. Newfoundland and Labrador changed from a magistrate run system to a Medical Examiner system in 1996.

Ottawa Forensic Pathology Unit staff with guests Drs. Mitchell Washington, DC, Byard Adelaide, Australia, and Pickup, Toronto

Dr. Milroy in Iqaluit – it was -25 Celsius!

Ontario is the most populous Canadian province, with a population of 13 million and a single coroner system, making it the largest medico-legal system by population in North America. While the Ontario Coroner's Act requires a coroner to be a licenced medical practitioner, it does not specify any specific medical qualifications or specialty. Currently the majority of Ontario Coroners have a background in family medicine/general practice. The Ontario Coroner system was changed following the Ontario Government's Judicial Inquiry into Pediatric Forensic Pathology conducted in 2008 and commonly known as the Goudge Inquiry, after its commissioner, Honorable Mr. Justice Goudge. This resulted in changes to the Coroners Act in 2009 and the establishment of the Ontario Forensic Pathology Service with the Act defining of the Chief Forensic Pathologist in legislation. Forensic Pathologists are now also being sworn in as coroners in Ontario and certify manner in homicide cases.

Cemetery in Iqaluit – providing services in remote areas is a challenge

One area that the Canadian Coroner and the Medical Examiner systems have in common is the use of inquests, sometimes called by other names such as fatal inquiries. While coroners, including lay coroners, conduct their own inquests, in Medical Examiner systems these are conducted by judges. Some inquests are mandatory, such as deaths in custody, while others are discretionary. A limited number of inquests are held in Canada in comparison with England.

Canada is the second largest country by geographic size in the world. This inevitably presents problems of geography and provision of service in remote areas. Ontario, for example is the size of France and Spain combined, covering an area of 1.076 km². Quebec is the largest province being 1.667 km². Texas by comparison is 695,662 km². The largest territory is Nunavut at 2.093 km². Different provinces have different solutions to these geographical challenges, with smaller provinces typically have one or two locations where autopsies are performed. Territories do not have any resident pathologists, so cases are transported south where a medico-legal autopsy service is available. For example, cases from Nunavut, because of its vast size, may be transported to Edmonton, Alberta, Winnipeg, Manitoba or Ottawa, Ontario depending on the nearest facility. Edmonton is 1762 miles from Ottawa! Because of its predominantly Inuit

population, trials in Nunavut may be in Inuktitut, which can be a challenge to translate medical terms, among others.

Medical Examiner Office Alberta

Ontario has a hub and spoke arrangement to deliver forensic pathology services. The headquarters of the Ontario Forensic Pathology Service is in a 50,000 square metre state-of-the-art building, the Forensic Services and Coroners Complex (FSCC) in Toronto, which also houses the Office of the Chief Coroner for Ontario, the Centre for Forensic Sciences and the Office of the Fire Marshal and Emergency Management. The OFPS will host the International Association of Forensic Sciences in August 2017 in Toronto. Other centres are in hospitals in regional cities in London, Hamilton, Kingston, Ottawa, Sudbury and Sault St. Marie. These units are linked to medical schools and the Forensic Pathologists hold academic positions in Universities. In Ontario approximately 7000 autopsies are conducted each year, with the majority performed in Toronto or one of the regional centres. As well as forensic pathologists conducting autopsies, there are hospital based anatomical and pediatric pathologists who conduct some medico-legal autopsies, though not on homicides or criminally suspicious deaths.

