FDLE
Florida Department of Law Enforcement

Medical Examiners Commission Meeting

July 19, 2023

Barbara C. Wolf, M.D. • Kenneth T. Jones • Nick Cox, J.D. • Charlie Cofer, J.D.
Robin Giddens Sheppard, L.F.D. • Sheriff Robert "Bob" Johnson
Joshua Stephany, M.D. • Michael A. Barnett, J.D. • Amira Fox, J.D.

MEDICAL EXAMINERS COMMISSION

Barbara C. Wolf, M.D.
Chairman
District 5/24 Medical Examiner
809 Pine Street
Leesburg, Florida 34748
(352) 326-5961
email: barbara.wolf@marioncountyfl.org
First Term: 8/7/2015-7/1/2019
Second Term: 2/10/2023 - 6/30/2023

Robin Giddens Sheppard, L.F.D.
Funeral Director/Vice President
Hardage-Giddens Funeral Homes
4801 San Jose Boulevard
Jacksonville, Florida 32207
(904) 737-7171
email: Robin.Sheppard@dignitymemorial.com
First Term: 8/15/2013-7/1/2016
Second Term: 08/29/2018-07/01/2020
Third Term: 2/10/2023 - 6/30/2024

Honorable Charlie Cofer, J.D.
Public Defender, 4th Judicial Circuit
407 N. Laura Street
Jacksonville, Florida 32202
(904) 255-4673
email: ccofer@pd4.coj.net
First Term: 08/29/2018-07/01/2021
Second Term: 2/10/2023 - 6/30/2025

Mr. Kenneth T. Jones
State Registrar
Florida Department of Health
Bureau of Vital Statistics
Post Office Box 210
Jacksonville, Florida 32231
(904) 359-6900 ext. 1001
email: Ken.Jones@flhealth.gov
Term: Not Applicable

Nick Cox, J.D.
Statewide Prosecutor
Office of the Attorney General
3507 E. Frontage Road, Suite 325
Tampa, Florida 33607
813-287-7960
email: nick.cox@myfloridalegal.com
Term: Not Applicable

Amira Fox, J.D.
State Attorney
20th Judicial Circuit
PO Box 399
Fort Myers, Florida 33902
(239) 533-1100
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First Term: 2/10/2023 - 6/30/2023

Honorable Michael A. Barnett
Palm Beach County Commissioner
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West Palm Beach, Florida 33401
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email: mbarnett@pbcgov.org
First Term: 2/10/2023 - 6/30/2025

Joshua Stephany, M.D.
District 9/25 Medical Examiner
2350 East Michigan Street
Orlando, Florida 32806
(407) 836-9400
email: joshua.stephany@ocfl.net
First Term: 2/10/2023 - 6/30/2024

Honorable Robert "Bob" Johnson
Sheriff
Santa Rosa County
5755 East Milton Road
Milton, Florida 32583
(850) 983-1100
email: rjohnson@srso.net
First Term: 2/10/2023 - 6/30/2025

STAFF

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Florida Department of Law Enforcement
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FLORIDA DISTRICT MEDICAL EXAMINERS

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Deanna Oleske, M.D.
Interim Medical Examiner
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Director of Operations Dan Schebler
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District 2
Jon R. Thogmartin, M.D.
Interim Medical Examiner
560 Leonard Gray Way
Tallahassee, Florida 32304
Operations Manager Tiffany Poston
(850) 606-6600
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District 3
Dixie Co.
ME Services Provided by District 8
Lafayette, Madison & Suwannee Co.
ME Services Provided by District 2
Columbia & Hamilton Co.
ME Services Provided by District 4

District 4
B. Robert Pietak, M.D.
Interim Medical Examiner
2100 Jefferson Street
Jacksonville, Florida 32206
Director of Operations Tim Crutchfield
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Barbara C. Wolf, M.D.
809 Pine Street
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District 6
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Largo, Florida 33778
Chief Investigator Damon Breton
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District 7 (Home Rule)
James W. Fulcher, M.D.
1360 Indian Lake Road
Daytona Beach, FL 32124-1001
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District 8
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Medical Examiner
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District 11 (Home Rule)
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Medical Examiner
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District 12
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Director of Operations David Winterhalter
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District 17 (Home Rule)
Rebecca MacDougall, M.D.
Medical Examiner
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Ft. Lauderdale, Florida 33312
Division Admin Assistant Heather Galvez
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Operations Manager Kimberly Carroll
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Director of Operations Penny Fulton
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Medical Examiner
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Forensic Operations Coordinator Kelly Boulos
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e-mail: kboulos@sjcfl.us

District 24
Barbara C. Wolf, M.D.
ME Services Provided by District 5

District 25 (Home Rule)
Joshua D. Stephany, M.D.
ME Services Provided by District 9

FLORIDA ASSOCIATE MEDICAL EXAMINERS

District 1
Lorraine Lopez-Morell, M.D.
(Danielle R. Armstrong, D.O.)
(Wilson A. Broussard, M.D.)
(Thomas M. Coyne, M.D., Ph.D.)
(Jennifer Dierksen, M.D.)
(Lisa Flannagan, M.D.)
(Ami Murphy, D.O.)
(Maneesha Pandey, M.D.)
(Jay M. Radtke, M.D.)

District 2
Lisa M. Flannagan, M.D.
(Noel R. Agudo, M.D.)
(Susan S. Ignacio, M.D.)
(Kailee Imperatore, M.D.)
(Andrew Koopmeiners, M.D.)
(Wayne D. Kurz, M.D.)
(Noel A. Palma, M.D.)

District 3
Dixie Co.
ME Services Provided by District 8
Lafayette, Madison, & Suwannee Co.
ME Services Provided by District 2
Columbia & Hamilton Co.
ME Services Provided by District 4

District 4
Robert Buchsbaum, M.D., J.D.
Peter Gillespie, M.D.
Brittany L. Glad, D.O.
Aurelian Nicolaescu, M.D.
Robert R. Pfalzgraf, M.D.
Sandra A. Siller, M.D.
(Leszek Chrostowski, M.D.)
(William F. Hamilton, M.D.)
(Iana Lesnikova, M.D.)
(Deanna A. Oleske, M.D.)
(Valerie J. Rao, M.D.)
(Barbara C. Wolf, M.D.)

District 5
Tracey S. Corey, M.D.
Wendy A. Lavezzi, M.D.
Shanedelle S. Norford, M.D.
(Noel R. Agudo, M.D.)
(Michael Bell, M.D.)
(Thomas M. Coyne, M.D., Ph.D.)
(James W. Fulcher, M.D.)
(William F. Hamilton, M.D.)
(Susan S. Ignacio, M.D.)
(Kailee Imperatore, M.D.)
(Wayne D. Kurz, M.D.)
(Andrew Koopmeiners, M.D.)
(Rachel A. Lange, M.D.)
(Aurelian Nicolaescu, M.D.)
(Chantel Njiwaji, M.D.)
(Noel A. Palma, M.D.)
(Joshua D. Stephany, M.D.)
(Jon Thogmartin, M.D.)
(Gary L. Utz, M.D.)
(Christopher I. Wilson, M.D.)

District 6
Noel R. Agudo, M.D.
Susan S. Ignacio, M.D.
Kailee Imperatore, M.D.
Wayne D. Kurz, M.D.
Andrew Koopmeiners, M.D.
Noel A. Palma, M.D.
Christopher I. Wilson, M.D.
(Wilson A. Broussard, M.D.)
(Marcela Chiste, M.D.)
(Tracey S. Corey, M.D.)
(Thomas M. Coyne, M.D., Ph.D.)
(Rebecca A. Hamilton, M.D.)
(Tera A. Jones, M.D.)
(Wendy A. Lavezzi, M.D.)
(Rebecca MacDougall, M.D.)
(Stephen J. Nelson, M.D.)
(Mark J. Shuman, M.D.)
(Phoutthasone Thirakul, M.D.)
(Suzanne R. Utley-Bobak, M.D.)
(Russell S. Vega, M.D.)
(Vera V. Volnikh, M.D.)
(Barbara C. Wolf, M.D.)

District 7
Cassie Boggs, M.D.
Mary G. Ripple, M.D.
(Noel R. Agudo, M.D.)
(Marcela Chiste, M.D.)
(Susan S. Ignacio, M.D.)
(Kailee Imperatore, M.D.)
(Wayne D. Kurz, M.D.)
(Rebecca MacDougall, M.D.)
(Noel A. Palma, M.D.)
(Jon R. Thogmartin, M.D.)
(Lee Tormos, M.D.)
(Christopher I. Wilson, M.D.)

District 8
(Robert Buchsbaum, M.D., J.D.)
(Leszek Chrostwoski, M.D.)
(Tracey S. Corey, M.D.)
(Peter Gillespie, M.D.)
(Tera A. Jones, M.D.)
(Wendy A. Lavezzi, M.D.)
(Stephen J. Nelson, M.D.)
(Aurelian Nicolaescu, M.D.)
(Deanna A. Oleske, M.D.)
(Jon R. Thogmartin, M.D.)
(Barbara C. Wolf, M.D.)

District 9
Joy Edegbe, M.D.
Jesse C. Giles, M.D.
Marie H. Hansen, M.D.
Rachel A. Lange, M.D.
Chantel Njiwaji, M.D.
Sara H. Zydowicz, D.O.
(Cassie Boggs, M.D.)
(Tracy S. Corey, M.D.)
(James Fulcher, M.D.)
(Heather M. Gage, M.D)
(D. Fintan Garavan, M.D., Ph.D.)
(Julia V. Hegert, M.D.)
(Tera A. Jones, M.D.)
(Wendy Lavezzi, M.D.)
(Shanedelle S. Norford, M.D.)
(Stephen J. Nelson, M.D.)
(Mary G. Ripple, M.D.)
(Sajid S. Qaiser, M.D.)
(Vera V. Volnikh, M.D.)
(Barbara C. Wolf, M.D.)

District 10
D. Fintan Garavan, M.D., Ph.D.
Vera V. Volnikh, M.D.
(Kelly G. Devers, M.D.)
(Susan S. Ignacio, M.D.)
(Wayne D. Kurz, M.D.)
(Wendy Lavezzi, M.D.)
(Ryan D. McCormick, M.D.)
(Daissy C. McEnnan, M.D.)
(Noel A. Palma, M.D.)
(Ashley R. Perkins, D.O.)
(Jon R. Thogmartin, M.D.)
(Christopher I. Wilson, M.D.)
(Milad Webb, M.D.)
(Barbara C. Wolf, M.D.)

District 11
Nicholas Barna, M.D.
Alexander Blank, M.D.
Chelsea Cornell, M.D.
Katherine Kenerson, M.D.
Thomas Koster, M.D.
Benjamin Mathis, M.D.
Yanel De Los Santos, M.D.
Calvin Streeter, M.D.
Tuyet Tran, M.D.
(Michael D. Bell, M.D.)
(Iouri G. Boiko, M.D., Ph.D.)
(Manfred Borges, M.D.)
(Marcela Chiste, M.D.)
(Marta Coburn, M.D.)
(Gertrude M. Juste, M.D.)
(Rebecca MacDougall, M.D.)
(Craig Mallak, M.D.)
(Linda R. O'Neil, M.D.)
(Marlon S. Osbourne, M.D.)
(Stephen Robinson, M.D.)
(Stacey A. Simons, M.D.)
(Terrill Tops, M.D.)
(Lee Marie Tormos, M.D.)

District 12
Wilson A. Broussard, M.D.
Timothy J. Gallagher, M.D.
Phoutthasone Thirakul, M.D.
Suzanne R. Utley-Bobak, M.D.
(Leszek Chrostowski, M.D.)
(Laura S. Hair, M.D.)
(William F. Hamilton, M.D.)
(Stephen J. Nelson, M.D.)
(Robert R. Pfalzgraf, M.D.)
(Valerie J. Rao, M.D.)
(Daniel L. Schultz, M.D.)
(Wendolyn Sneed, M.D.)

District 13
Ryan D. McCormick, M.D.
Daissy C. McEnnan, M.D.
Paul F. McGowan, D.O.
Ashley R. Perkins, D.O.
Noah D. Reilly, D.O.
Milad Webb, M.D.
(Leszek Chrostowski, M.D.)
(Thomas M. Coyne, M.D.)
(D. Fintan Garavan, M.D., Ph.D.)
(Mary K. Mainland, M.D.)
(Stephen J. Nelson, M.D.)
(Phoutthasone Thirakul, M.D.)
(Vera V. Volnikh, M.D.)
(Sara H. Zydowicz, D.O.)

District 14
(Michael D. Bell, M.D.)
(Phoutthasone Thirakul, M.D.)
(Tim J. Gallagher, M.D., M.H.S.A.)
(Katherine L. Kenerson, M.D.)
(Andrea N. Minyard, M.D.)
(Mark J. Shuman, M.D.)

District 15
Natalia Belova, M.D.
Catherine Miller, M.D.
Marlon S. Osbourne, M.D.
Heidi Reinhard, M.D.
Terrill Tops, M.D.
Lee Marie Tormos, M.D.
Anthony Vinson, DO
(Michael Bell, M.D.)
(Kenneth D. Hutchins, M.D.)
(Stacey A. Simons, M.D.)
(Mark J. Shuman, M.D.)
(Michael Steckbauer, M.D.)

District 16
(Iouri G. Boiko, M.D. Ph.D.)
(Marlon S. Osbourne, M.D.)
(Mark J. Shuman, M.D.)

District 17
Omar Ansari, M.D.
Abigail Alexander, M.D.
Iouri G. Boiko, M.D., Ph.D.
Marcela Chiste, M.D.
Erin Ely, M.D.
Alexis Jelinek, M.D.
Gertrude M. Juste, M.D.
Stephen Robinson, M.D.
Darin Trelka, M.D., Ph.D.
(Joseph M. Curran, M.D.)
(Kenneth Hutchins, M.D.)
(Katherine L. Kenerson, M.D.)
(Emma O. Lew, M.D.)
(Benjamin Mathis, M.D.)
(Wendolyn Sneed, M.D.)

District 18
Matrina J. Schmidt, M.D.

District 19
Raman Baldzizhar, M.D.
Barbara Bollinger, M.D.
Adrienne Sauder, M.D.
(Michael D. Bell, M.D.)
(Joseph M. Curran, M.D.)
(Marie H. Hansen, M.D.)
(Gertrude M. Juste, M.D.)
(Wendy A. Lavezzi, M.D.)
(Rebecca M. MacDougall, M.D.)
(Stephen J. Nelson, M.D.)
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(Sajid S. Qaiser, M.D.)
(Mark J. Shuman, M.D.)
(Vera V. Volnikh, M.D.)
(Barbara C. Wolf, M.D.)
(Sara H. Zydowicz, D.O.)

District 20
Manfred Borges, Jr., M.D.
Andrea N. Minyard, M.D.
(Michael D. Bell, M.D.)
(Rebecca A. Hamilton, M.D.)
(Emma O. Lew, M.D.)

District 21
Colin D. Appleford, D.O.
Noelia Alemar Hernandez, M.D.
Tracy L. Shipe, D.O.
Sarah C. Thomas, M.D.
(Michael D. Bell, M.D.)
(Manfred C. Borges, M.D.)
(Wilson A. Broussard, Jr., M.D.)
(Leszek Chrostowski, M.D.)
(Marta U. Coburn, M. D.)
(Riazul H. Imami, M.D., Ph.D.)
(Katherine L. Kenerson, M.D.)
(Rachel A. Lange, M.D.)
(Stephen J. Nelson, M.D.)
(Valerie J. Rao, M.D.)
(Mark J. Shuman, M.D.)
(Phoutthasone Thirakul, M.D.)
(Vera V. Volnikh, M.D.)

District 22
Leszek Chrostowski, M.D.
Timothy J. Gallagher, M.D.
Valerie J. Rao, M.D.
(Wilson A. Broussard, Jr., M.D.)
(Phoutthasone Thirakul, M.D.)
(Suzanne R. Utley-Bobak, M.D.)

District 23
Iana Lesnikova, M.D.
(Cassie L. Boggs, M.D.)
(James W. Fulcher, M.D.)
(Mary G. Ripple, M.D.)

