



APMLA
ASIA PACIFIC MEDICO LEGAL AGENCIES

World Forensic Festival

12-18 Oct 2014, COEX, Seoul , Korea



IAFS 2014



AFSN 2014

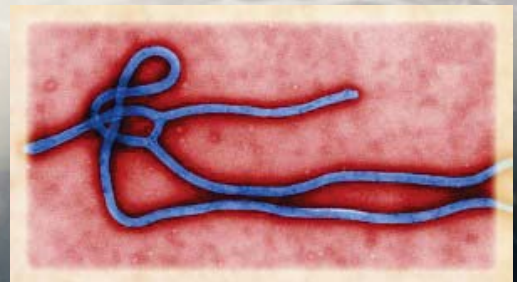


APMLA 2014



10 th World Police Medical Officers (WPMO)

EBOLA



MH17



Editorial

It has been almost 4 months since the last E-Newsletter. During this time, we have faced several challenges which require immediate and efficient strategic planning and action. This issue features the MH17 DVI operation and the impact of the mortuary services in the fight against Ebola virus spreading. Also included are the programme and registration form of the 5th Meeting of the APMLA in Seoul, Korea on 17th-18th October 2014. We will be exchanging the scope of Medico-Legal & DVI system amongst the member countries. The DVI training exercise has been in preparation and please submits the registration form to join the programme. Look forward to seeing you in Seoul.



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Editorial

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Dr. Nak-Eun Chung
Chairperson
Asia-Pacific Medico-Legal Agencies

Dear Members of APMLA,

On the behalf of the Asia-Pacific Medico-Legal Agencies, it is with great pleasure that we invite you to the World Forensic Festival (WFF) in Seoul, Korea at which the APMLA General Meeting & DVI Training will be held on 17-18 Oct. 2014.

The APMLA started out as a small group, right after the event of Bali bombing in early 2000s. Since then, our organization has welcomed a lot of forensic specialists and delegates from many countries in Asia-Pacific region paving the way for enhanced international collaboration. By the end of this year, the Interpol DVI section will have moved to Singapore. If we take more proactive measures to keep up with this change, I'm certain that the APMLA will open a new chapter and play a key role as a leader organization for disaster victim identification in Asia-Pacific region.

The APMLA is based on the principle of equality and mutual benefit among member countries. In order to achieve this, APMLA is seeking to share DVI experiences and best practices from each country. We also need to ensure that further development of the humanitarian dimension of the DVI system will help member countries of APMLA in dealing with catastrophic events.

At the end of this year, I will be finishing my two year term as Chairperson. During that time we created the APMLA's website in 2012 (www.apmla.net), and drafted a new constitution in Malaysia in 2013 which will be registered in the near future. We also have a DVI training program planned for the next APMLA conference in October.

The WFF 2014 (World Forensic Festival) will bring together forensic professionals from around the world. As this conference is intended to provide a platform for exchanging best practices in disaster victim management, the APMLA is hosting a one day program of oral presentations by outstanding speakers and scholars on October 17. In addition a comprehensive DVI training exercise will be conducted on October 18 using various scene measuring equipment and the MIM (Mass ID Manager) victim identification software called developed by the NFS.

In order to support the participation of all countries, we had called for support from the ICRC for nations facing difficulties in funding travel for a representative. ICRC delegations have considered our request and on behalf of the APMLA, I would like to thank the ICRC regional delegations for assisting our cause.

Since this is only the beginning, there is still much to be done. The future of the APMLA will certainly be bright as long as we respect, understand and embrace each other. Finally, we would like to thanks and pay tribute to all the Asia-Pacific APMLA members. Looking forward to seeing you all in Seoul!