Forensic Services and Coroners Complex (FSCC) Toronto

Autopsy suite FSCC

The Royal College of Physicians and Surgeons of Canada is the national professional association that oversees the medical education of specialists in Canada. It accredits the university programs and organizes the exams for certification. It was founded in 1929 by special Act of Parliament. Anatomical and General Pathology have long been recognized as specialties, but Forensic Pathology was not recognized until 2005, with the first accredited training program starting in 2008. Residency training may be undertaken first in Anatomical Pathology (AP) or General Pathology (GP). Residency is 5 years including a compulsory intern year. Fellowship training in Forensic Pathology (officially 6th year Residency) is for one year post AP or GP. Candidates who have passed the examination for Fellowship in Anatomical Pathology or General Pathology (FRCPC) may sit the exam in Forensic Pathology and thus also become a Fellow in Forensic Pathology as well as AP or GP. This can be done following Fellowship training in the USA, as long as they are already Fellows of the Royal College. Currently there are 15 accredited programs in Anatomical Pathology but only three in Forensic Pathology, the latter in Toronto (University of Toronto), Hamilton (McMaster University) and Edmonton (University of Alberta). Because Forensic Pathology is only recently recognized in Canada, many Forensic Pathologists have trained in the USA and are board certified by the American Board of Pathology. Others have postgraduate UK qualifications in Anatomical Pathology and Forensic Pathology.

There is no Canadian Forensic Pathology association equivalent to NAME, but there is a Forensic Pathology section of the Canadian Association of Pathologists, known confusingly for our American colleagues as the CAP. It meets annually in different Canadian cities. Many Canadian Forensic Pathologists have been active in NAME and AAFS and academically active.

Challenges in Canada for forensic pathologists remain its geographic size and its relatively small population for its physical size. The different systems mean there

is variable practice in death investigation across the country, as there is in the USA. Other challenges include the diversity of the population, including interaction with aboriginal people, who often live in remote areas and have major health and social problems. However, there has been significant progress over the last decade with the establishment of training programs and exams and in Ontario the establishment of a provincial Forensic Pathology service has significantly increased the number of practicing forensic pathologists and supported academic activities.

US MEDICAL EXAMINER OFFICES ACCEPTING INTERNATIONAL VISITORS AND/OR TRAINEES

Medical Examiner	Office	City	State	Contact Information
Jon Lucas James Ribe Christopher Rogers	CME/C County of Los Angeles	Los Angeles	California	jribe@coroner.lacounty.gov crogers@coroner.lacounty.gov
John Thornburg		Monterey	California	831-755-3761
James Caruso	Office of the ME	Denver	Colorado	James.caruso@denvergov.org 720-337-7600
Roger Mitchell	OME in DC	Washington, DC	District of Columbia	Terencia.davenport@dc.gov 2026989000
Craig Mallak	Broward	Broward	Florida	954-357-5200 cmallak@broward.org
Emma Lew	Miami Dade	Miami	Florida	305-545-2449
Valerie Rao	District 4 Medical Examiner's Office in Jacksonville	Jacksonville	Florida	904-255-4006
Russ Vega	12th District of Florida MEO	Sarasota	Florida	rvega@fldist12me.com office = 941-361-6909 cell = 941-356-6014
Dr. Steckbauer	16th District MEO, Monroe County Florida	Monroe County, Florida Keys	Florida	thnts@aol.com
Jonathan Eisenstat	Georgia Bureau of Inv.	Atlanta	Georgia	Jonathan.Eisenstat@gbi.ga.gov
Jan Gorniak	Fulton County MEO	Atlanta	Georgia	
Mike Kobayashi	Department of the ME	Honolulu	Hawaii	mkobayashi@honolulu.gov
Ponni Arunkumar	Cook County	Chicago	Illinois	312-997-4500 Ponni.Arunkumar@cookcountyil.gov
Dave Fowler	OCME Baltimore	Baltimore	Maryland	fowlerd@ocmemd.org
Luby Dragovic	Oakland County	Oakland	Michigan	dragovic@oakgov.com
Rudy Castellani	Center for Neuropathology Western Michigan University Homer Stryker MD School of Medicine	Kalamazoo	Michigan	Rudolph.castellani@med.wmich.edu