District 24
ME Services Provided by District 5

District 25
ME Services Provided by District 9

Coverage Map

Florida Medical Examiner Districts

District 1
Escambia
Okaloosa
Santa Rosa
Walton

District 2
Franklin
Gadsden
Jefferson
Leon
Liberty
Taylor
Wakulla

District 3 **Covered by*
Columbia ***4***
Dixie ***8***
Hamilton ***4***
Lafayette ***2***
Madison ***2***
Suwannee ***2***

District 4
Clay
Duval
Nassau

District 5
Citrus
Hernando
Lake
Marion
Sumter

District 6
Pasco
Pinellas

District 7
Volusia

District 8
Alachua
Baker
Bradford
Gilchrist
Levy
Union

District 9
Orange

District 10
Hardee
Highlands
Polk

District 11
Miami-Dade

District 12
DeSoto
Manatee
Sarasota

District 13
Hillsborough

District 14
Bay
Calhoun
Gulf
Holmes
Jackson
Washington

District 15
Palm Beach

District 16
Monroe

District 17
Broward

District 18
Brevard

District 19
Indian River
Martin
Okeechobee
St. Lucie

District 20
Collier

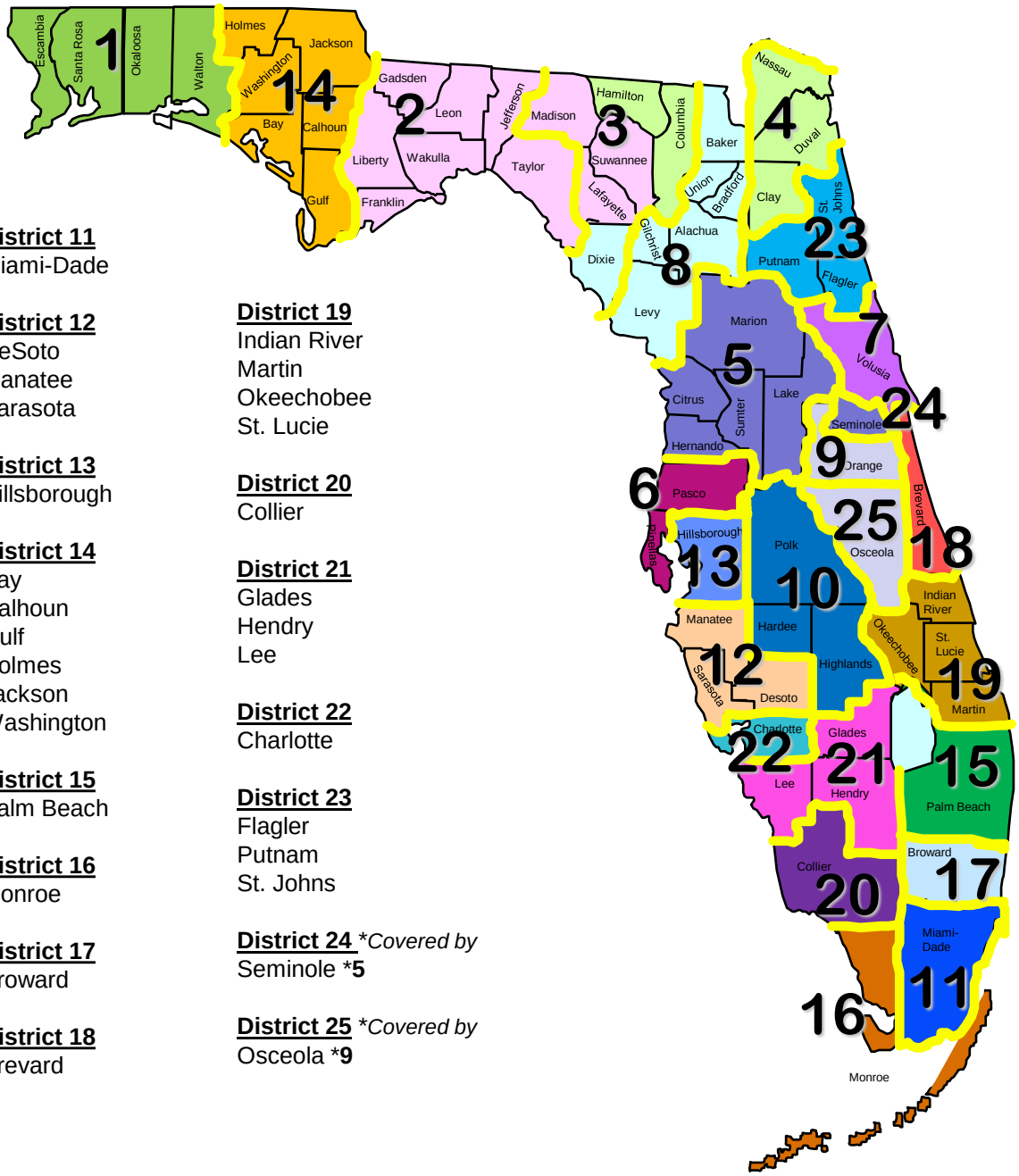
District 21
Glades
Hendry
Lee

District 22
Charlotte

District 23
Flagler
Putnam
St. Johns

District 24 *Covered by*
Seminole ***5***

District 25 *Covered by*
Osceola ***9***



MEDICAL EXAMINERS COMMISSION MEETING

Omni Orlando Resort at ChampionsGate
1500 Masters Boulevard
ChampionsGate, FL 33896
July 19, 2023, 10:00 AM EDT

Opening Remarks

Introduction of Commission Members and Staff

Approval of Meeting Agenda and Minutes from previous Commission Meeting of May 19, 2023

	ISSUE NUMBER	PRESENTER
1.	Informational Items:	
	• Status Update: DME Appointments and Reappointments	Brett Kirkland, Ph.D.
	• District 2 Medical Examiner Vacancy	Joshua Stephany, M.D.
	• 2022 Interim Drugs in Deceased Persons Report	Megan Neel
	• 2022 Annual Drugs in Deceased Persons Report	Megan Neel
	• 2022 Annual Workload Report	Megan Neel
	• 2022 Coverdell Status Update	Ashley Williams
	• 2023 Coverdell Status Update	Ashley Williams
2.	Nomination for District 22 Medical Examiner	Barbara C. Wolf, M.D.
3.	"Death, Dignity and Jewish Culture"	Rabbi Mark Rosenberg
4.	Unidentified Deceased Initiative	Ashley Williams
5.	Emerging Drugs	Bruce A. Goldberger, Ph.D.
6.	Other Business	Barbara C. Wolf, M.D.
	• Mass Fatality Plan Update	
	• Medical Examiner LIMS Surveillance Survey	

The next MEC Meeting will be October 31st at the Embassy Suites in Kissimmee, FL.

MEDICAL EXAMINERS COMMISSION MEETING
Embassy Suites by Hilton Orlando Lake Buena Vista South
4955 Kyngs Heath Rd
Kissimmee, FL 34746
May 19, 2023, 10:00 AM EDT

Commission Chairman Barbara C. Wolf, M.D., called the meeting of the Medical Examiners Commission to order at **10:00 AM**. She advised those in the audience that the meetings of the Medical Examiners Commission are open to the public and that members of the public will be allowed five minutes to speak. She then welcomed everyone to the meeting and asked Commission members, staff, and audience members to introduce themselves.

Commission members present:

Barbara C. Wolf, M.D., Districts 5 & 24 Medical Examiner
Nick Cox, J.D., Statewide Prosecutor, Office of the Attorney General
Robin Giddens Sheppard, L.F.D., Funeral Director
Kenneth T. Jones, State Registrar, Department of Health
Hon. Charlie Cofer, J.D., Public Defender, 4th Judicial Circuit
Joshua Stephany, M.D., Districts 9 & 25 Medical Examiner
Hon. Amira Fox, J.D., State Attorney, 20th Judicial Circuit
Hon. Michael A. Barnett, Palm Beach County Commissioner
Hon. Robert "Bob" Johnson, Santa Rosa County Sheriff

Commission staff present:

Brett Kirkland, Ph.D.
James D. Martin, J.D.
Felipe Williams
Megan Neel
Ashley Williams
Vickie Koenig

District Medical Examiners present:

Deanna Oleske, M.D. (District 1)
Patricia A. Aronica, M.D. (District 19)
Sajid S. Qaiser, M.D. (District 18)
Catherine R. Miller, M.D. (District 15)
Jon R. Thogmartin, M.D. (District 6)

Other District personnel present:

Dan Schebler (District 1)
Cassie Boggs, M.D. (District 7)
Sheri Blanton (District 9/25)
Lindsey Bayer (District 5/24)
Trevor Shaffer (District 18)
Ralph Saccone (District 15)
Paul Petrino (District 15)

Guests present:

Sherry Groover
Bethany Hill (LifeLink)

A MOTION WAS MADE, SECONDED, AND PASSED UNANIMOUSLY FOR THE COMMISSION TO APPROVE THE AMENDED AGENDA, REMOVING DISTRICT 22 FROM THE REAPPOINTMENT NOMINATIONS DUE TO POSISTION VACANCY AND ADDING DISTRICT 24 TO THE REAPPOINTMENT NOMINATIONS.

A MOTION WAS MADE, SECONDED, AND PASSED UNANIMOUSLY FOR THE COMMISSION TO APPROVE THE MINUTES OF THE FEBRUARY 17, 2023 MEDICAL EXAMINERS COMMISSION MEETING.

ISSUE NUMBER 1: INFORMATIONAL ITEMS

- Status Report: DME Appointment: Bureau Chief Brett Kirkland, Ph.D., announced to the Commission that the Governor's Office has officially appointed Dr. Thomas Coyne as the District Medical Examiner for District 10 and Dr. Wendolyn Sneed as the District Medical Examiner for District 23. Dr. Kirkland informed the Commission that all other appointment and reappointments are currently still pending.

- Status Report: DME Appointment Ratifications: Dr. Kirkland advised that the Governor's Reappointment Office has requested that all outstanding initial appointments for Districts 1, 4, 16, 19 and 24 be ratified by the Commission for any appointment recommendations made by the Commission prior to 2022. Mr. Cofer advised for the record, Dr. Wolf recused herself from the vote for the appointment ratification for District 24.

WITH NO FURTHER DISCUSSION, MRS. SHEPPARD MADE A MOTION TO APPROVE THE RATIFICATIONS OF THE MEDICAL EXAMINER APPOINTMENT RECOMMENATIONDS IN DISTRICTS 1, 4, 16, 19, AND 24 AND MR. COX SECONDED. THE MOTION PASSED UNANIMOUSLY THAT THE APPOINTMENT RECOMMENDATIONS OF DISTRICT 1, 4, 16, 19, AND 24 MEDICAL EXAMINERS BE FORWARDED TO THE GOVERNOR'S APPOINTMENTS OFFICE.

- Status Report: DME Reappointment Ratifications: Additionally, Dr. Kirkland informed the Commission that the Governor's Office also requested that the reappointments for district medical examiners outstanding prior to the 2023 cycle be ratified by the Commission. Those districts were districts 5, 6, 10, 12 and 14. Mr. Cofer advised for the record that Dr. Wolf recused herself from the vote for reappointment ratification for District 5.

WITH NO FURTHER DISCUSSION, MR.COX MADE A MOTION TO APPROVE THE RATIFICATIONS OF THE INCUMBENT MEDICAL EXAMINERS IN DISTRICTS 5, 6, 10, 12, AND 14 AND MRS. FOX SECONDED. THE MOTION PASSED UNANIMOUSLY THAT THE REAPPOINTMENT RECOMMENDATIONS OF DISTRICT 5, 6, 10, 12, AND 14 MEDICAL EXAMINERS BE FORWARDED TO THE GOVERNOR'S APPOINTMENTS OFFICE.

- District 2 Medical Examiner Vacancy: Dr. Joshua Stephany informed the Commission that Dr. Thogmartin's office is assisting District 2 during the search committee and there are 3 candidates who have applied. Dr. Stephany advised that the search committee will be conducting interviews on June 22, 2023.
- New District 22 Medical Examiner: Honorable Amira Fox informed the Commission that the District 22 search committee has completed the search and will recommending Dr. Russell Vega as the District Medical Examiner.

- 2022 Interim Drug Report: Mrs. Megan Neel informed the Commission that the 2022 Interim Drug Report is in the final review stage and once approved it will be posted to the website.

- 2022 Annual Workload Report: Mrs. Megan Neel informed the Commission that data is due to her by May 31, 2023.

- 2022 Paul Coverdell Forensic Science Improvement Grant Program Status Update: Mrs. Ashley Williams informed the Commission that Bureau of Justice Assistance has released the funding for the 2022 Coverdell Grant and the awarded packages were sent out electronically of April 22, 2023. Mrs. Williams advised that districts cannot be reimbursed until the completed MOUs have been signed and returned to the grant manager.

- 2023 Paul Coverdell Forensic Science Improvement Grant Program Status Update: Mrs. Ashley Williams informed the Commission that elven districts have sent proposals for the 2023 Coverdell Grant. The M. E. allotment total is $51,440. Mrs. Williams advised that the funds are not expected to be released until 2024.

- 2023 Legislative Session Update: FDLE General Counsel James Martin, J.D., informed the Commission of bills of interest to the Commission and the medical examiner community. Mr. Martin stated that Senate Bill 2500 Appropriations passed approving, $1.5 Million for District 1 facility planning, design and construction, $1.0 Million for District 19 facility planning and design, and $1.0 Million for District 21 facility. Mr. Martin stated that Senate Bill 164 and House Bill 165, dealing with controlled substance testing, revises the definition of the term "drug paraphernalia" in s. 893.145, F.S., to exclude certain drug testing products for fentanyl. Mr. Martin informed the Commission of an addition bill, Senate Bill 404, Public Records, dealing with autopsy reports of minor victims of domestic violence and revisions to create an exemption for autopsy photographs and videos of minors whose deaths were related to acts of domestic violence. Mr. Martin also informed the Commission of Senate Bill 736, stating that this bill would add nitazene derivatives to the list of Scheduled I controlled substances. Mr. Martin reported that House Bill 365 and Senate Bill 280 would provide criminal penalties for adults who sell, distribute, or dispense specified substances in which an injury or overdose of the users occurs.

ISSUE NUMBER 2: REAPPOINTMENT NOMINATIONS FOR DISRICTS 18, 19, 20, 21, 23, AND 24 AND ASSESSMENTS FOR DISTRICTS 15 AND 17

The Commission reviewed the constituent surveys for the reappointments of district medical examiners in District 16 (Monroe County), District 18 (Brevard County), District 19 (Indian River, Martin, Okeechobee, and St. Lucie counties), District 20 (Collier County), District 21 (Glades, Hendry, and Lee counties), District 22 (Charlotte County), District 23 (Flagler, Putnam, and St. Johns counties) and District 24 (Seminole County).

The Commission also reviewed the survey assessments for District 15 (Palm Beach County) and District 17 (Broward County). District 15 and District 17 are home rule districts.

With constituents overwhelmingly responding with approval for the district medical examiners in districts 18, 19, 20, 21, 23, and 24, the Commission held a vote for the districts up for reappointment. Dr. Wolf recused herself from the vote for the District 24 medical examiner. No other names were submitted for consideration in these districts.

MRS. SHEPPARD MADE A MOTION TO REMOVE DISTRICT 21 DROM THE LUMP VOTE FOR REAPPOINTMENT FOR FURTHER DISCUSSION AND MR. JONES SECONDED. THE MOTION PASSED UNANIMOUSLY THAT DISTRICT 21 BE REMOVED FROM THE LUMP VOTE FOR REAPPOINTMENT FOR FURTHER DISCUSSION.

WITH NO FURTHER DISCUSSION, MRS. SHEPPARD MADE A MOTION TO APPROVE THE REAPPOINTMENTS OF THE INCUMBENT MEDICAL EXAMINERS IN DISTRICTS 18, 19, 20, 23, AND 24 AND MR. JONES SECONDED. THE MOTION PASSED UNANIMOUSLY THAT THE REAPPOINTMENT RECOMMENDATIONS OF DISTRICT 18, 19, 20, 23, AND 24 MEDICAL EXAMINERS BE FORWARDED TO THE GOVERNOR'S APPOINTMENTS OFFICE.