EBOLA VIRUS DISEASE IN WEST AFRICA: WHEN CHALLENGES OF THE BACKEND PORTENDS GRAVE CONSEQUENCES FOR THE FRONTLINE

The following article from Dr Uwom Eze, Secretary General of the African Society of Forensic Medicine, has implications for us all in the Asia Pacific Region. How well do our mortuaries function? Do we have good infection control procedures? Ebola is getting worse in West Africa and could well spread to other urban settings. It could turn up in the mortuary



Uwom O. Eze, MD

Forensic Pathologist

General Secretary & Head of Secretariat
African Society of Forensic Medicine (ASFM)
International Secretariat
Ibadan, Nigeria
&
Senior Consultant
Pathology & Forensic Medicine
Department of Pathology
University College Hospital (UCH)
Ibadan

Mortuary services in most of Africa are largely unregulated. Apart from mortuaries of major government hospital and few private facilities, people with little or no skills in mortuary management and usually with no formal education in that regard, set up shops for holding bodies and for embalment by some local methods. In West Africa, It is not unusual to see adverts on prowess in body preservation/ “drying of corpses” through display of dead and “dried up”/preserved animals like dogs. There are neither protocols nor standards of practice. Bodies of deceased, usually handled with bare hands and combined with other cultural practices like “washing of bodies” and related rituals, provide a fertile ground for any highly contagious infection like Ebola virus disease (EVD). So far, governments at various levels have, at best, ignored this unstructured state of mortuary services partly because “death” is still an uncomfortable subject in most African societies and dead bodies have more attribution of supernatural connotations than mere cessation of life. This has essentially left the sphere of mortuary practice to mainly herbalists/spiritualists/traditional healers who are reckoned with the possession of such requisite spiritual credentials to manage dead bodies.

One of the difficulties in curtailing the raging outbreak of EVD in Guinea, Sierra Leone and Liberia could be considered in the context of prevailing mortuary practices. Of course, person to person contacts among the living have played a major role in the transmission of Ebola infection. Nonetheless, in suburbs and rural areas where the infection is rife, attention needs to focus more on the manner of handling of bodies of deceased by

relations, friends, neighbours and the entire community usually unsuspecting of any adverse consequences or in denial of the same. The lack of any standard mortuaries and non adherence to universal precaution by mortuary “practitioners” further make this “backend” service a high risk portal for transmission and sustenance of infection in the affected communities. It has been reported that in communities worst hit by EVD in West Africa, bodies are left for days by the authorities before collection is eventually made, and this further increases risk of contact with body fluids by close family members and friends. Attention has always focused on clinics, hospitals or treatment centres but the “backend”, where a re-entry is an imminent risk, is not considered of much priority.

Mortuary services have lagged behind every aspect of health care services to our communities in many parts of Africa. With little or no investment in personnel and facilities, the morgues are usually manned by “morticians” with little or no basic skills or qualification, and it is among the least paid job in any hospital or health institution. Thus a good number of these herbalists/spiritualists who already operate private “mortuaries” at various street corners end up taking up the role of “morticians” in formal health facilities. This scenario makes uptake of any training programme very poor and change of attitude near impossible. There is no incentive to attract young, educated and trainable workforce to the mortuary, and the operating environment makes it even difficult to retain any promising staff as mortuary work tends to serve as a stop gap, especially for the young, until a more fulfilling career comes their way. The outbreak of EVD and difficulties in

urgent need to have a holistic appraisal of all aspects of health care service, including mortuary works, in Africa. Though not the “frontline” care, it is however a “backend” that has the potential to improve and advance the “frontline” through procedures like autopsies and the application other knowledge gleaned from activities which take place in any standard mortuary for public health and interest. Investment in mortuary services by governments in Africa will also provide, at critical times like disease outbreaks, competent staff and requisite facilities in handling bodies of the dead, a proven critical procedure in the prevention of further spread of EVD and other contagious infections. There is also need for pathologists and morticians to become active advocates for a standard of care at the “backend” of medical service as our care for patients does not end at certifying dead. Rather a new phase, within the purview of expert postmortem procedures, begins.

The challenges facing mortuary services in Africa and most of the developing world will need to be revisited with clear standards set for this “backend” care in which any compromise may spell doom for the “frontline” as we have witnessed with the scenario playing out in Ebola outbreak in West Africa. The role of a proper mortuary practice in promoting public health and in preventive medicine will need to seriously engage the attention of the entire community, leaders and policy makers, and the budget office!



