

Address by Miss Alison Williams

Scenes of Crime Officer on 14th November 2006

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Whos who after the Tsunami?the identification process

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Miss Williams went out to Thailand with the Disaster Victim Identification Team from South Wales Police following the Tsunami that hit on 26th December 2004.

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She started by giving background information on the Tsunami and its geographical extent. Amazement was expressed at the way people looked at the wall of water and simply took photographs!

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She showed many harrowing photographs of dead bodies. Some in the bizarre positions they had been swept in to and others of rows of bodies laid out in specified areas following initial recovery.

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The wounded had been taken to hospitals and it was obvious after a few days that there were no foreign nationals remaining in hospital so any missing foreign nationals were probably dead.

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The bodies were difficult to identify. Initially the Thai police had "bagged" or moved bodies to set areas. There was no organised procedure, the effect simply muddled identification. Many of the bodies were left out in the heat for weeks and began decomposing. The Thai police then saw them as a health hazard and began mass burials without identification.

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The police sometimes would photograph faces of bodies and pin the photos to a board, leaving the actual body in a row in a courtyard. Relatives could then look at the photos to try and identify a loved one, and if they did identify someone were shown to a yard with line upon line of decaying bodies and told their loved one was amongst them and they could now find them. The faces of most of the bodies were bloated and black and really beyond recognition.

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Once Thailand asked for help following their natural disaster, many international teams responded. The Australians were the first there; there were also French, Swedish and British among others.

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In the UK the Home Office holds lists of suitably trained people who are trained in body recovery. There are National and International guidelines to follow:-

Each body (or isolated body part) is designated a unique number which is attached to it, the same number goes on the body bag and a marker with the same number is left at the site the body was found. A detailed form describing contents was attached to the outside of the bag.

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Working conditions were hot and the smell invasive. Workers had to wear full plastic suits with boots, gloves and masks to prevent DNA contamination. At 36 degrees so much fluid

was lost in perspiration that a health and safety nurse was at hand to monitor everyone's water consumption and made sure they each drank 5 litres a day.

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One area used as a mortuary was a Buddhist temple, and it was only after arrival that the British team learned that red, the colour of their T shirts, was considered offensive in this religion so all had to be changed. Great heed was paid to each religion's beliefs in order to avoid offence.

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An opera house used as a temporary mortuary was very hot and primitive, without even clean versus dirty areas.

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All the workers were relieved when "containers" arrived that could be refrigerated as this allowed for cool storage of bodies. Lists could be kept of locations so traceability became easier.

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The Norwegians sent a mobile hospital (also made of containers) with clean areas, decontamination areas and a canteen.

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Once there was one good site functioning well, attempts were made to move bodies to that site. However the Thais believe that if a dead body is moved over water their soul goes into the water. It was thus impossible to move Thai bodies but those identified as "non-Thai" were taken to the more efficient site.

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Teams of 6 people worked together. 2 took fingerprints, the body then moved down the line for a "limited post mortem" to record identifying features and take some bone for later DNA studies, then on to the forensic odontologists who made dental records.

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All records were sent to a matching centre, where ante mortem data was taken of people who had been reported missing and matches were made.

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Miss Williams was taking fingerprints and reported the difficulties of obtaining them with skin slippage following putrefaction. Sometimes there would even be difficulty locating the finger skin! Sometimes a rolled impression from dermal ridges could be obtained, on others the skin could be made into a "dermal glove" to give quite good prints.

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The identification process was slow and painstaking but there was an awareness amongst the workers that the international co-operation was achieving good results. A difficult and harrowing job had been well done.

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There were a few questions and then Dr Wood thanked Miss Williams for an enlightening and interesting talk.