Mrs. Sheppard expressed concern about District 21 (Glades, Hendry, and Lee counties) and the survey responses from funeral home directors regarding staffing and scheduled pick-ups. Mr. Kirkland advised that District 21 has provided the Commission with a written response to the surveys. Mrs.

Sheppard asked that a recommendation be made that Dr. Hamilton meet with the funeral home directors in her area to discuss the issues. Dr. Wolf informed the Commission that she would speak with Dr. Hamilton and make the recommendation.

WITH NO FURTHER DISCUSSION, MRS. SHEPPARD MADE A MOTION TO APPROVE THE REAPPOINTMENTS OF THE INCUMBENT MEDICAL EXAMINER IN DISTRICT 21 AND MR. COX SECONDED. THE MOTION PASSED UNANIMOUSLY THAT THE REAPPOINTMENT RECOMMENDATION OF DISTRICT 21 MEDICAL EXAMINER BE FORWARDED TO THE GOVERNOR'S APPOINTMENTS OFFICE.

ISSUE NUMBER 3: CONRAD 30 PROGRAM

Dan Schebler, Director of Operations in District 1, gave a presentation on the Conrad 30 Program. Mr. Schebler outlined the program and the opportunities that it provides to foreign national physicians to apply for a waiver that would waive the requirement in which they are required to go to their home country for two years before returning back to the United States on an employment-based visa. The program grants waivers to 30 physicians per a state and is not limited to pathologists. The application process is limited to a 10-day period in October. Mr. Schebler recommended that districts that are interested in the program hire an expert or speak with other districts who have applied for assistance. Mr. Jones stated he can provide the contact information to anyone who is interested. Dr. Kirkland suggested that the Commission draft a letter to the Office of the Surgeon General highlighting the critical shortage of pathologists in the state and that the Commission recommends pathologists be given top priority when considering applicants to the Conrad 30 program.

MR. COFER MADE A MOTION TO SEND A LETTER TO THE OFFICE OF THE SURGEON GENERAL SEEKING PREFERNCE FOR PATHOLOGISTS IN THE CONRAD 30 PROGRAM AND MR. COX SECONDED. THE MOTION PASSED UNANIMOUSLY FOR THE COMMISSION TO APPROVE THE LETTER TO THE OFFICE OF THE SURGEON GERENAL.

ISSUE NUMBER 4: EMERGING DRUGS

Bureau Chief Brett Kirkland, Ph.D., provided the Commission with an update on new drug trends on behalf of Bruce Goldberger, Ph.D. Illicitly manufactured fentanyl is frequently identified in decedents. Other substances associated with the ingestion of fentanyl include 4-ANPP, fluorofentanyl, and xylazine. The prevalence of xylazine in decedents is decreasing; and the toxicology laboratories are monitoring for other non-opioid veterinary tranquilizers including medetomidine**.** Polysubstance use with fentanyl is common and includes cocaine and/or methamphetamine. N,N-Dimethylpentylone is the most prevalent cathinone in decedents; but others have been identified including N-cyclohexyl butylone, N-cyclohexyl methylone, and N-propyl butylone. Designer benzodiazepines in decedents include bromazolam, clonazolam, and flualprazolam. Dr. Kirkland also informed the Commission that the toxicology laboratory directors met on Friday, May 12, 2023 and continues to provide valuable information on emerging drug trends.

ISSUE NUMBER 10: 2023 FAME EDUCATIONAL CONFERENCE

Dr. Kirkland reported that the 2023 FAME Educational Conference is scheduled to be held July 19-21, 2023, at the Omni Orlando Resort in Champions Gate, Florida. The event will be jointly sponsored by the District 8 Medical Examiner's Office and the University of Florida.

With no further business to come before the Commission, the meeting was adjourned at 10:38 A.M.

OFFICE OF THE STATE ATTORNEY
TWENTIETH JUDICIAL CIRCUIT

Charlotte County
350 E. Marion Avenue
Punta Gorda, FL 33950
(941) 637-2104

Collier County
3315 E. Tamiami Trail, Suite 602
Naples, FL 34112
(239) 252-8470

Glades County
500 Avenue J SW
Moore Haven, FL 33471
(863) 946-0077

AMIRA D. FOX
STATE ATTORNEY

Proudly Serving the Citizens of Southwest Florida

Hendry County
1045 Pratt Boulevard
LaBelle, FL 33935
(863) 612-4920

Lee County
2000 Main Street, 6th Floor
Fort Myers, FL 33901
(239) 533-1000

Mailing Address
PO Box 399
Fort Myers, FL 33902

October 6, 2022

Russell Vega, M.D.
District Twelve Medical Examiner
2001 Siesta Drive, Suite 302
Sarasota, FL 34239-2100

IN RE: APPOINTMENT AS INTERIM MEDICAL EXAMINER

Dear Dr. Vega:

Pursuant to the authority granted to me in Florida Statute 406.15 as State Attorney of the 20th Judicial Circuit of Florida, with jurisdiction over Charlotte County, I hereby appoint you as Interim Medical Examiner for District 22 effective October 6, 2022. You succeed Dr. Riazul Imami who retired effective October 5, 2022.

I want to thank you for your tremendous service to us as Locus Tenens. I know you will continue to serve us well as Interim Medical Examiner.

This appointment will remain in effect until a new District 22 Medical Examiner is appointed.

Sincerely,

Amira D. Fox
State Attorney
20th Judicial Circuit of Florida

cc: Governor Ron DeSantis
The Honorable Michael T. McHugh, Chief Judge
Board of Charlotte County Commissioners
Stephen J. Nelson, M.D.
Penny Fulton
Hector Flores

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Mailing Address
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May 22, 2023

Brett Kirkland, Ph.D.
Chief of Policy and Special Programs
Medical Examiners Commission Staff
Criminal Justice Professionalism
Florida Department of Law Enforcement
2331 Phillips Road
Tallahassee, FL 32308

RE: APPOINTMENT AS INTERIM MEDICAL EXAMINER

Dear Dr. Kirkland:

Please be advised that the Medical Examiner Search Committee for District 22 has completed our search and has selected Dr. Russell Vega as our District 22 Medical Examiner. Thus, the attached letter appointing Dr. Vega remains in effect.

I have emailed you separately a copy of the background clearance on Dr. Vega and a copy of his CV. Please let me know if you need anything further.

Sincerely,

Amira D. Fox
State Attorney

Attachment (1)

cc: Barbara C. Wolf. M.D.
Districts 58 & 24 Medical Examiner's Office

OFFICE OF THE STATE ATTORNEY
TWENTIETH JUDICIAL CIRCUIT

Charlotte County
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Punta Gorda, FL 33950
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October 6, 2022

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District Twelve Medical Examiner
2001 Siesta Drive, Suite 302
Sarasota, FL 34239-2100

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This appointment will remain in effect until a new District 22 Medical Examiner is appointed.

Sincerely,

Amira D. Fox
State Attorney
20th Judicial Circuit of Florida

cc: Governor Ron DeSantis
The Honorable Michael T. McHugh, Chief Judge
Board of Charlotte County Commissioners
Stephen J. Nelson, M.D.
Penny Fulton
Hector Flores

CURRICULUM VITAE

Russell Scott Vega, MD
2001 Siesta Drive
Suite 302
Sarasota, Florida 34239
(941)-361-6909
Email:rvega@fldist12me.com

CURRENT POSITION

Chief Medical Examiner, Twelfth District of Florida
Sarasota, FL 2003-present

ACADEMIC AND OTHER APPOINTMENTS

APPOINTED BOARDS

Board Member, Florida Medical Examiner Commission
Appointed by Governor Charlie Crist 2008-2104
Chair, Standards of Excellence Committee 2010-2011
Chair, multiple Probable Cause panels, 2008-2014
Chair, Drug Data QA Committee 2013-present
Member, District Medical Examiner Search Committees
for Districts 4, 5, and 23 2008-2014
Violent Crime and Drug Control Council
Appointed by Governor Rick Scott 2015-present

ACADEMIC APPOINTMENTS

Assistant Clinical Professor, Department of Pathology,
University of South Florida College of Medicine 1996-present
Associate Program Director, Forensic Pathology Fellowship,
Medical Examiner Department, Hillsborough County, FL 1999-2000
Assistant Clinical Professor, Florida State University
College of Medicine 2016-present
Director of Autopsy, Brandon/HCA Pathology Residency Program 2020-present

ORGANIZATIONS/AFFILIATIONS

Fellow, College of American Pathologists
Inspector, College of American Pathologists Laboratory
Inspection Program (Inactive)
Member, American Academy of Forensic Sciences
(Inactive)
National Association of Medical Examiners
Florida Association of Medical Examiners
President 2015-2017

President elect	2007
Chair, COVID committee	2021-present
Have served on various other committees	2003-present
Florida Emergency Mortuary Operations Response System (FEMORS)	2005-present
Morgue Unit Leader,	2013-present
American Medical Association	
Florida Medical Association	
Sarasota County Medical Society	
Florida West Coast Association of Pathologists (Inactive)	
USF Pathology Alumni Foundation (Inactive)	

POST-GRADUATE TRAINING

RESIDENCY

General Surgery, University of South Florida College of Medicine Tampa, FL	1990-1992
Anatomic and Clinical Pathology, University of South Florida College of Medicine, Tampa, FL	1992-1996
Chief Resident	1995-1996

FELLOWSHIP

Forensic Pathology, Medical Examiner Department, Hillsborough County, FL	1996-1997

HONORS

Honorable Mention, Florida West Coast Association of Pathologists (FWCAP) Research Day	1996

MEDICAL EDUCATION

University of South Florida College of Medicine Tampa, Florida.	1986-1990
Degree: Doctor of Medicine	May, 1990

HONORS

Selection for Senior Honors Surgery Program	1989
Alpha Omega Alpha, Gamma of Florida	1989
Outstanding Student in Surgery Award	1990

ACTIVITIES

Senior Class Vice-president	1989-1990
Lifelink Organ Procurement Team	1989-1990
Senior-Freshman Advisory Council	1989-1990
Yearbook Co-editor	1989-1990
Clinical Teaching Facilities Committee	1989
Clerkship Orientation Co-chairman	1989
Public Sector Medicine Program Volunteer	1987-1990
Hillsborough County Public Schools AIDS Education Program	1987-1990

Intramural Basketball 1987-1990

UNDERGRADUATE EDUCATION

Florida State University, Tallahassee, FL
Majors: Physics, Biochemistry 1979-1986
Degree: Bachelor of Science April, 1985

HONORS

Phi Kappa Phi 1983
Sigma Pi Sigma (physics honorary, president) 1983
Phi Beta Kappa (junior inductee) 1982
Mujadid Ijaz Award for Excellence in Physics 1982
Outstanding Scholastic Achievement Award
(One male and female recipient per class/year) 1981
National Merit Scholarship 1979-1983
Basic Studies Honor Program 1979-1981

ACTIVITIES

College Bowl Competition 1983
Society of Physics Students, 1982-1984
President 1983-1984
Sigma Nu Fraternity 1982-1985
Treasurer 1984
Scholarship Award 1984
Man of the Year Award 1984
Intramural Athletics: football/softball 1982-1984
College Republicans 1981-1982

CERTIFICATION/LICENSURE

National Board of Medical Examiners (NBME)
Part I Pass Total 690/98 %
Part II Pass Total 695/99 %
Part III Pass Total 665/95 %

Diplomate, American Board of Pathology
Certification, Anatomic, Clinical and Forensic Pathology 1998

State of Florida medical license **# ME 0064200** 1993

EMPLOYMENT

Associate Medical Examiner, District 22, Charlotte County, FL
(locum tenens coverage) 2016-present
Staff Pathologist, Chief of Autopsy and Microbiology Sections,
James A. Haley VA Hospital, Tampa, FL 2001-2003
Associate Medical Examiner, District 13, Hillsborough County,
FL 1996-2000
Associate Medical Examiner, District 12, Florida;

interim weekend coverage	1996-1998
Bay Pines VA Hospital, St. Petersburg, FL; surgeon on duty	1993-1995
Corning Clinical Lab, Tampa, FL; gross specimen processing	1995
Stanley H. Kaplan Educational Centers, Tampa, FL; instructor for MCAT course	1987-1988
Electronic Data Services, Tallahassee, FL; correspondent for Medicaid claim inquiries	1986
Disc-jockey, self-employed, Tallahassee, FL;	1982-1986
FSU Special Programs Office, Tallahassee, FL; tutor/counselor for disadvantaged students	1981-1983
FSU Division of Blind Services, Tallahassee, FL; reader/tutor for blind students	1979-1984

TEACHING

Director of Autopsy, Pathology Residency Program HCA Healthcare | USF Morsani College of Medicine GME | Brandon Regional Hospital	2020-present
Boards Review Sessions for HCA Brandon residents	2020-present
Externship Preceptor: USF College of Medicine, Lake Erie College of Osteopathic Medicine, Saint Petersburg General Hospital, FSU College of Medicine	2009-present
Laboratory instructor. Pathology and Laboratory Medicine Course, U.S.F. College of Medicine	1993-2008
Course lecturer, USF COM: *Chest Pain/Ischemic Heart Disease; Cardiomyopathy; Hypertension; Physical and Chemical Injury; Hepatitis; and others.* 2nd Year Curriculum, College of Medicine, USF Health	1994-present
Review Sessions. Initiated regular review sessions with U.S.F. medical students prior to exams; subsequently incorporated into curriculum	1994-1996
Boards review sessions for U.S.F. Pathology residents	1998-2002

HONORS

USF College of Medicine Class of 1998 Outstanding Preclinical Instructor	1996
U.S.F. Pathology Residency Program Teacher of the Year	2003

INVITED LECTURES/PRESENTATIONS

Early Gastric Cancer. Topics in Pathology Practice, U.S.F. College of Medicine, Department of Pathology.	1993
Lipids and Lipoproteins in Health and Disease. Topics in Pathology Practice, U.S.F. College of Medicine, Department of Pathology.	1994
Leprosy: From the Inside Looking Out. Topics in Pathology	

Practice, U.S.F. College of Medicine, Department of Pathology. 1994

Leprosy: From the Inside Looking Out. Infectious Disease Grand Rounds, U.S.F. College of Medicine, Department of Internal Medicine, Division of Infectious Diseases. 1994

Viral Hemorrhagic Fevers. Topics in Pathology Practice, U.S.F. College of Medicine, Department of Pathology. 1995

Sickle Cell Disease: A Medical Examiner's Perspective. Topics in Pathology Practice. U.S.F. College of Medicine, Department of Pathology. 1997

Sudden Cardiac Death: Beyond the Usual Suspects. Pathology Grand Rounds, U.S.F. College of Medicine, Department of Pathology. 1998

Forensic Issues in Trauma. Trauma Conference, Tampa General Hospital. 1999

Surgical Pathology of the Heart. Pathology Grand Rounds, USF College of Medicine, Department of Pathology 2001

The (Lack of) Pathology of the Long QT Syndrome. Pathology Grand Rounds, U.S.F. College of Medicine, Department of Pathology 2002

The Autopsy: A Nurse's Guide
James A Haley VA Hospital. Nursing In-Service 2002

Your Medical Examiner: A beginner's Guide
Kiwanis Club of Manatee, invited guest speaker 2004

A Doctor's Guide to the Florida Medical Examiner System
Blake Medical Center Grand Rounds 2005

Child Death Investigations: The Role of the Medical Examiner.
Department of Children and Families, In-service Training, Child Death Investigations 2005

Injuries and Death in Children
Safekids of Florida, Annual Meeting 2007

EMS and the ME
Sarasota County In-service training 2007

A Guide to the Florida ME system
Tidewell Hospice In-service 2007

Medical Examiners and Medicolegal Death Investigation: An Introduction
Lake Erie College of Osteopathic Medicine, OSM1 Lecture 2008

Injury and Death in Childhood
All Children's Hospital Pediatric Grand Rounds at SMH 2008

Medical Examiners and Medicolegal Death Investigation: An Introduction
Keiser University forensic Science Program 2008

Conference Host
Florida Association of Medical Examiners' Annual Educational Conference 2009

