



THE ASSISTANT SECRETARY OF DEFENSE

WASHINGTON, DC 20301-1200

- b. DoD Directive 6010.16, "Armed Forces Medical Examiner System", March 8, 1988
- c. [DoD IG Final Report on Casualty and Mortuary Affairs.](#)

Reference (a) delegated authority to the Assistant Secretary of Defense (Health Affairs) (ASD(HA)) to exercise authority, direction and control of the AFIP. Reference (b) established policy guidance for operation of the Armed Forces Medical Examiner System (AFMES). Reference (c) required the OASD(HA) to issue further guidance concerning the procedures for conducting an autopsy and establishing that the Military Services have the primary responsibility for identification of remains, with support provided by the Armed Forces Medical Examiner (AFME) when requested.

The current criteria for ordering medicolegal investigations which may include authorization of autopsies are: (1) that the decedent be an active duty military member or a member of the Reserve Components on active duty for training; (2) that the death occur in an area of exclusive jurisdiction of the Federal government; and (3) that the circumstances of the death be suspicious, unexpected, or unexplained. Pending revision of DoD Directive 6010.16 and the Joint Regulation governing the AFMES, the following interim guidance for determining under what circumstances military medical treatment facilities and medical examiners may authorize autopsies is provided:

"An autopsy shall be performed on the remains of any person who dies while on active military duty, or while serving as a member of the Reserve components on active duty for training, when necessary to determine the cause and manner of death (such as sudden, unexpected death, homicide or suicide), to secure information for completion of military records, to protect the welfare of the military community, or when the service member is an aircrew member and the death occurs during flight operations. The AFME or appropriate service commander shall have the authority to order such autopsy in areas of exclusive Federal jurisdiction and in other areas when the civil authority has released jurisdiction to the Military Services. In areas outside the United States and its territories, existing Status of Forces Agreements apply. When the host government relinquishes its authority, the AFME or appropriate service commander shall have the authority to order medicolegal investigations, which may include autopsy."

Authorizing officials shall grant permission for autopsy using the above criteria and must indicate the criteria used to justify the autopsy. Under normal conditions, the autopsy should be completed within 24 hours after the remains are received, appropriate records are available, and authorization for autopsy has been granted.

The Military Services have the primary responsibility for identifying remains. Support shall be provided by the AFME when indicated. The Office of the Armed Forces Medical Examiner (OAFME) has the expertise in the fields of forensic sciences related to identification, including advanced identification techniques and deoxyribonucleic acid (DNA) technology, necessary not only to provide consultative support to the Services, but also to provide medical certification in identification, cause of death, and manner of death of deceased individuals. It is expected that the Military Services will utilize the resources of the OAFME to the maximum extent possible to support the identification of remains.



Stephen C. Joseph, M.D., M.P.H.

**HA POLICY
94-003**

cc:

Surgeon General of the Army
Surgeon General of the Navy
Surgeon General of the Air Force



THE ASSISTANT SECRETARY OF DEFENSE

WASHINGTON, DC 20301-1200

MEMORANDUM FOR THE INSPECTOR GENERAL, DEPARTMENT OF DEFENSE

SUBJECT: Final Report on the Inspection of the Department of Defense Casualty and Mortuary Affairs Program

This is in response to your evaluation of management comments for Recommendation 3, 4, 6, 7, and 16 of the subject report.

Recommendation 3. The Assistant Secretary of Defense (Health Affairs) strengthen the criteria for determining under what circumstances military medical treatment facilities and medical examiners can authorize autopsies, and require the authorizing official to cite in the report of autopsy the criteria used to justify the autopsy. The new guidance should establish the time limit (24 hours) now listed in the Joint Autopsy Technical Manual as the general DoD policy for conducting an autopsy.

DoD Response: Concur. Within 60 days we will publish guidance which will include the following:

- (1) specific criteria for determining under what circumstances military medical treatment facilities and medical examiners can authorize autopsies;
- (2) a requirement for the authorizing official to grant permission for autopsy using those specific criteria, and to indicate the criteria used to justify the autopsy;
- (3) a 24-hour general time goal for performing an autopsy, under normal circumstances, after the remains are received, appropriate records are available, and authorization for autopsy has been granted.

Recommendation 4. The Assistant Secretary of Defense (Health Affairs) clearly define the intent and mission of the Office of the Armed Forces Medical Examiner, including better delineation of the respective roles of the Office of the Armed Forces Medical Examiner and the Military Services, and the relationship between the Armed Forces Institute of Pathology and the Office of the Armed Forces Medical Examiner. The Assistant Secretary of Defense (Health Affairs) should improve oversight of the Office of the Armed Forces Medical Examiner to ensure it is (1) performing its role in accordance with DoD intentions, (2) reviewing the work of subordinate activities, and (3) assisting the Services in their role of remains identification.