ICRC activities regarding forensics (I-2014)

During the first half of 2014 the ICRC has focused its activities in Indonesia, Philippines, Timor Leste and Papua New Guinea, and plans to expand them in South East Asia and China. The ICRC is planning to conduct several training activities in Indonesia in cooperation with DVI-Indonesia National Police and National Society. In similar way the ICRC will continue to support local authorities in Timor Leste (PNITL) and the National Society (CVTL) in technical advice and support in issues related with forensic identification and management of the dead. The ICRC has offered support to the National Bureau of Investigation in the Philippines and is in contact with other national authorities while reviewing the national guidelines for the management of the dead. The ICRC is supporting the participation of national experts in several training activities organized by the organization in Geneva. The ICRC will participate during the next IAFS meeting (including APMIA meeting) in October 2014, with a workshop and several presentations in special sessions.

Andres Patino
ICRC Regional Forensic Advisor
based in Jakarta

MH17

disaster victim identification and deceased management process.



Associate Professor David Ranson
Deputy Director VIFM

On 23 July a DVI team from the VIFM made up of a forensic pathologist, two forensic odontologists and a mortuary technician joined the Dutch-led international DVI team working on the victims of the MH17 disaster for a two week deployment. The post mortem examinations were undertaken at a military facility at Hilversum outside Amsterdam.

Some 228 coffins were received for examination which was managed in several distinct phases. On opening each coffin, the remains were subject to an initial CBRN screening process for hazardous chemicals that might pose a danger to those engaged in the medico-legal death investigation. A number of chemicals were detected from time to time amongst the remains. The most common was formaldehyde with some bodies also apparently contaminated with hydrazine. A radiological examination of the remains followed the chemical screening.



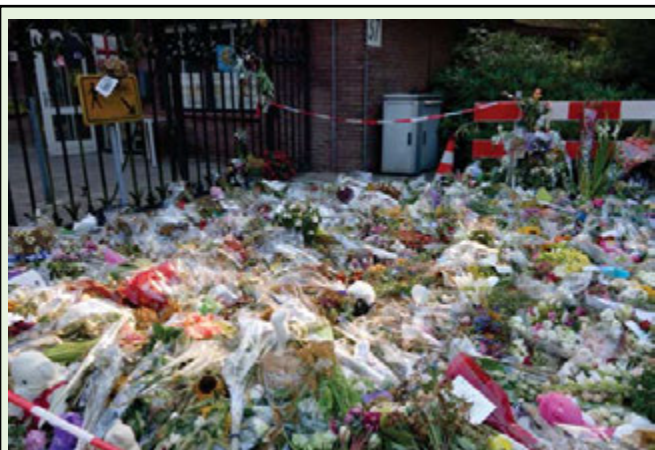
For the first few days of the post-mortem phase of the disaster victim identification process a customs type x-ray screening facility was used. This was subsequently replaced by a portable CT scanner which was used to screen all of the remains within each coffin. A planar projection of the remains was then printed and included within the PM phase documents available to the DVI investigation and the forensic investigation teams.

If the post-mortem CT scan revealed foreign material that may have been associated with a bomb or fragments of a rocket or other weapon then the deceased was allocated to a specialised forensic pathology investigation stream. This forensic pathology investigation stream was staffed by forensic pathologists from the Netherlands Forensic Institute. These pathologists performed limited autopsies aimed at removing foreign material with potential evidential value. When this had been completed the remains were then moved to the disaster victim identification stream. If the post-mortem CT scan did not reveal foreign material with evidential value, the remains were moved directly to the disaster victim identification stream.

Each line was made up of a number of examination stations, each with its own operating table and the deceased's remains were moved to each station in turn along the line. The first operating table was the fingerprinting station where fingerprints were recorded from fingers and palms and, where necessary, from feet.

At the second operating table station overall photographs were taken of the remains and along with removal and recording of jewellery, clothing and other personal items. These items were also cleaned and photographed. An external examination of the body was undertaken for the presence of scars, scars, tattoos or other identifying features. All identified features and property were individually photographed with and without a scale.