I'll Take Stab Wounds for $200, Alex: Forensic Jeopardy Florida Association of Medical Examiners' Annual Educational Conference	2009
Difficult Issues and Challenging Cases Florida Association of Medical Examiners' Annual Educational Conference	2009
Electrocutions Florida Association of Medical Examiners' Annual Educational Conference	2009
Funeral Directors and the Medical Examiner Florida Funeral Directors' Association, Spring Meeting	2010
Pharmaceutical Drug Abuse (moderator) Community Partnership Meeting, Tiger Bay Club of Sarasota	2010
Funeral Directors and the Medical Examiner Florida Funeral Directors' Association, Fall Meeting	2010
Medical Examiners – What You Need to Know: A Primer for Prosecuting Attorneys 12th Judicial Circuit monthly meeting	2010
How We (Florida's Medical Examiners) Make a Difference Florida Funeral Directors' Association, Spring Meeting	2011
Medical Examiners and Medicolegal Death Investigation: An Introduction Lake Erie College of Osteopathic Medicine, School of Pharmacy	2011
Medical Examiners and Medicolegal Death Investigation: An Introduction Keiser University Forensic Science Program	2011
Forensic Jeopardy Florida Association of Medical Examiners' Annual Educational Conference (recurring invitation x 8)	2011 – 2022
Medical Examiners and Medicolegal Death Investigation: An Introduction Sarasota County Department of Children and Families Adult Services	2012
An Overview of the Florida Medical Examiner System and Selected Topic Review: Gunshot Wounds Blake Medical Center Trauma Conference	2013
The Healthcare System and the Medical Examiner in Mass Fatality Events Governor's Hurricane Conference, Orlando	2014
A Guide to the Florida ME system Tidewell Hospice In-service	2015
Infant Death Investigations: SIDS, SUID, and Suffocation Sarasota County SUIDI Training	2015
Forensic Issues in Trauma Care Current Trends in Emergency and Trauma Care,	

Blake Medical Center	2015
The Medical Examiner: A Beginner's Guide	
North Port Police Department Citizen's Academy (recurring invitations)	2015-2022
Intravenous Drug Abuse: Current Trends	
LifeLink Medical Advisory Committee	2016
Intravenous Drug Abuse: Current Trends	
Invited Lecture, No Longer Silent	2016
Medical Examiners and Medicolegal Death Investigation: An Introduction	
LECOM School of Dental Medicine	2016
The Medical Examiner's Role in Traffic Incident Management	
District One TIM Quarterly Meeting	2017
Invited Speaker – The Opioid Crisis	
Suncoast Institute on Chemical Dependency Quarterly Meeting	2017
Invited Panel Member	
Symposium on Opioid Addiction (Sarasota)	2018
The Medical Examiner: What You Need to Know, A Primer for Law Enforcement	
Police Training Retreat, New College Campus Police	2018
The Medical Examiner's Response to Sudden Unexpected Infant Deaths (SUIDs): Investigation and Classification	
SUIDI Training, Manatee County Sheriff's Office	2019
Traumatic Arterial Dissection	
Blake Medical Center, Trauma Multidisciplinary Conference	2019
Disaster Death Certification in Florida – the Medical Examiner Perspective	
Florida Hurricane Response Hub, Improving Medical Death Certification in Florida (Virtual)	2021
Resident In-service Forensic Pathology Review	
Brandon/HCA Pathology Residency Program (annual)	2021-present
Approach(es) To Medical Examiner Building Procurement	
Florida Association of Medical Examiners' Annual Educational Conference	2022

PUBLICATIONS/RESEARCH

1. K. Benson, G. Leparc, R. Vega, P. Zorsky, K. Fields, J. Hiemenz, M. Bazzini, R. Sandin, M.A. Touralt, J. Greene. Fatal *Klebsiella pneumoniae* sepsis due to apheresis platelet contamination. Blood,1995; 86 (suppl 1):3402.
2. R. Vega, K. Benson, G. Leparc, W. Janssen. Optimization of platelet cryopreservation techniques using platelet aggregometry, 1996.

(Unpublished)

3. B. Babbin, J. Greene, R. Vega, S. Iravani, N. Ku, R. Sandin. Pathologic manifestations of invasive pulmonary aspergillosis in cancer patients: the many faces of *Aspergillus.* Cancer Control. 2000; 7; 566-571
4. R. Vega. Methotrexate-related nonnecrotizing multifocal axonopathy detected by beta-amyloid precursor protein immunohistochemistry. Arch Pathol Lab Med. 2002 Sep;126(9):1017; author reply 1017.
5. R. Vega, V. Adams . Suffocation in motor vehicle accidents. Am J Forensic Med Pathol 2004;25: 101-107
6. L. Dayong, C. Chronister, W. A. Broussard, S. Utley-Bobak, D. Schultz, R. Vega, B. Goldberger. Illicit Fentanyl-Related Fatalities in Florida: Toxicological Findings. J of Analytical toxicology, 2016; 40:588-594
7. C. Delcher, Y. Wang, R. Vega, J. Halpin, R. M. Gladden, J. O'Donnell, J. Hvozdovich, B. Goldberger. Carfentanil Outbreak — Florida, 2016–2017. MMWR, 2020. Vol 69, No 5, 125-129.

OTHER ACTIVITIES

Boy Scout Troop 895, Committee Member and Treasurer	2011-2018
Keyboard player for GoodbyEddie (classic rock band)	2005-present
Cub Scout Den Leader and Pack 70 Treasurer	2008-2010
Church of the Redeemer, Sarasota, FL	2003-present
Church school teacher	
Chalice bearer	
Sarasota Ski-A-Rees Water Ski Show Team (Announcer)	2009-2019
Best Announcing and Sound Crew, 2017 Division 1 Show Ski National Championships	2017
Running/cycling	

From: Fox, Amira D.
To: Kirkland, Brett
Subject: FW: Russ Vega
Date: Monday, May 22, 2023 3:26:07 PM
Attachments: logo.png
logo.png
Background Summary VEGA, RUSSELL.docx

Amira Fox
State Attorney

P: 239-533-1101
www.sao20.org

From: Purdy, J S. <JPurdy@SAO20.org>
Sent: Monday, May 22, 2023 3:17 PM
To: Fox, Amira D. <afox@SAO20.org>
Cc: Lester, Cathy A. <clester@SAO20.org>
Subject: RE: Russ Vega

Dr Vega's background was cleared. Please see the attached summary for particulars. Let me know if you require further.

Respectfully,

J Purdy
Chief of Investigations

P: 239-533-1000
www.sao20.org

Office of the State Attorney, Twentieth Judicial Circuit, Florida
Pre-Employment Background Report

Applicant: Russell Scott Vega Date: August 24, 2022

The following checks were run on this applicant (including known alias):

☒LInX ☒DAVID ☒IJIS ☒Facebook
☒JIS (NCIC/FCIC/CCIS) ☒Internet ☒FCW Permit (Yes or No)
☐Out of State Clerk (If out of state residence history) ☐ ELVIS (Out of State)

Criminal History/Traffic Arrest Summary: (Include all arrests including criminal traffic) ***ALL CHECKS NEGATIVE***

☐Check if applicant failed to disclose criminal history information required.

NCIC-CJIS Approval: ☐No History ☐Requires Further review

Civil Traffic History (List if applicant has 3 or more civil events in past 3 years)
☒Valid License

Calls for service: (include any residence in past year) Sarasota PD – No Calls

Live-Scan Prints: (List any findings above)
☐Scan Completed ☐Report Received ☐ No Record

Victim/Witness history 20th Circuit cases: (Case #; Person Type; Charge)
21-001129CF (Open); 21-001089CF (Open); 14-001282CF(Closed);12-000815CF(Closed); 12-000787CF(Closed) – Wit/Dr. – CH County Cases.

CO-HABITANTS

(List all criminal arrests and/or circuit case history/DV orders)

Name: ☐NCIC/FCIC ☐IJIS ☐CCIS

Name: ☐NCIC/FCIC ☐IJIS ☐CCIS

REVIEW BEFORE PROCEEDING

Rhonda Collins

Staff Signature

Approved (if required)

Revised May 2022

From: BARBARA WOLF
To: Kirkland, Brett
Subject: Re: Brett: agenda topic
Date: Wednesday, June 28, 2023 2:59:01 PM

Still traveling. But I agree with the proposed revision

Barbara C. Wolf, M.D.

> On Jun 28, 2023, at 10:22 AM, Kirkland, Brett <BrettKirkland@fdle.state.fl.us> wrote:
>
> Hi Barbara,
>
> With your approval, I'd like to add the MEC's Fatality Management Response Plan to the July meeting agenda. I noticed that on page 22 it says that the MEC collects the name of disaster-related decedents. We haven't ever collected the names. Daily demographic reports are vital but we do not need names as this may compromise notification of next of kin.
>
> Therefore, I would like to suggest an edit to the plan removing the 'name' from the information provided to MEC. I've attached the document with suggested edit for your approval. Also attached is the disaster death reporting form as reference. Please let me know if you have any questions.
>
> Hope you enjoyed your trip.
>
> *Brett Kirkland, Ph.D.*
> Chief of Policy and Special Programs
> Criminal Justice Professionalism
> Florida Department of Law Enforcement
> 2331 Phillips Road
> Tallahassee, FL 32308
> Phone: (850) 410-7586
> Cell: (850)528-7043
>
>
>
> <Fatality Management Response Plan Updated 7-20-23.docx>
> <Disaster Death Form.doc>

THE STATE OF FLORIDA

FATALITY MANAGEMENT RESPONSE PLAN

of the FLORIDA MEDICAL EXAMINERS COMMISSION

Version 6.0
July 20, 2023

(To supplement the State Comprehensive Emergency Management Plan)

TABLE OF CONTENTS

I Plan Authority

The Medical Examiners Act, Chapter 406, Part I, Florida Statutes, was enacted by the 1970 Legislature in order to establish minimum and uniform standards of excellence in statewide medical examiner services. The Florida Medical Examiners Commission provides guidance for districts throughout the state pursuant to its charge to initiate cooperative policies with any agency of the state or political subdivision thereof.

Under Chapter 406.11, Florida Statute, specific death scenarios fall under the jurisdiction of the medical examiner. Such scenarios include deaths resulting from accidents, homicides, suicides, and certain natural deaths which could include those constituting a threat to public health. The range of circumstances includes both man-made and natural disasters.

In addition, Chapter 11G, Florida Administrative Code, the rules of the Medical Examiner Commission, also provides specific guidelines and mandates certain procedures that should be considered even when dealing with a disaster.

II Plan Responsibility

The Florida Medical Examiners Commission has the responsibility to produce and maintain this State of Florida Fatality Management Response Plan.

III Plan Revision History

Version 1, Adopted at the Medical Examiner's Commission meeting of January 17, 2007

Version 2, Adopted at the Medical Examiner's Commission meeting of May 21, 2010

Version 3, Adopted at the Medical Examiner's Commission meeting of May 25, 2012

Version 4, Adopted at the Medical Examiner's Commission meeting of May 4, 2018

Version 5, Adopted at the Medical Examiner's Commission meeting of December 20 ,2020

IV Introduction

The focus of this plan is to identify methods through which medical examiners may obtain support assets to accomplish the goals of identifying the deceased and arranging proper final disposition. No attempt is made here to create a one- size-fits-all operational set of procedures, as each district is unique. Rather, it presents major categories of service response that must be adapted to the nature of disasters ranging from naturally occurring events (hurricanes, floods, fires, etc.) to manmade events including delivery of weapons of mass destruction (bomb/blast, chemical, nuclear, or biological). Natural disease outbreaks occurring under normal circumstances (e.g. not terrorist related) do not normally fall under the jurisdiction of the medical examiner. Planning for such outbreaks is covered in the Florida Natural Disease Outbreak and the Pandemic Influenza Fatality Management Response Plan (2008).

Support assets are provided to the medical examiner via the system of a County-level Emergency Operations Center's Emergency Support Function 8 (ESF-8) – Health and Medical Services. The purpose of ESF-8 is to coordinate the State's health, medical, and limited social service assets in case of an emergency or disaster situation. This includes adoption of a Catastrophic Incident Response Plan for response to events that create excessive surge capacity issues for pre-hospital, hospital, outpatient, and mortuary services. The Fatality Management Response Plan addresses mortuary surge capacity issues and methods to respond to and mitigate such issues.

The main rule of thumb for requesting support assets calls for exhausting local assets before requesting state assets. Likewise, state assets need to be exhausted before requesting federal assets.

There are two primary organizations that provide major resources to a medical examiner having to deal with an incident that exceeds the assets of the local government.

The first is the Florida Emergency Mortuary Operations Response System (FEMORS) which is a State of Florida asset that may be requested by the medical examiner when the Governor has issued an Executive Order declaring a state of emergency. It may also be requested in the absence of a declared emergency as evidenced by the Jan 29, 2012 eleven-fatality vehicular crash incident on Interstate-75 in Gainesville.

The second is the federal government's Disaster Mortuary Operational Response Team (DMORT). When a federal declaration has been made concerning a local disaster DMORT's personnel and equipment can be deployed to the disaster site.

The major distinction between the two is that FEMORS can reasonably expect to staff and manage an event for approximately 30 to 40 days. If the activation period is anticipated to require a longer support time, DMORT may be called upon to assist. Any transitional change would be totally seamless since both organizational models are very similar.

FEMORS can assist the medical examiner with an incident assessment within 2-4 hours, and be onsite and operational in 1 to 3 days. DMORT can take several days longer, especially for a no-notice event such as an explosion.

Both teams can provide an incident morgue with all of its ancillary equipment and staffing of various forensic teams within the morgue (i.e. pathology, personal effects, evidence collection, radiology, fingerprint, odontology, anthropology, DNA collection, and embalming). They also may assist in initial scene evaluation, recovery of human remains, collection of missing person information, victim identification, records management, and disposition of human remains.

V Concept of Operations

A. General

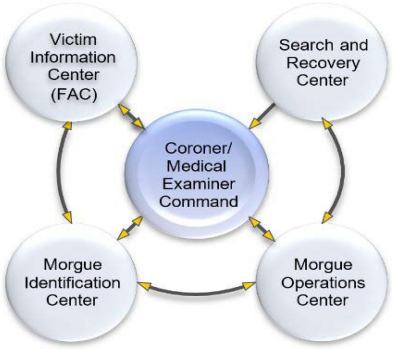
1. Mass fatality disasters have the potential to quickly overwhelm the resources of a medical examiner's operation depending on the capacity of the facility and the number of fatalities. Offices that are overwhelmed may seek assistance at local, state and federal levels.

2. Disaster situations may range from just a few victims to very high numbers. Additionally, the event may involve one or more of the following complications:
   a. Biological agent exposure events resulting in infectious or toxic agent contaminated victims,
   b. Bomb/Blast events resulting in burned and fragmented human remains,
   c. Chemical exposure events resulting in hazardous material contaminated victims,
   d. Radiological exposure events resulting in radiation material contaminated victims.
   e. Transportation accidents resulting in fragmented human remains,
   f. Weather events resulting in drowning and blunt trauma victims, or
   g. Natural disease outbreaks.

3. These complications can arise regardless of whether the event was an act of nature, a minor or catastrophic accident, a terrorist act, an outbreak of infectious disease, or the intentional release of a weapon of mass destruction.