Steve Cohle	CME Grand Rapids	Grand Rapids	Michigan	sdcohle@comcast.net
Melissa Lallak	Hennipin Co MEO	Minneapolis	Minnesota	612-215-6328 218-341-8328
Kurt Nolte	New Mexico OMI	Albuquerque	New Mexico	
Nancy Izquierdo	New York City OCME	New York	New York	nizquierdo@ocme.nyc.gov 212-447-2613
Tom Gilson	Cuyahoga Co MEO	Cleveland	Ohio	tgilson@cuyahogacounty.us
Eric Pfeifer	Oklahoma office of the CME		Oklahoma	Eric.pfeifer@ocme.ok.gov
Feng Li	Davidson County OCME	Nashville	Tennessee	
John Lott	Knox County Regional Forensic Center	Knox County	Tennessee	
Randy Frost	Bexar County MEO	San Antonio	Texas	frostmd@bexar.org
Mario Rascon	CME El Paso County	El Paso	Texas	mrascon@epcounty.com
Wendy Gunther	OME Norfolk VA	Norfolk	Virginia	Wendy.Gunther@vdh.virginia.gov
Heather Oie	Snohomish County OME	Everett	Washington	Heather.oie@snohomish.wa.us
Richard Harruff	King County MEO	Seattle	Washington	206-731-3232 Richard.harruff@kingcounty.gov
Paul Chui	Forensic Medicine Division Health Science Authority	Singapore	Singapore	chuisg@gmail.com, Paul_CHUI@hsa.gov.sg

The National Association of Medical Examiners®
362 Bristol Road, Walnut Shade, MO 65771
660-734-1891 Fax: 888-370-4839

APPLICATION FOR INTERNATIONAL CORRESPONDING MEMBER

"International Corresponding Members" shall be physicians or other practicing medicolegal death investigators who reside outside of the United States of America or Canada. International Corresponding Members shall be forensic pathologists, physician medical examiners, physician coroners, and those engaged in the teaching or practice of legal medicine, provided, however, that the foregoing examples are provided for clarity, and mere possession of any of the foregoing job titles does not automatically qualify any individual for membership as an International Corresponding Member, nor does lack of such title automatically disqualify any individual who is a practicing medicolegal death investigator.

Customer number (from NAME web site – REQUIRED):		
Applicant:		
Governmental Agency (Federal, State, Local) with which Affiliated:		
Agency:		
Address:		
City:	State:	Zip:
Telephone:	Fax #:	Email
Office Type: Medical Examiner Coroner ME/Coroner		Other:
Director:		
References: (Two Members of National Association of Medical Examiners)		
Name:	Name:	
Address:	Address:	
Telephone:	Telephone:	

Applicant Information

Official Title:	Length of Time at Agency:	
Medical School:	Date Graduated:	
Degree Attained:	Year of Licensure:	State(s)
Residency Training:		

Board Certifications:

Forensic Pathology (Year)	Anatomic Pathology (Year)
Clinical Pathology (Year)	Other: (Year)

Memberships in Other Societies:

AAFS AMA ASCP CAP Local Medical Society	
Other:	
Years in Forensic Field:	Area of Interest:

Please submit a copy of your license, a copy of your Curriculum Vita, and ONE (1) letter of recommendation from a member of N.A.M.E.

FUTURE MEETINGS

Of Affiliated National Associations and Collaborating Organizations

NAME 2018 Interim Meeting

February 20, 2018
Emerging infections, new diagnostic methods in microbiology, microbiology and the autopsy
WA State Convention and Trade Center, Seattle, WA

NAME 2019 Interim Meeting

February 19, 2019
Forensic radiology, MRI and CT reading refreshers, hosting MRI/CT equipment in the officeBaltimore Convention Center, Baltimore, MD

Languages that NAME members speak other than English

1. Bengali
2. Bulgarian
3. Chinese
4. Dutch
5. French
6. German
7. Gulla/Geeche
8. Hebrew
9. Hindi
10. Irish Gaelic
11. Italian
12. Japanese
13. Kannada
14. Korean
15. Malayalam
16. Mandarin Chinese
17. Marathi
18. Polish
19. Portuguese
20. Punjabi
21. Russian
22. Sinhala
23. Spanish
24. Tamil
25. Urdu

NAME International Newsletter Production Team

Editor-in-Chief
Kim A. Collins

Coordinator
Denise McNally

Graphic designer
Raul Vergara