

# Giving the dead back their identity

FORENSIC PATHOLOGISTS ARE USED TO DEALING WITH DEATH, BUT HOW DOES ANYONE COPE WITH A DISASTER ON THE SCALE OF THE BOXING DAY TSUNAMI? LISA MITCHELL TALKS TO PATHOLOGISTS WHO HELPED IDENTIFY THOSE WHO LOST THEIR LIVES.

**B**y the time Dr Malcolm Dodd and Dr Peter Ellis arrived in Phuket on December 28 and travelled the 150 kilometres north to Khao Lak, a horrendous scene demanded their speedy appraisal.

At that stage about 900 bodies, close to a hectare of human remains battered, torn and twisted by the tsunami, had been gathered by Thai locals and sprawled in a macabre portrait of natural disaster.

“Most forensic pathologists don’t have a problem with this because the bodies they deal with are decomposed ... so it’s something we’re used to,” says Dr Dodd, a forensic pathologist at the Victorian Institute of Forensic Medicine. “But what we’re not used to are the sheer numbers on the ground that overwhelm you psychologically.”

Where were they to begin with this, part of the largest task of disaster victim identification ever attempted? It was

beyond their experience, and almost beyond comprehension.

Their brief was to identify the bodies of foreigners for repatriation to their homelands. Dr Dodd and Dr Ellis, the director of forensic medicine at the Institute of Clinical Pathology and Medical Research at Westmead Hospital in Sydney, were soon joined by Dr Simon Stables, the clinical head of the department of forensic pathology at Auckland Hospital.

The Thai people had already separated their nationals from the many tourists by tying a red loop of rope around the wrists of their own and a yellow loop around those of foreigners. In a few days in these tropical conditions, the bodies would be unrecognisable.

After death, first bacteria proliferates in the gut, then a Caucasian body surrenders its pinkish hue to mottled green, brown and black. As gas forms in the cavities, the body bloats and at this point, a slim Caucasian could be mistaken for an obese

black African, says Dr Dodd. Blisters form on the skin, which breaks down until the body literally caves in on itself. In the tropics, an unrefrigerated body can turn to “soup” within a week.

“We had to do a basic external examination on the ground – a brief description of gender, items of clothing, jewellery, any distinguishing marks or scars or tattoos – fairly quickly because the bodies were out in the sun and in early bloat phase”, Dr Dodd says. “You couldn’t tell the difference between the nationals and internationals by then.”

With clipboards and pens, they waded through the corpses, filling out standard Interpol disaster victim identification forms, crossing out the pages and pages of fine details requested – the shape of the ear, the chin, the brow – hardly applicable to those with heads swollen to the size of basketballs. Refrigerated containers began to arrive a day or two later, huge cranes stacking them like children’s building

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*Images courtesy of World Vision Australia*



**Scenes of post-tsunami devastation**

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blocks, perhaps 30 in the end, each holding about 40 now labelled and bagged bodies.

Thanks to the Australian Federal Police's excellent Thai contacts, the locals were able to erect a mortuary in one of Khao Lak's temple buildings within a few days. Under the direction of Dr Dodd and Dr Ellis, plywood walls and doors flew up, plumbing, sinks and powerpoints went in, autopsy tables, air-conditioning and dental X-ray machines arrived.

The team, which included two dentists, set to work quickly with a five-phase

identification process, taking bodies from the fridge through fingerprinting and autopsy, then a dental examination, before collecting teeth (the most durable option) for DNA samples.

"We were there for two weeks and I think we'd processed 400 cases in five days," Dr Dodd says.

Normal autopsy procedure investigates the head, chest and abdomen but these examinations were limited to 20 minutes each; cause of death was not the issue. Bodies would be washed free of mud and sand, then investigated only for the

presence of the gallbladder, appendix, and in women, the uterus, or obvious diseases such as cancer, to provide further clues to victim identification once medical and dental histories could be obtained.

"All this information is eventually sent to a centre in Thailand, and I believe the DNA testing is being done in China," Dr Ellis says. "We're certainly talking months before these 1000 to 1200 foreigners are identified. Some of them will never be identified. It has to be an accurate match."