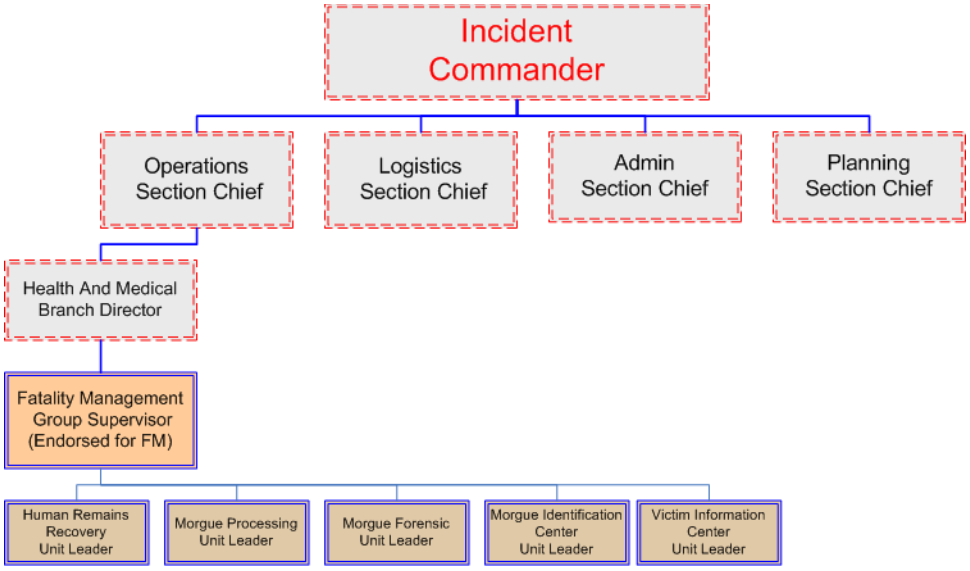
4. Deaths resulting from acts of homicide, suicide, or accident, and those constituting a threat to public health, fall under the jurisdiction of the medical examiner (Chapter 406.11, Florida Statutes). For this reason, the medical examiner assumes custody of any such death to determine the cause of death, document identity, and initiate the death certificate.

5. The five primary functions of the Fatality Management mission are:
   a. Command/Control,
   b. Recovery,
   c. Morgue (post mortem processing),
   d. Victim Information (ante mortem processing), and
   e. Identification.



6. Management of the overall disaster is accomplished using the Incident Command System (ICS) as codified by the National Incident Management System (NIMS). The primary functions of Command, Operations, Planning, Logistics, and Administration/Finance are the foundation of a

scalable platform that can expand or contract as the scope of the disaster dictates. Typically, under the Operations Section Chief, there will be a Health and Medical *Branch* Director managing a variety of *Groups* such as Medical Response/EMS, Sheltering, Special Needs, Fatality Management, and others.



7. The medical examiner may obtain additional resources by identifying equipment and personnel assets needed to manage the surge of deceased victims and channeling those requests through the local Emergency Operations Center. This would include specialized assets to assist with decontamination of victims of exposure to chemical, radiological, or biological agents.

8. Normally the local or State Emergency Operations Center processes such requests through its ESF-8 desk. Except in rare circumstances involving military or certain federal employees, the medical examiner retains control of, and responsibility for, handling the deceased. All assets activated to assist with fatality management operate under the direction of the medical examiner. Once the requested assets arrive, the medical examiner has the responsibility to coordinate, integrate, and manage those assets. (Capstone)

9. Resources available for activation may provide personnel experienced in Incident Command System operations capable of augmenting the medical examiner's staff in certain management functions and providing valuable liaison services to Incident Command and the ESF-8 desk.

B. Organization

PRIMARY AGENCY:

Florida Department of Health

SUPPORT AGENCIES:

Florida Department of Law Enforcement (FDLE)
Florida Medical Examiners Commission (MEC)
Florida Emergency Mortuary Operations Response System (FEMORS)

FEDERAL AGENCIES:

Department Health and Human Services National Disaster Medical System (NDMS) which provides:

- Disaster Mortuary Operational Response Team (DMORT) and
- Weapons of Mass Destruction (WMD) Team

1. Florida's Department of Health is designated as the lead agency for providing health and medical services under ESF-8. The roles of the primary and support agencies are enumerated in the state's Comprehensive Emergency Management Plan, specifically in Appendix VIII: ESF-8 – Public Health and Medical Services.

2. When necessary, federal ESF-8 resources will be integrated into the state ESF-8 response structure.

3. Local Health Departments and Emergency Operations Centers operate at the county level in each of Florida's 67 counties.

4. Medical Examiners operate under a district system whereby they exercise authority for a single county or multiple counties. The 25 districts are covered by 22 medical examiner offices because Districts 2, 4, and 8 cover District 3 (Columbia, Dixie, Hamilton, Lafayette, Madison, and Suwannee counties), District 7 (Volusia county) covers District 24 (Seminole county), and District 9 (Orange county) covers District 25 (Osceola county). (See Section XI – Medical Examiner Districts)

5. The Florida Medical Examiners Commission provides oversight for districts throughout the state. In the absence of other reporting procedures, the Commission serves as the information clearinghouse on the status of reported fatalities due to a disaster.

6. Regional Domestic Security Task Forces (RDSTF) operate at a regional level with the State divided into 7 regions covering multiple counties each. Each RDSTF Region covers several medical examiner offices (while 5 medical examiner districts are covered by more than one RDSTF Region).

RDSTFs provide the law enforcement oversight for disasters and incorporate both local and state law enforcement agencies as well as ancillary agencies including fire service, search and rescue, health and medical services, and others. RDSTFs support the emergency management structure established for the disaster. This may be a single county Emergency Operation Center or, in the case of a multi-jurisdictional event, a Joint Emergency Operation Center as well as the State Emergency Operation Center. Close coordination of the medical examiner's role of processing human remains with law enforcement's role of investigating the event and tracking missing person reports is essential throughout the response effort.

7. Florida's Emergency Mortuary Operations Response System (FEMORS) is a team of qualified "reserve" forensic professionals who can be deployed by ESF-8 to supplement the needs of the medical examiner(s) affected by a mass fatality event. FEMORS is a sponsored activity of the University of Florida in collaboration with the Maples Center for Forensic Medicine.

C. Notifications

1. Medical examiner notification to the local Emergency Operations Center is the first step in obtaining supplemental resources. If not already activated by another method of notification, this action results in contact through the State Warning Point to activate the State Emergency Operations Center.

2. Disaster notification to the medical examiner will normally come through routine law enforcement, emergency operations center channels, or news media broadcasts in advance of a request to respond to recover human remains. In rare cases, it is possible that the medical examiner would be the first to recognize a cause of death indicating a potential weapon of mass destruction release. In such an event, the medical examiner would be the one to initiate notification of appropriate authorities.

3. During an activation of the State Emergency Operations Center, the primary and support agencies of ESF-8 respond directly to the Emergency Services Branch Chief who reports to the Operations Section Chief (see Chapter 4, Section M of the Basic CEMP).

4. State Emergency Operations Center activation of ESF-8 may result in immediate activation of an assessment team from FEMORS (or another fatality management support organization such as DMORT) that can initiate contact to offer assistance to the medical examiner in assessing the scope of the disaster and identifying assets required to process human remains.

D. Actions

1. Once notification is made of an event with a potential for significant loss of life, a medical examiner should attempt to assess the scope of the event and anticipate levels of additional resources that might be needed. This could include:
   a. modification of routine workflow within the facility to permit processing and segregation of daily casework from disaster-related victims;
   b. possible supplemental space and equipment requirements for refrigerated storage;
   c. temporary staff and supply increases to respond to the surge event; and,
   d. if the facility has been damaged by the event (e.g., hurricane, flood, etc.), consideration of location for placement of a temporary base of operations either adjacent to, or remote from, the damaged morgue facility.

2. Upon notification by a medical examiner of a request for assistance, ESF-8 may notify and activate an assessment team of FEMORS (or another fatality management support organization such as DMORT) to assist the medical examiner in assessing the situation.
   a. In the event of a known impending event like a hurricane, ESF-8 normally places the fatality management support organization on ALERT for possible activation.
   b. FEMORS activates its internal notification system to establish a Ready List of members capable of responding if needed.

3. FEMORS initiates contact with the medical examiner by telephone, within 4 hours if possible, to ascertain if help is needed or to arrange for an appropriate meeting location.

4. Simultaneously, FEMORS initiates its telephone notification process to assemble a list of members capable of responding within 24 hours, if needed.

5. If needed, FEMORS assists the medical examiner in planning for:
   a. special processing complications such as protection from chemical exposure of responders and decontamination of recovered remains prior to transportation to a temporary morgue site, if applicable;
   b. disaster site management of human remains with regard to recovery, preliminary documentation procedures, and refrigerated storage until transportation can be arranged;
   c. supplemental or temporary morgue operations either in concert with the existing medical examiner facility or at a remote location;

d. supplemental refrigerated storage at the morgue both for remains received from the disaster site and for remains processed and awaiting release for disposition;
e. victim information center operations at a site removed from both the disaster site and the morgue; and
f. records management and computer networking for managing data generated about missing persons and remains processed.

6. The medical examiner, or designee, reports the assessment results back to ESF-8 to specify:
   a. estimated number of human remains to be processed if possible,
   b. types and number of personnel and equipment that will be needed,
   c. staging area(s) for arriving assets, and
   d. any special safety issues to advise responding personnel.

7. ESF-8 documents the medical examiner's requests for equipment assets, types and numbers of support personnel, and staging area instructions.

8. As directed by ESF-8, FEMORS contacts and activates the types and number of personnel requested by the medical examiner with instructions on staging areas and planned time of arrival.

9. ESF-8 initiates arrangements for travel, if necessary, and accommodations for responding personnel.

10. For any equipment requested that is not part of FEMORS response, ESF-8 initiates contact with appropriate vendors to supply equipment such as refrigerated trucks, x-ray machines and processors, etc.

11. In the event the resources required for response to the disaster exceed the capabilities of FEMORS, or if decontamination of human remains is needed, ESF-8 initiates contact with appropriate HazMat decontamination teams or the Federal Department of Health and Human Services (HHS) to request the assistance of the Disaster Mortuary Operational Response Team (DMORT) and/or Weapons of Mass Destruction (WMD) Team.

E. Direction and Control

1. All management decisions regarding response assets and resources are made at the State Emergency Operations Center by the Department of Health Emergency Coordination Officer.

2. Management of fatality related operations under the direction of the district medical examiner or designee is coordinated with the field Incident Commander. FEMORS' assets assigned to the medical examiner remain under the medical examiner's direction and may be used in any way to supplement the medical examiner's operations including liaison with the Incident Commander.

3. Volunteer groups and individuals may also offer services to assist the medical examiner. Traditionally, this includes forensic pathologists from other districts, forensic anthropologists, and members of various funeral associations and dental societies. Experienced forensic pathologists can be appointed as Associate Medical Examiners pursuant to Chapter 406.06(2), Florida Statutes. Funeral service personnel can be a valuable asset to provide, at a minimum, additional staff to serve as "trackers" to monitor custody and processing steps for each set of remains through the morgue process. Likewise, dental personnel, even if they possess no forensic experience, can assist forensic odontologists in a number of areas.
   a. Members of FEMORS are provided liability coverage for worker's compensation and professional liability issues by activation as temporary employees of the University of Florida.
   b. For such volunteers who are not members of FEMORS, the medical examiner should ensure that each volunteer acknowledges a liability waiver for work-related injury and registers in for each period of service.

4. Regardless of the source of personnel (in-house, state or federal supplemental, or volunteer) detailed time records must be maintained to document the nature and periods of duty for each and every person assisting during the operation.

VI Responsibilities - Medical Examiner

The medical examiner is responsible for managing several operations that target the ultimate goals of identifying the dead, determining the forensic issues related to the cause and manner of death, and returning human remains to families, if possible.

In a disaster situation, in addition to notification, evaluation, and planning, incident specific caseload management consists of coordinating multiple functional areas.

- **A.** Tracking System Activation
- **B.** Remains Recovery
- **C.** Holding Morgue Operations
- **D.** Pre-Processing Transportation and Storage
- **E.** Morgue Operations
- **F.** Post-Processing Transportation and Storage
- **G.** Body Release for Final Disposition
- **H.** Victim information Center Support
- **I.** Records Management (Victim Processing)
- **J.** Records Management (Accounting and Finance)
- **K.** Progress Reports and Public Information

A. Tracking System

When implementing a tracking system for recovery, the medical examiner should consider where remains are found, how fragmented portions are tracked, how case numbers are correlated, and how ante-mortem data (obtained from family members) can be cross referenced with other case numbers assigned to recovered remains. The tracking system should include a means for distinguishing disaster cases from other caseloads, it should also enable the cross sharing of data between several operational areas, such as, the morgue, the Victim Information Center, the incident site, or any location where case data is entered. (Capstone) Each set of remains processed will generate numerous items that need to be tracked by computer such as photographs, personal effects, tissue samples, etc.

Whether FEMORS, DMORT or another fatality management support organization is activated to assist the medical examiner, a Victim Identification Program (VIP) or similar database can be used to track and search for potential matching indicators. VIP stores known victim information provided by families at the Victim Information Center and data generated in processing the remains in the morgue. Likewise, both assets utilize a dental matching program called WinID to compare ante mortem dental records with post mortem dental data obtained during the processing effort.

An accurate and reliable numbering system for all human remains (especially fragmented human remains) is crucial to an effective mission. The system must conform to the needs of the local medical examiner as well as be sufficient for proper evidence tracking. ***In the absence of an established medical examiner system*** the following guidelines may be employed, in part or in whole as deemed necessary by the medical examiner. There are several places where the numbering system must be carefully managed.

1. Field or Disaster Site - The numbering system starts in the field.
   a. It should always be consecutive and non-repeating. A simple system is preferred (e.g., Bag 1, Bag 2, Bag 3, etc.).
   b. Prefixes MAY be used to clarify where they were found (e.g. F-1 for floating remains in the water, S-1 for submerged remains, Grid B-3, etc.). This is particularly important when remains are recovered simultaneously from multiple sites.
   c. In the field, all individual remains must be given their own number.
   d. If remains are not connected by clothing or tissue, they must be packaged separately and assigned different numbers.

2. Morgue Operations -
   a. Often it is preferable to assign the unique Morgue Reference Number (MRN) once remains are received at the incident morgue. Although tracking starts at the point of recovery, it is better if an official case number is assigned at the location where remains are actually processed rather than at the recovery point(s), because co-mingled fragmentary remains may need to be separated and treated as multiple cases, versus one case.
   b. If appropriate, the MRN and suffixes may be used to further identify multiple items related to the same MRN.
      i. Because of the way computers store and retrieve data, it is important to include the leading zero for numbers 01 through 09.
      ii. Summary of possible case numbering suffixes that may be applied (including the leading zero for numbers 01 through 09):
         - DM01 Digital Media
         - DP01 Digital Photos
         - PE01 Personal Effects
         - BX01 Body X-rays
         - FP01 Finger Prints
         - DX01 Dental X-rays
         - DN01 DNA Specimens (post mortem)
         - DB01 DNA Family Samples (Buccal swabs)
         - DR01 DNA Reference Specimens (known victim DNA)

3. Identified Remains Case Number Conventions
   a. For death certificate purposes, each death requires one medical examiner case number.

b. The medical examiner may elect to enter identified remains in the district's existing computerized case file management system for that office after one or more MRN case files have been matched to a Reported Missing (RM) case file. Thus, a "Medical Examiner Case Number" may be issued.
   i. Cross reference notes should be made to indicate which Reported Missing (RM) case and MRN case(s) are associated with the master case number.
   ii. Multiple MRN cases may be matched by dental or DNA identification to one individual.
c. The medical examiner may elect to use the first MRN identified with a particular Reported Missing (RM) as the PRIMARY number.
   i. Additional MRN cases identified as the same individual may be cross-referenced to the primary MRN for tracking purposes.
   ii. Logs of MRN numbers should be updated to reflect the primary and secondary links for tracking purposes.

B. Remains Recovery

Management of mass fatality disasters begins at the scene. The medical examiner's accurate determination of the cause and manner of death, documentation of a victim's identity, and return of remains to families is dependent on the quality of the recovery effort. With the exception of obvious weather caused events, disaster sites should be considered and treated as crime scenes from the outset. The nature of the disaster site will dictate how the medical examiner coordinates with law enforcement and fire service personnel to locate, document, store, and transport victim remains.

If the site involves any form of hazardous contamination it may be necessary to form a multidisciplinary team to evaluate the incident. The team should include:

1. HazMat, and any other relevant agencies (check required level of PPE),
2. death investigation personnel, and
3. law enforcement.

In the event of a disaster involving contaminated human remains, it may be necessary to request activation of the National Guard CBRNE teams, the local HazMat teams, or a similar asset capable of decontaminating the remains before they are admitted to the morgue for processing.