DoD Response: Concur. The Joint Service Autopsy Manual will be updated within 2 years and a working group will be established within 60 days. To provide better oversight of the Office of the Armed Forces Medical Examiner (OAFME) we will require an annual brief by the Armed Forces Medical Examiner to the Armed Forces Institute of Pathology (AFIP) Board of Governors (BOG). A copy of the revised manual and interim guidance will be sent to the IG, DoD when completed. The brief will contain indicator data which will be used to monitor the mission related tasks and the supervisory tasks of the OAFME. The procedure will assist the ASD (HA) in identifying problems and corrective action. Follow-up will be monitored at subsequent BOG meetings.

Recommendation 6. The Assistant Secretary of Defense (Health Affairs) establish DoD policy to reflect that the Military Services have primary responsibility for identifying remains, with support provided by the Armed Forces Medical Examiner when requested. The revised policy should be coordinated with the Assistant Secretary of Defense (Force Management and Personnel) and the DoD Executive Agent for Mortuary Affairs.

DoD Response: Concur. Within 60 days, we will publish guidance to establish DoD policy to reflect that Military Services have primary responsibility for identifying remains with support provided by the OAFME when

indicated. The revised policy will be coordinated with the ASD(P&R) and with the DoD Executive Agent for Mortuary Affairs.

Recommendation 7. The Assistant Secretary of Defense (Health Affairs) and the Assistant Secretary of Defense (Force Management and Personnel) ensure a joint casualty reporting and tracking system is provided to the Military Service casualty offices. The system should include regular updates on the status of Very Seriously Ill or Injured, Seriously Ill or Injured, and Incapacitatedly Ill or Injured casualties, as well as track the movement of casualties and remains through the DoD medical and mortuary processes. In the cases of unattended deaths, the Military Service casualty offices should coordinate with the cognizant military criminal investigative organization before notifying next of kin.

DoD Response: Concur. There is an ongoing Corporate Information Management (CIM) initiative to develop a system for personnel tracking and for mortuary affairs. This initiative involves coordination and cooperation between ASD(HA), ASD(P&R), USTRANSCOM, and the Services' medical, personnel, logistics, casualty, and mortuary organizations. The agencies have different levels of involvement and focus. OASD(P&R) is the "lead agent" for the overall effort; OASD(HA) is in a supporting role to the lead agent and USTRANSCOM's efforts are focused on its mission of tracking and intransit visibility of inpatient casualties being transported, with the tracking of deceased personnel being outside its purview. The Services have provided support to all efforts, as required.

Recommendation 16. The Assistant Secretary of Defense (Health Affairs) develop an oversight process to regularly review the Armed Forces Medical Examiner System for compliance with regulations and procedures.

DoD Response: Concur. A copy of our [oversight plan of the OAFME](#) is attached.



Edward D. Martin, M.D.
Acting Assistant Secretary of Defense

Attachment:
As stated

OVERSIGHT PROGRAM
OFFICE OF THE ARMED FORCES MEDICAL EXAMINER

A. Designated representatives of the Scientific Advisory Board of the Armed Forces Institute of Pathology will monitor the Office of the Armed Forces Medical Examiner and will meet with the Armed Forces Medical Examiner to review current activities, procedures, resources, and recommendations for quality improvement. The report of the Scientific Advisory Board will be submitted to the Assistant Secretary of Defense (Health Affairs) for appropriate action, through the Director, Armed Forces Institute of Pathology, and the Armed Forces Institute of Pathology Board of Governors.

B. The Armed Forces Medical Examiner will prepare and present an annual report to the Armed Forces Institute

of Pathology Board of Governors. The report will encompass the activities of the Office of the Armed Forces Medical Examiner, including, but not limited to:

Organization

Mission

Resources

Consultations

Total Forensic Pathology Cases

-By criteria used for autopsy

-By region and number reviewed

by OAFME

-Number completed within 24 hours

-Reason not completed within 24 hrs

-On site cases

-Consultations

-Contributing Agencies

Forensic Toxicology

Total cases

DoD Quality Control Laboratory

DoD DNA Registry

AFDIL Operations

-OAFME Cases

-CILHI Cases

-Other Agency Cases

Repository Operations

-Total Specimens

-Specimens Received, Year-to-date

Highlights of Specific Operations

Education

Forensic Pathology Residency

Graduate Programs

Continuing Education Lectures

Armed Forces Institute of Pathology

Continuing Education Courses

DoD and Other Agencies

Research

Presentations at Scientific Meetings