Meanwhile, in Indonesia, India and Sri Lanka, teams just like theirs were working to identify tens of thousands more victims. "Although 9/11 was a major disaster, there weren't many intact bodies. There wasn't the same sort of input," Dr Ellis says.

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By the time the mortuary was ready, emergency teams from Norway, Denmark, Sweden, Belgium, France, Germany, Austria and Poland had descended, crowding the simple set up with a dozen or more pathologists, dentists, fingerprint specialists and police, all wanting to help.

"There were some real issues with too many people in such a small space and it required some careful management of the mortuary itself, Dr Ellis says. "Rebecca Ellem, the deputy mortuary manager at the Victorian Institute of Forensic Medicine, had the personal skills to do it in a light-hearted but very effective way; she was sensational."

Dr Stables arrived from Auckland on December 31. By then, the mortuary was working on two eight-hour shifts, and at times, with six pathology teams vying for space on the eight tables available. By

## Charters to hell

**A**t 2.30pm on December 28, Dr Malcolm Dodd received a call. Could he join the Australian tsunami team heading to Thailand and if so, could he be at the airport in two hours? Two hours! As specially chartered flights collected the team from around Australia, news reports and victim counts were still fuzzy; it was impossible to prepare for what might be faced.

After the Bali terrorist bombings, whose aftermath he attended, Dr Peter Ellis formed the Australian National Emergency Forensic Pathology Activation Plan.

"The pathology activation (for Bali) was a little haphazard in discovering who was available and who knew where everyone was," he says. "So (afterwards) I approached my colleagues around the country, because incidents like this may well happen again. We had nobody who was automatically the point of contact

for the Australian Federal Police, the agency most likely to handle these emergencies."

Dr Ellis is now that contact. He also happened to be the main person rostered for disaster duty on Boxing Day. There are about two dozen forensic pathologists around Australia, attached to about nine different government services. Each of these institutes participates in an on-call roster for two months at a time.

Dr Simon Stables, of New Zealand's 12-strong disaster victim identification response team, is one of five full-time forensic pathologists in the country.

"I learnt a lot in Thailand that I could bring back and apply here should a mass disaster happen in Auckland," he says. "We'd been going through how we'd organise ourselves if one happened and I'd put together a plan, but having seen how things flowed in Thailand, I'm going to modify that."



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January 12, a second mortuary had been set up within the same temple grounds, twice as large as the first, but some of the dentists were forced to work in an area that captured all the hot air from air-conditioning units.

Despite their combined experience in emergency and war zones such as Bali, East Timor, Kosovo, Sri Lanka and the Solomon Islands, Dr Ellis and Dr Dodd did not know what to expect of the tsunami aftermath; each day brought challenges. Constant rumours suggested that 1,500 more bodies were on the way; there was talk of moving the whole mortuary site down to Phuket, and of exhuming bodies. They had to set up clean rest areas and contamination zones within the mortuary to protect against cholera.

Then there was the three-hour bus trip to Khao Lak from Phuket and back, because the accommodation in between had been razed. Those bus trips turned

into informal debriefing sessions between professionals who thought they’d seen it all.

“We’re professionals, we can do the job,” says Dr Dodd, “but this took a lot of us by surprise. We just walked around and thought, ‘Bloody heck, this is not possible, I don’t know if we can actually do this’ . . . We were literally walking around in a sea of bodies on our mobiles ringing our families, we actually choked a bit on the phone. I know I did.”

Dr Stables says they could not have made such extraordinary headway without the tremendous support of the Thai locals.

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#### **WORLD VISION AUSTRALIA'S TSUNAMI APPEAL**

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*World Vision Australia has raised more than \$70 million for the Asia Tsunami Disaster Appeal. It is working in India, Indonesia, Sri Lanka, Thailand and Myanmar. Around 30 per cent of program costs will go on emergency relief, 50 per cent on infrastructure rebuilding, 10 per cent on economic recovery and 10 per cent on community and social rehabilitation. World Vision Australia has committed to helping countries devastated by the tsunami for at least five years.*

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