C. Initial Holding Morgue Operations

Once remains have been recovered at the disaster site, an initial physical examination by medical examiner, law enforcement, or other appropriate personnel may be necessary at the scene prior to a more extensive external and internal examination at the morgue.

1. At the very least, remains must be documented for tracking purposes as they are recovered and placed in a transportation staging area.
2. In some circumstances, personnel may need to gather evidence, and document, remove, and track personal effects before remains are transferred for autopsy or identification.
3. In other cases involving contamination, remains may need to be decontaminated before they are transported to the morgue. Because the set up for a decontamination unit may take 48-72 hours to become fully operational, refrigerated storage of remains at the incident site may become necessary.
4. The type of disaster will determine the extent of the initial holding/incident morgue operation.

D. Pre-Processing Transportation and Storage

The number of fatalities may necessitate the expansion of the medical examiner's transportation, storage, and morgue systems.

1. To expand their storage capabilities, medical examiners may need to incorporate the use of supplemental refrigeration (such as refrigerated units).
2. Where possible, electric power should be utilized to run the refrigerated units instead of diesel power which creates highly toxic exhaust fumes.
3. The use of mobile refrigerated units for temporary staging storage at the disaster site can also be used to transport remains to a high capacity medical examiner facility (even if outside the district).
4. Another option is to cool a suitable storage area to below 40° F with an industrial air conditioning unit.
5. Remains delivered from the incident site must be kept segregated from remains already processed.
6. During the transporting and storing process, human remains should not be stacked upon one another. They may be stored on shelving units (if available) provided there is a means for the safe lifting of those remains above waist level height.

E. Morgue Operations

Morgue case flow during disaster operations requires planning of multiple issues including location of processing areas, flow through the morgue and tracking, initial routine processing/triage, and autopsy.

1. Location
   The medical examiner must determine if remains should be processed at the medical examiner office in the district in which the deaths occurred, within the district at another location, or at the nearest high capacity medical examiner facility. Such a decision is based on the magnitude of the incident, the rate of recovery of remains, the potential for the medical

examiner headquarters to become a target of attack, and if the district medical examiner office has enough space to accommodate the additional caseload.

2. Morgue Stations
   a. Unlike routine casework where human remains are processed at one station, in a mass fatality incident remains are often processed in a multiple-station system. Generally, a well-organized morgue operation entails: intake/admitting, triage, photography, evidence, personal effects, pathology/toxicology, radiology, fingerprinting, odontology, anthropology, and DNA sampling.
   b. Extensive guidance on the function and operation of each morgue station is provided in the FEMORS Field Operation Guide (FOG).

3. Autopsy and External Evaluations
   a. For large numbers of fatalities, it may not be feasible to consider performing a complete autopsy on all remains. Although the medical examiner must determine which cases require an autopsy, he/she should think about discussing his/her intentions with the lead law enforcement agency and the Department of Health, since each of these agencies has its own specific requirements for identifying autopsies to support the overall investigation. (Capstone)
   b. While a complete autopsy of every victim may be the desired goal, in the face of significant numbers of victims the medical examiner may need to seek authorization to apply professional discretion to autopsy only appropriate sample cases. Such authorization may be requested pursuant to a disaster declaration or Governor's Executive Order covering the state of emergency.

4. Documentation of Processing
   a. In addition to assessment of anatomic findings (pathology/toxicology reports) to support a determination of cause of death, processing provides the only opportunity to preserve information needed to establish positive identification of the remains.
   b. Processing of each case includes photography, collection of evidence, and/or personal effects. Properly documented "chain of custody" is essential for all such processing.
   c. Personal effects may prove crucial in establishing presumptive identifications that may lead to positive identifications through accepted protocols. Even DNA may be obtained from some personal effects bearing biological material. For that reason, a DNA specialist should be consulted before personal effects are cleaned for photographing, cataloging, and returning to families. Personal effects should always be treated with potential identification in mind.
   d. Standardized processing forms available in the Victim Identification Program (VIP) type databases may be used to create a record of all processing efforts.

e. Data entry of post mortem processing information is valuable for making the information searchable for clues to matching it with victim ante mortem information provided by families.

5. Radiological (X-Ray) Processing
   a. Specialists with experience in the use of x-ray should be used to process remains.
   b. Comprehensive x-ray documentation is made of appropriate cases to identify commingled remains, artifacts (jewelry, evidence, etc.) imbedded in human tissue, and evidence of ante mortem skeletal injury, surgeries, or anomalies.
   c. Such features may aid in identification by correlation with ante mortem medical records.

6. Fingerprint Processing
   a. Specialists with experience in recognizing and preserving ridge detail for finger, palm, and footprints should be used to process remains.
   b. Preserved ridge detail records may be compared to ante mortem print records supplied by families or other agencies to establish identification of the victim.

7. Dental Processing
   a. Specialists with experience in recognizing dental structures and recording by means of x-ray and charting should be used to process remains.
   b. Standardized processing forms available in the dental identification program (WinID) may be used to compare with ante mortem dental records supplied by families or other agencies to establish identification of the victim.

8. Anthropology Processing
   a. Specialists with experience in recognizing skeletal structures and recording by means of x-ray and charting, should be used to process remains.
   b. Comprehensive documentation is made of human skeletal and other fragmentary remains including assessment of bone, bone portion, side, chronological age, sex, stature, ancestral affiliation, ante-mortem trauma, and pathological conditions.
   c. Such features may aid in identification by correlation with ante mortem medical records

9. DNA Processing
   a. Human remains that lack typical identifying features (tissues without fingerprint, dental, or anthropological material) can often be identified through DNA. For this reason, morgue processing should include a station to obtain and preserve a specimen for DNA testing from each case processed.

b. DNA specialists should be consulted or even incorporated into the morgue station to ensure proper sampling procedures, prevent cross contamination, and ensure the best possible specimen is collected.
c. Laboratory testing of DNA specimens will need to be coordinated taking into account the:
    i. selection of the most appropriate specimen for testing,
    ii. number of specimens to be tested,
    iii. capacity of the laboratory to perform the testing, and
    iv. standardization of test results for comparison with DNA testing of ante mortem reference materials collected through the Victim Information Center or other agencies.
d. DNA Sections of the Florida Department of Law Enforcement's Crime Laboratory System may be called upon to assist with managing such issues.

F. Post-Processing Transportation and Storage

Until the final disposition of remains is known, the medical examiner cannot determine to what extent this phase of the operation must function; for instance, when remains are going to be returned to family members, personnel may only need to establish a holding area for funeral directors to retrieve remains (Capstone). Storage areas should be segregated for coding of location by *Unidentified* remains and *Identified* remains. Unidentified remains may be returned to the morgue multiple times for additional processing as needed.

Law enforcement may require that the remains be retained or partially retained for evidentiary purposes, thus the medical examiner may need to further enhance the morgue's storage capacity.

G. Body Release for Final Disposition

When processing has been completed, final disposition normally involves burial or cremation at the family's request. Aside from the question of mass disposition (see Section VIII - Mass Disposition of Human Remains) a variety of tasks must be accomplished to authorize release of the human remains to a funeral service provider of the family's choice.

1. Once remains have been identified and are ready for release, the medical examiner certifies the cause and manner of death on the death certificate.
2. Typically, medical examiner staff notifies the funeral home selected by the family. The funeral service provider responds to transport the remains and complete filing of the death certificate under procedures established by the Bureau of Vital Statistics.
3. Medical examiner staff and/or other involved agencies should confer with families and obtain documentation of the family wishes regarding notification when additional fragmentary remains are identified. Some

families desire to be notified of every identified fragment while others have reached closure and do not desire to be notified at all.

4. Provisions may be made for how unclaimed and unidentified remains will be memorialized or disposed of at the conclusion of the processing effort. This is often done in concert with the Incident Command management team and governmental officials.
5. Exceptions to release exist for remains that could not be decontaminated to a safe level. Emergency management powers of the Governor may need to be invoked to suspend routine regulations regarding the disposition of human remains and grant the Department of Health quarantine and human remains disposition powers including state sponsored burial or cremation in accordance with Chapter 381.0011(6), Florida Statutes.
6. In disaster situations where there are no remains to recover for identification, or where scientific efforts to establish identity fail, the appropriate legal authority in accordance with Chapter 382.012, Florida Statutes may order a presumptive death certificate.

H. Victim Information Center Support

Emergency management agencies should be prepared to mobilize the appropriate resources to establish a missing persons Victim Information Center (VIC) in conjunction with the management of an incident with mass fatalities. This may be part of a joint family assistance center established by Incident Command for multiple service organizations. Nonetheless, staffing for the purpose of interviewing families for information essential to identification requires consultation with forensically trained specialists. The fatality management support organization will have experience and operating procedures for establishment of a VIC. The efforts of personnel at the VIC shall be coordinated with the involved law enforcement agency's missing persons investigators if applicable.

1. Interviewing of family and friends of the disaster victim provides an opportunity to obtain vital information that may lead to a positive identification of the victim. In addition to basic physical description and names of treating physicians or dentists, interviews may reveal unique features such as tattoos, piercing, jewelry, etc.
    a. Standardized questionnaire forms are available in the Victim Identification Program (VIP).
    b. Interviewers should be limited to personnel specially trained in dealing with grieving individuals such as:
        i. law enforcement agents,
        ii. medical examiner investigators,
        iii. social workers,
        iv. funeral service personnel, or
        v. Victim Information Center specialists who have been trained in conducting interviews and using the VIP protocols.

2. DNA Collection
   a. Family reference samples and personal effects of the victim containing biological material may provide the only method by which processed victim remains can be identified.
   b. DNA specialists should be incorporated into or consulted on the VIC interview process to ensure proper collection procedures, prevent cross contamination, and ensure the best possible specimens are collected for subsequent laboratory testing.

I. Records Management (Victim Processing)

1. Segregation of disaster records from the normal office records is recommended.
2. All ante and post mortem information and records should be handled as evidence. The chain of custody of records must be maintained via sign-out and sign-in logs. Records management personnel must be able to account for all received information/records, whether they are in the direct possession of the records management section or checked out to an authorized individual.
3. Four major file categories should be maintained:
   a. Unidentified Remains case files in morgue reference number (MRN) order and containing:
      i. Processing paperwork,
      ii. Printouts of digital photos,
      iii. CD or other storage media copy of all photos taken,
      iv. Printouts of digital dental x-rays,
      v. CD or other storage media copy of all digital dental x-rays taken,
      vi. Printouts of digital body x-rays,
      vii. CD or other storage media copy of all digital body x-rays taken,
      viii. Personal effects inventory.
   b. Reported Missing Person Reports (RM) case files in Last Name alphabetical order and containing:
      i. Printed VIP interview form along with original hand completed forms,
      ii. Other police missing person reports submitted,
      iii. Medical ante mortem records or body x-rays submitted,
      iv. Fingerprint records,
      v. Dental ante mortem records including x-rays, and
      vi. Notes of contacts for information gathering.
   c. Identified Remains - Medical examiner determines which master number to use and merges into one file all related materials:
      i. RM ante mortem reporting forms,
      ii. Ante mortem medical records,
      iii. Morgue reference number (MRN) folders (these may be multiple if DNA associates parts),

iv. Dental records (ante and post mortem),
v. Morgue Photographs,
vi. DNA submission documents,
vii. Body X-Ray identification (ante and post mortem),
viii. Fingerprints and comparisons made, and
ix. Remains release and funeral home documentation.

d. Court Issued Presumptive Death Certificates and related documents (if applicable):
i. Affidavits and supporting documents,
ii. Court order,
iii. Copy of presumptive death certificate issued,
iv. Record of transmittal of death certificate to Vital stats:
- May require funeral director involvement,
- May require family authorization for funeral home to handle,
- Vital Stats coordination required.

v. If subsequently identified, an amended death certificate may be issued and all this material is moved to the Identified Remains file.

J. Records Management (Accounting and Finance)

1. Expenses incurred by a medical examiner in response to a disaster may be reimbursable depending on the nature of the disaster and whether a disaster declaration was issued at the state or federal level.
2. Expenses may include both personnel overtime and purchases of equipment and supplies when requested through and approved by the Emergency Operations Center process.
   a. Expenses incurred outside of the Emergency Operations Center process may not be reimbursable.
3. Extensive documentation of labor time (especially overtime) and purchases will be needed to seek reimbursement including:
   a. daily attendance rosters and time worked logs,
   b. mission number assignment from Emergency Operations Center or designee,
   c. purchasing and tracking of materials.

K. Progress Reports and Public Information

1. From the onset, demands for estimates of the number of victims, the number identified, and names of the missing arise from many sources.
2. Chief among these are the Incident Commander, the Emergency Operations Center, and the Medical Examiners Commission.
   a. Early estimates contribute to the planning assumptions and provide a means to assess additional resources that may be needed.
   b. Periodic and later updates allow for fine tuning the response effort and determining the eventual demobilization strategy.

   c. Daily reporting to the Medical Examiners Commission during a disaster event involves reporting all confirmed disaster-related deaths to include ~~name,~~ age, race, sex, and brief synopsis. This list becomes the official list as managed by the State Emergency Operations Center.
3. Normally, the Incident Commander will arrange for an official Information Officer to provide updates to the media.
4. Medical examiner staff should be assigned as liaison with Incident Command staff to coordinate distribution of information relating to victims and progress of the response effort. Special care is needed to inform waiting family members of developments before information is released to the general media.
5. Potential types of medical examiner information that may be requested frequently, even daily, include:
   a. total number of victims,
   b. names of identified victims,
   c. method of identification,
   d. names and number of missing person reports,
   e. staffing levels and assistance provided, and
   f. estimate of time to complete identifications.

VII Multiple District Incident Coordination

A. Definition of Multiple District Incident

A mass fatality incident in which decedents are recovered from geographic locations crossing medical examiner district boundaries.

B. Jurisdiction for Issuance of Death Certificate

The district covering the county of death (or where the remains are found) determines which medical examiner signs the death certificate and records the official medical examiner case number (thus affecting year-end statistical reporting).

C. Coordination of Resources

This is a mutual agreement situation and rests upon the willingness of all involved medical examiners to make prudent, team-focused decisions to provide for the best way to serve law enforcement investigative needs as well as the needs of families involved.

If the desire is to have single processing center for both post mortem examination (morgue) and ante mortem collection (victim information call center) when multiple medical examiner districts are involved in a single event, all of the medical examiners impacted would need to meet and agree on:

1. Central incident morgue and victim information call center locations.
    a. Governor's Declaration of Emergency or Executive Order authorizes the use of the State's assets including FEMORS and its cache of equipment to establish a portable morgue and/or victim information call center.
    b. Alternatively, each county would have to provide (i.e., pay for) the people and equipment needed for response to and management of a surge of deaths in that county.
2. A single medical examiner or designee is to serve as the Fatality Management Lead for that incident.
    a. This person is "in charge" of the overall fatality management operation (victim recovery, morgue operations, collection of ante mortem data, identification of the dead, and release for final disposition) and will adapt to the needs of all affected medical examiners for any variation in processing decisions.
3. Cross appointment of pathologists as Associate Medical Examiners as provided for in Chapter 406.06(2), Florida Statutes.
4. Procedures to ensure that death certificates are filed in the appropriate county of death.

VIII Mass Disposition of Human Remains (Rational for Identification before Disposition)

A. Governmental Authority

Under the emergency management powers of the Governor and pursuant to the authority vested under paragraph (a) of Chapter 252.36, Florida Statutes, the Governor may direct the Florida Department of Health to take certain actions to suspend routine regulations regarding the disposition of human remains. These actions may include directions for disposition of both identified and/or unidentified remains. Disposition of unidentified remains would follow the collection items that are useful in the identification process: photographs, fingerprints, dental and somatic radiographs, and DNA.

B. Epidemic Outbreak Myth

Often a principle reason proffered for taking the mass disposition course of action is based upon a fear of the outbreak of disease from human remains. Well-intentioned, but scientifically uninformed, decision makers often initiate the process as a natural aversion to the physical unpleasantness of the effects of decaying human remains and a fear that an epidemic of disease will break out.

A scientific review of past catastrophic disasters (PAHO, 2004) demonstrates that the risk of epidemic disease transmission from human remains is negligible. Unless the affected population was already experiencing a disease suitable for epidemic development, the catastrophic event cannot create such a situation. Most disaster victims die from traumatic events and not from pre-existing disease.

Disease transmission requires first, a contagious agent, second, a method of transmission, and third, a susceptible population to infect.

- Typical pathogens in the human body normally die off when the host dies, although not immediately. In the absence of the first requirement, therefore, risk of transmission is no greater than that for routine handling of human remains.
- Water supplies contaminated with decaying human remains can serve as a method of transmission of illnesses, particularly gastroenteritis, but a non-breathing body presents minimal transmissibility.
- With the use of universal precautions for bloodborne pathogens, under regulations of the Occupational Safety and Health Administration (OSHA), responders so equipped do not present a susceptible population to infect. Even the local population will usually avoid a water supply contaminated with human remains and use sheets or body bags to envelop decaying human remains.

C. Identification of Victims before Disposition

Traditional funeral practices include a variety of procedures designed to assist survivors of all religious practices or belief systems with the grieving process. Identification of the victim, however, is the first step in that process.

Government-ordered disposition by mass burial or cremation of unidentified victims creates numerous, and often unnecessary, complications for survivors. In addition to a delay in completing the grieving process, survivors face challenges settling legal affairs, determining rights of property ownership, and managing the welfare of the victim's offspring.

Both the World Health Organization (WHO) and the Pan American Health Organization (PAHO) advocate for the identification of all disaster victims before final disposition, regardless of number of victims. In order to accomplish this in Florida, when faced with thousands of fatalities, extraordinary refrigeration resources will be required using the basic guidelines in Section VI (D) above. With adequate refrigeration capacity, supplemental morgue facilities, and sufficient forensic personnel to process human remains, identifying information from each set of remains can be secured before mass burial is contemplated as a last resort.

If the disaster results in several hundred or thousands of victims, "temporary interment" may be an appropriate course of action. The expectation is that each victim will be retrieved later, as time permits, for full documentation, identification, and release to appropriate family's choice of funeral service provider.

Temporary interment involves several expedient steps:

- Altered standard of forensic processing is limited to pre-interment:
    - Photographs
    - Fingerprints
    - DNA specimens
    - Body tag made of metal or impervious material and use of the indelible marking of reference number(s).
- Placement of each set of remains in a heavy-duty disaster body bag affixed with
    - Exterior duplicate bag tag made of metal or impervious material and use of indelible marking of reference number(s).
    - Long (e.g., six feet) wire leader with a third, duplicate bag tag.
- Placement of bagged victims in prepared designated sites (as determined by local authorities).
    - Victims may be placed in rows with the long wires placed out to one end.
    - Sand or other fill material is placed over the victims to a depth determined by local authorities.
    - The six-foot long wires and impervious bag tags are kept above the sand so that individual victims may be retrieved as needed (i.e., if later identified by fingerprints, DNA or other means.)
        - Durability and legibility of the tag is critical because such tags may be exposed to extreme sunlight and weathering until retrieval can take place.

IX References (Available through the reference library at www.FEMORS.org.)

1. "Mass Fatality Management for Incidents Involving Weapons of Mass Destruction" a draft capstone document (originally due for release September 2004) developed by the Department of Defense U.S. Army Soldier and Biological Chemical Command (SBCCOM), Improved Response Program (IRP), (cited throughout as "Capstone").
2. Florida Comprehensive Emergency Management Plan February, 2020, (https://www.floridadisaster.org/globalassets/cemp/2020-cemp/2020-state-cemp.pdf)
3. CEMP Appendix VIII - Emergency Support Function 8 - Health and Medical Services (https://www.floridadisaster.org/globalassets/cemp/2020-cemp/2020-state-cemp.pdf)
4. FEMORS FOG Field Operations Guide, at https://femors.org/downloads/
5. Morgan O. "Infectious disease risks from dead bodies following natural disasters." Rev Panam Salud Publica. 2004;15(5):307–12.
6. Florida Natural Disease Outbreak and the Pandemic Influenza Fatality Management Response Plan, (2008).

X Statutory Citations

1. Chapter 252.36, Florida Statutes, Emergency Management Powers of the Governor
2. Chapter 380.0011(6), Florida Statutes, Duties and Powers of the Department of Health
3. Chapter 382.012, Florida Statutes, Presumptive death certificate
4. Chapter 406, Florida Statutes, Medical Examiners; Disposition of Dead Bodies, Examinations, Investigations, and Autopsies

XI Medical Examiner Districts

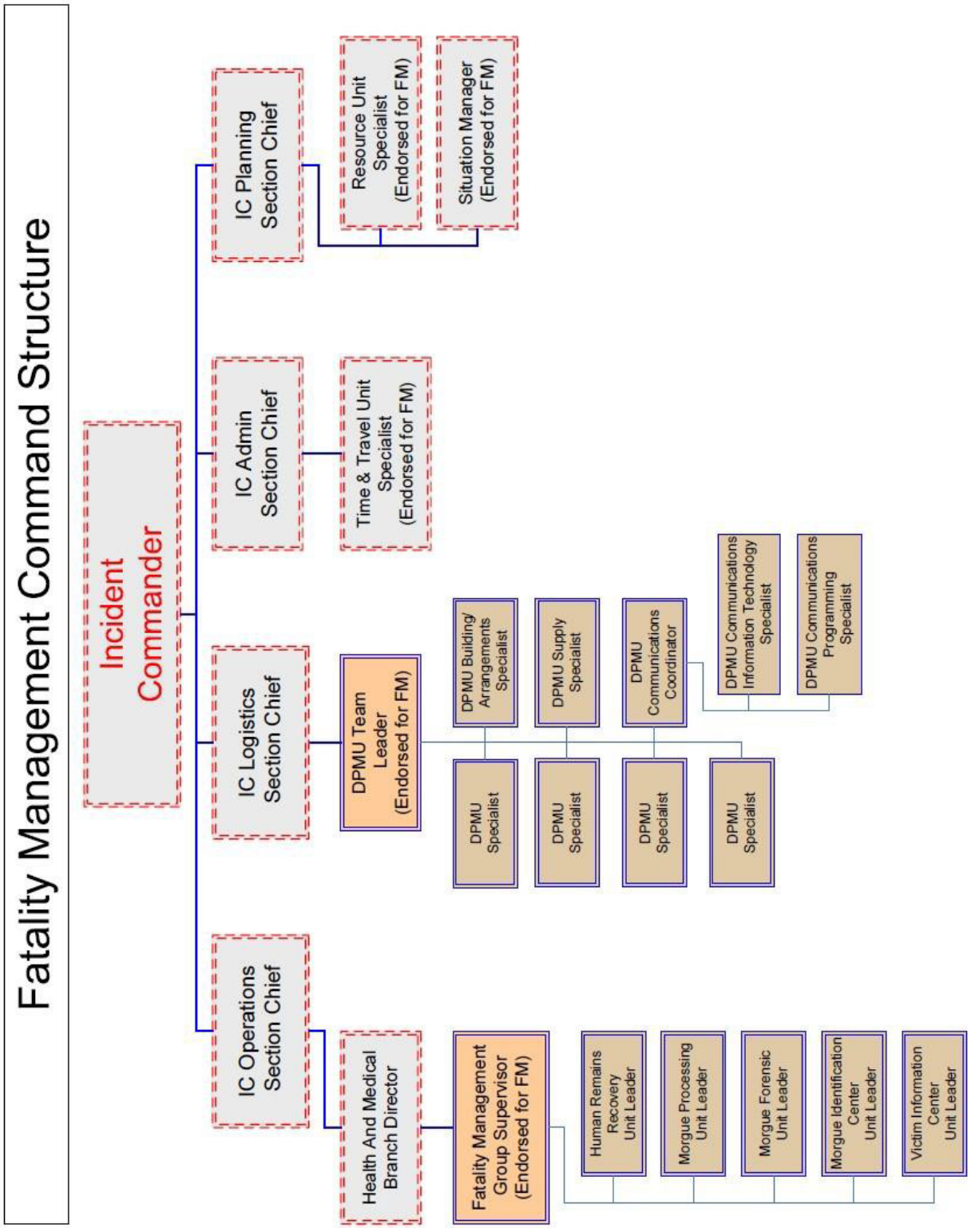
District	Address	City	Office Phone
1	5151 North 9th Avenue	Pensacola 32504	(850) 416-7200
2	560 Leonard Gray Way	Tallahassee 32304	(850) 606-6600
3	*Dixie Co. Service by District 8 Lafayette, Madison, & Suwannee counties Service by District 2 Columbia & Hamilton counties Service by District 4*		
4	2100 Jefferson Street	Jacksonville 32206	(904) 255-4000
5	809 Pine Street	Leesburg 34748	(352) 326-5961
6	10900 Ulmerton Road	Largo 33778	(727) 582-6800
7	1360 Indian Lake Road	Daytona Beach 32124	(386) 258-4060
8	3217 SW 47th Ave	Gainesville 32608	(352) 627-2217
9	2350 East Michigan Street	Orlando 32806	(407) 836-9400
10	1021 Jim Keene Boulevard	Winter Haven 33880	(863) 298-4600
11	Number One on Bob Hope Rd	Miami 33136	(305) 545-2400

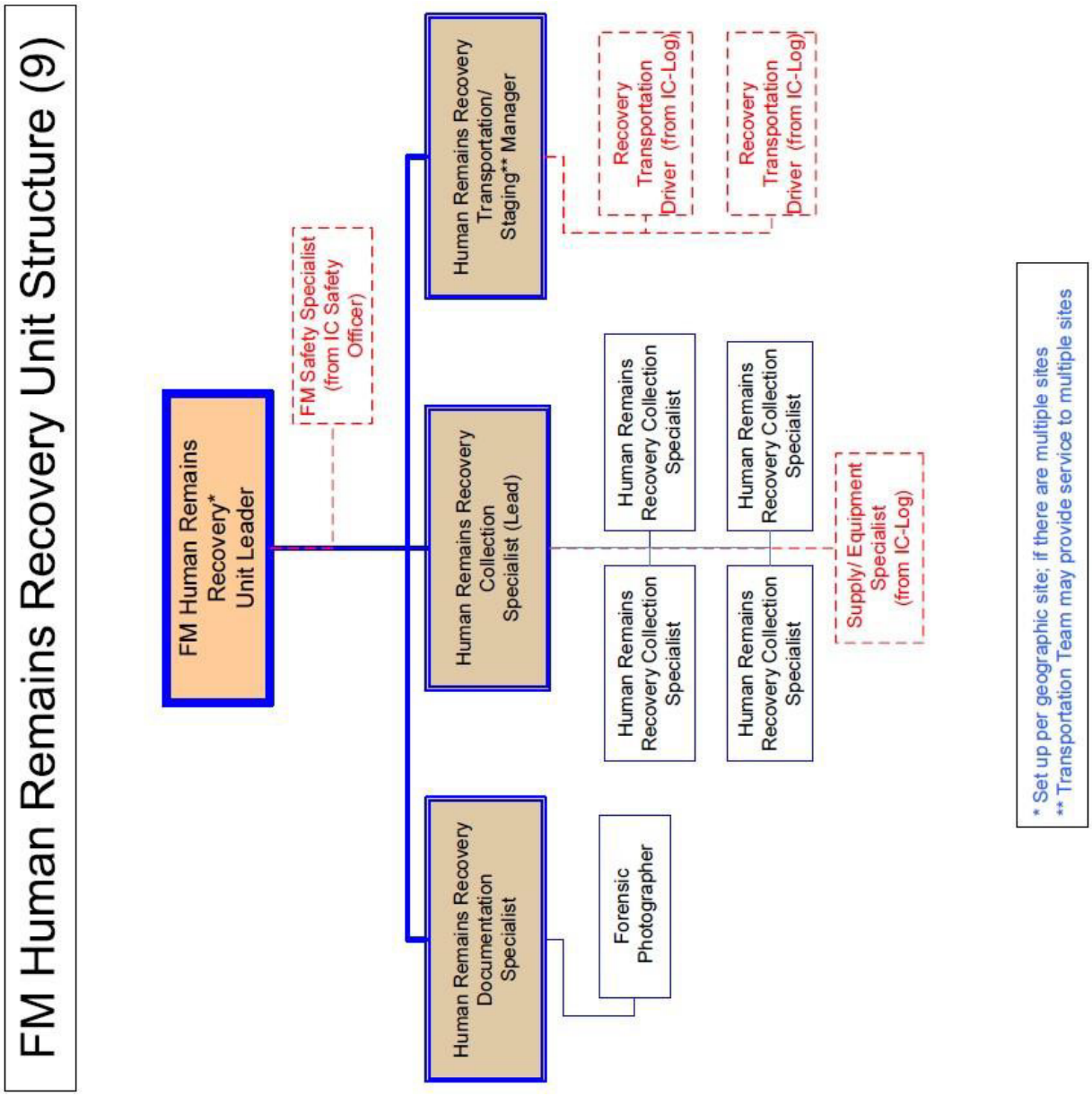
District	Address	City	Office Phone
12	2001 Siesta Drive, Suite 302	Sarasota 34239	(941) 361-6909
13	11025 North 46th Street	Tampa 33617	(813) 914-4500
14	3737 Frankford Avenue	Panama City 32405	(850) 747-5740
15	3126 Gun Club Road	West Palm Beach 33406	(561) 688-4575
16	56639 Overseas Highway	Marathon 33050	(305) 743-9011
17	5301 S.W. 31st Avenue	Ft. Lauderdale 33312	(954) 357-5200
18	1750 Cedar Street	Rockledge 32955	(321) 633-1981
19	2500 South 35th Street	Ft. Pierce 34981	(772) 464-7378
20	3838 Domestic Avenue	Naples 34104	(239) 434-5020
21	70 South Danley Drive	Ft. Myers 33907	(239) 533-6339
22	18130 Paulson Drive	Port Charlotte 33954	(941) 625-1111
23	4501 Avenue A	St. Augustine 32095	(904) 209-0820
24	*Services provided by District 5*		
25	*Services provided by District 9*		

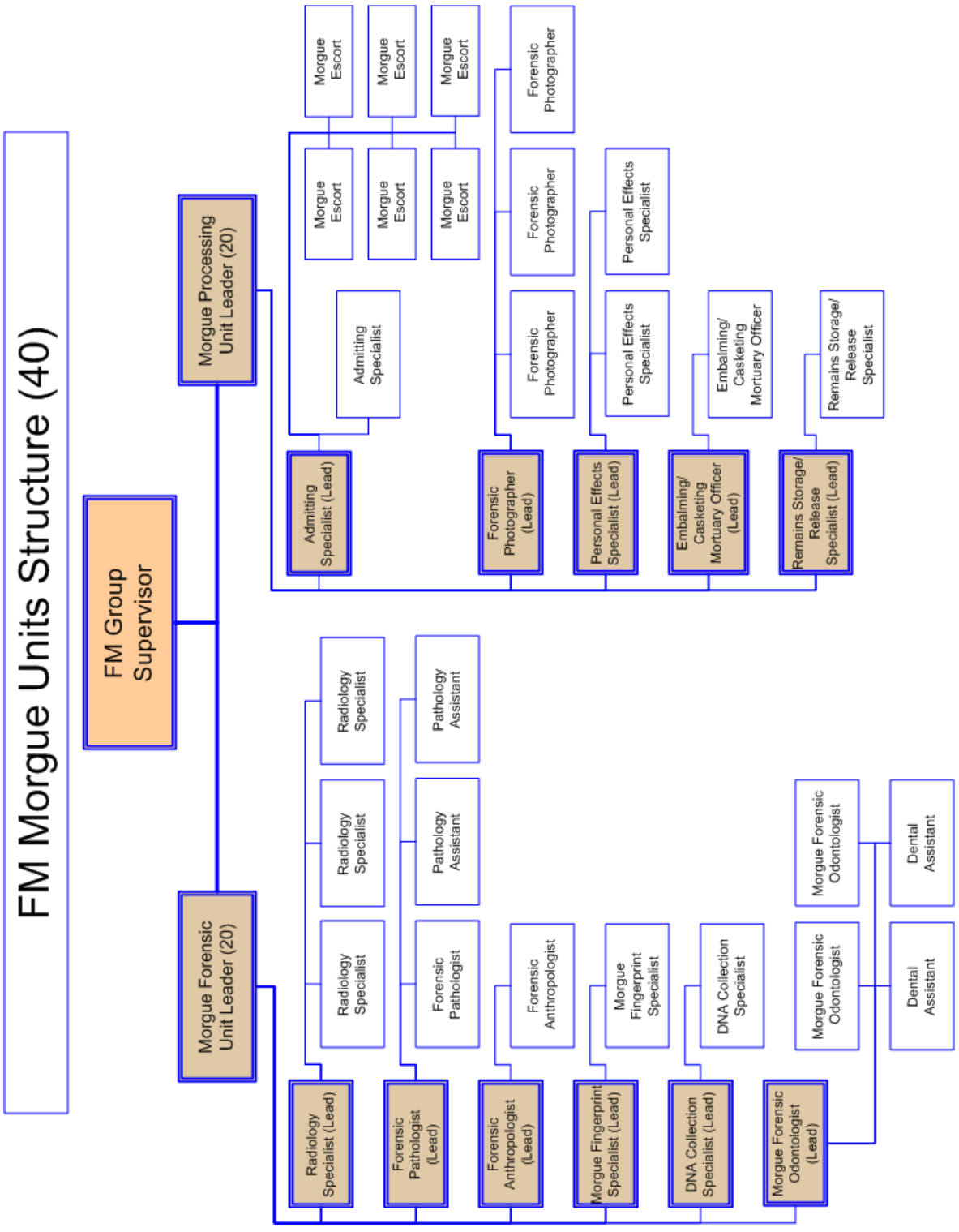
District	Jurisdiction
1	Escambia, Okaloosa, Santa Rosa, and Walton counties
2	Franklin, Gadsden, Jefferson, Leon, Liberty, Taylor, and Wakulla counties
3	Columbia, Dixie, Hamilton, Lafayette, Madison, and Suwannee counties
4	Clay, Duval, and Nassau counties
5	Citrus, Hernando, Lake, Marion, and Sumter counties
6	Pasco and Pinellas counties
7	Volusia County
8	Alachua, Baker, Bradford, Gilchrist, Levy, and Union counties
9	Orange County
10	Hardee, Highlands, and Polk counties
11	Miami-Dade County
12	DeSoto, Manatee, and Sarasota counties
13	Hillsborough County
14	Bay, Calhoun, Gulf, Holmes, Jackson, and Washington counties
15	Palm Beach County
16	Monroe County
17	Broward County
18	Brevard County
19	Indian River, Martin, Okeechobee, and St. Lucie counties
20	Collier County
21	Glades, Hendry, and Lee counties
22	Charlotte County
23	Flagler, Putnam, and St. Johns counties
24	Seminole County
25	Osceola County

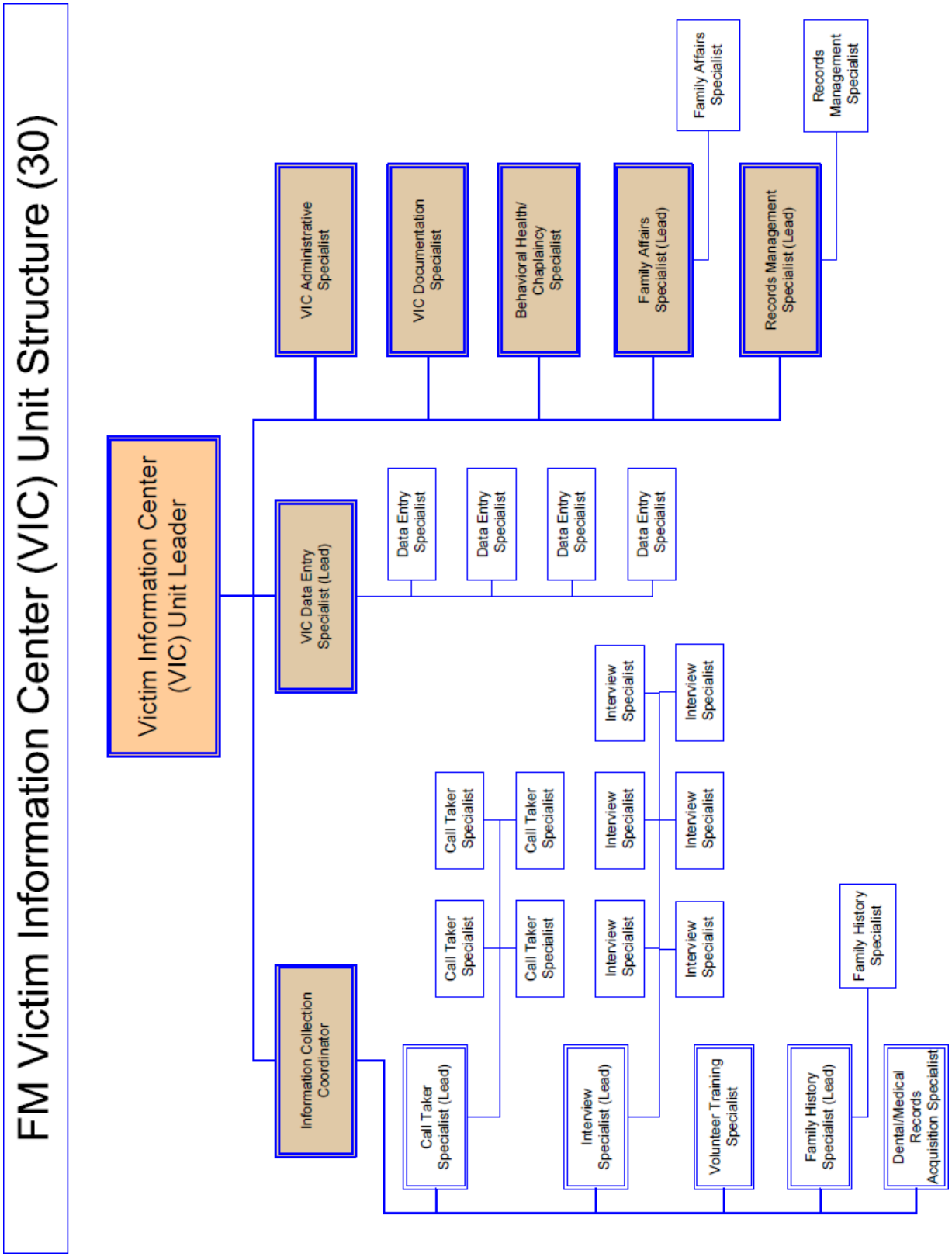
XII Fatality Management ICS Organization Charts

(Dotted lines indicate positions supplied by the overall Incident Command)

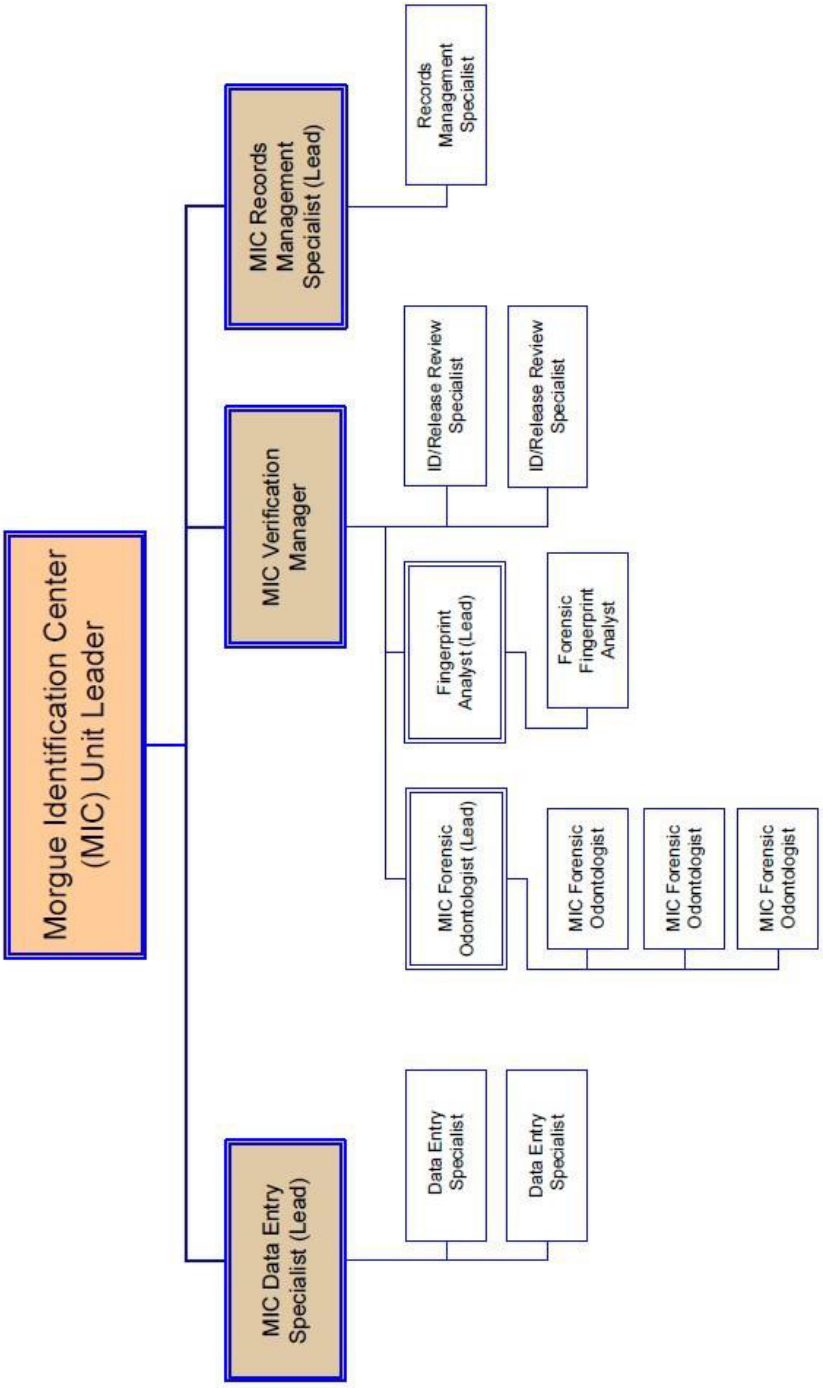



FM Human Remains Recovery Unit Structure (9)
FM Human Remains Recovery* Unit Leader
FM Safety Specialist (from IC Safety Officer)
Human Remains Recovery Transportation/ Staging** Manager
Recovery Transportation Driver (from IC-Log)
Recovery Transportation Driver (from IC-Log)
Human Remains Recovery Collection Specialist (Lead)
Human Remains Recovery Collection Specialist
Human Remains Recovery Collection Specialist
Human Remains Recovery Collection Specialist
Human Remains Recovery Collection Specialist
Supply/ Equipment Specialist (from IC-Log)
Human Remains Recovery Documentation Specialist
Forensic Photographer
* Set up per geographic site; if there are multiple sites
** Transportation Team may provide service to multiple sites

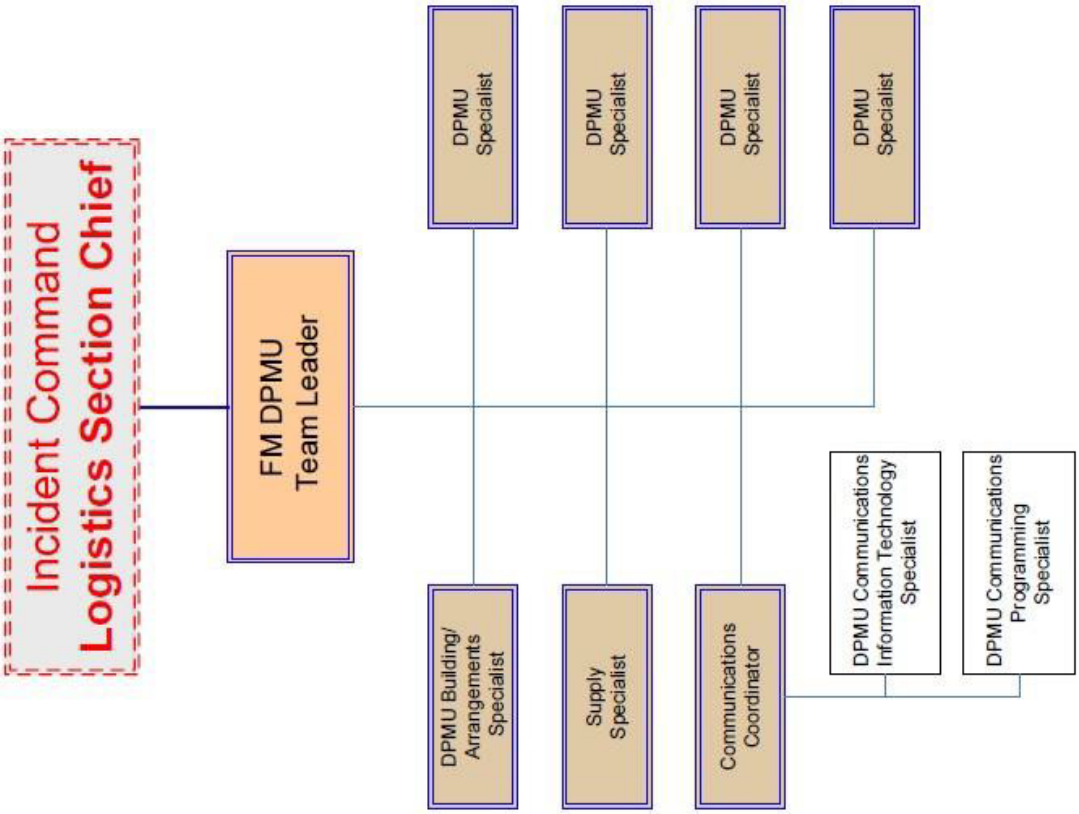

FM Morgue Units Structure (40)
FM Group Supervisor
Morgue Processing Unit Leader (20)
Morgue Forensic Unit Leader (20)
Admitting Specialist (Lead)
Admitting Specialist
Morgue Escort
Morgue Escort
Morgue Escort
Morgue Escort
Morgue Escort
Morgue Escort
Forensic Photographer (Lead)
Forensic Photographer
Forensic Photographer
Forensic Photographer
Personal Effects Specialist (Lead)
Personal Effects Specialist
Personal Effects Specialist
Embalming/ Casketing Mortuary Officer (Lead)
Embalming/ Casketing Mortuary Officer
Remains Storage/ Release Specialist (Lead)
Remains Storage/ Release Specialist
Radiology Specialist (Lead)
Radiology Specialist
Radiology Specialist
Radiology Specialist
Forensic Pathologist (Lead)
Pathology Assistant
Pathology Assistant
Forensic Pathologist
Forensic Anthropologist (Lead)
Forensic Anthropologist
Morgue Fingerprint Specialist (Lead)
Morgue Fingerprint Specialist
DNA Collection Specialist (Lead)
DNA Collection Specialist
Morgue Forensic Odontologist (Lead)
Morgue Forensic Odontologist
Morgue Forensic Odontologist
Dental Assistant
Dental Assistant


FM Victim Information Center (VIC) Unit Structure (30)
Victim Information Center (VIC) Unit Leader
VIC Administrative Specialist
VIC Documentation Specialist
Behavioral Health/ Chaplaincy Specialist
Family Affairs Specialist (Lead)
Records Management Specialist (Lead)
Family Affairs Specialist
Records Management Specialist
VIC Data Entry Specialist (Lead)
Data Entry Specialist
Data Entry Specialist
Data Entry Specialist
Data Entry Specialist
Information Collection Coordinator
Call Taker Specialist (Lead)
Call Taker Specialist
Call Taker Specialist
Call Taker Specialist
Call Taker Specialist
Interview Specialist (Lead)
Interview Specialist
Interview Specialist
Interview Specialist
Interview Specialist
Interview Specialist
Volunteer Training Specialist
Family History Specialist (Lead)
Family History Specialist
Dental/Medical Records Acquisition Specialist

FM Morgue Identification Center (MIC) Unit Structure (15)



Fatality Management DPMU Team (State Level-10)



DPMU – Disaster Portable Morgue Unit