At the third operating table station minor forensic pathology dissection was performed to obtain specimens for DNA analysis and locate and remove prosthetic devices such as breast implants, joint prostheses and internal fixation devices. A sample of deep muscle and two portions of long bone were collected for DNA analysis from each complete set of remains, with muscle and bone collected wherever possible from smaller sets of remains.



Floral tributes left outside the gates of the MH17 DVI facility in the Netherlands.



From front to back:

Dr. Anton Castilani (the Chief of the Indonesia National Police Medical Department)

Associate Professor David Ranson (VIFM Australia)

Dr. Daniel (the Odontologist and DNA Specialist of the Indonesia National Police Medical Department)

Detailed dental examination of the remains was performed at the fourth operating table station. In addition to direct clinical examination of the teeth and jaws, a series of dental radiographs were taken and digitally uploaded into the Plassdata data system.

On completion of the medical and forensic examination of the remains, a quality assurance check was undertaken by a separate investigation team. On completion of this check the remains were re-encofined and placed back into storage.

Due to the potential hazards associated with the chemical contamination of the remains all of the procedures outlined above had to be undertaken while wearing enclosed chemical resistant and waterproof suits and full-face filtered masks.

1. APMLA Program UPDATE!

2. Application for APMLA Training Course

Application for “**APMLA Mass Casualty Management Training**” is open! Please fill out and return it to the secretariat (Ms. Jiyeon Shin, shinx337@hotmail.com) no later than **September 10**.

3. ICRC Workshop in IAFS

It is pleased to inform you that ICRC holds a workshop in IAFS meeting. If you want to apply workshop, contact registration team (reg@wff2014korea.org)

- **Date & Time:** Oct 14 (Tue) 09:00-17:30
- **Place:** Hall E 2
- **Workshop Fee:** 150 USD
- **Program**

"Humanitarian forensic action for the management and identification of human remains from armed conflicts and catastrophes"

Educational objective: After attending this workshop, attendees will become familiar with the conceptual framework and main practical considerations related to the emerging field of humanitarian forensic action applied to the management and identification of the dead from armed conflicts and catastrophes.

Impact on the forensic science community and/or humanity: This workshop will impact on the forensic community by providing an overview of current knowledge and experience in the forensic management and identification of the dead from armed conflicts and catastrophes.

Program description: A multidisciplinary panel of international experts will share their recommendations, experiences, and lessons learned in the development and practice of humanitarian forensic action. Topics for discussion will range from applicable legal frameworks; the integration of various forensic disciplines for the search, recovery, analysis, identification and management of the dead in humanitarian operations, to the proper disposal of the dead and addressing the needs of the bereaved. Case studies will be provided exploring current activities and challenges in resolving issues of missing persons.

APMLA 2014

I. APMLA Workshop

- Date & Time: Oct 17 (Fri), 09:00-19:00
- Place: Grand Ballroom 105 (1F)

Time	Program	Speaker
09:00 – 09:05	Opening Speech	Nak-Eun Chung (Korea)
09:05- 09:10	Welcome speech	Stephen Cordner (Australia)
09:10- 09:30	Progress Reports on the proceeding of APMLA	Liz Manning (Australia) Panjai Woharndee (Thailand)
09:30 – 10:45	Medico-Legal & DVI System in Asia Pacific Region 1 : Japan, Hong Kong, Philippines, Malaysia, Timor Este	
10:45 – 11:00	Coffee Break	
11:00 – 12:30	Medico-Legal & DVI System in Asia Pacific Region 2 : Indonesia, Thailand, Cambodia, Vietnam, Myanmar, India	
12:30 – 14:00	Working Lunch	
14:00 – 14:30	New Strategy for DVI Management in Asia-Pacific Region after moving DVI section of Interpol to Singapore.	Simon Djidrovski (France)
14:30 – 15:00	TBD	
15:00 – 15:30	Medico-Legal Systems in Pacific Islands and making stronger network for DVI in those areas.	James Kalougivaki (Fiji Islands)
15:30 – 16:00	Coffee Break	
16:00 – 16:30	Post Tsunami DVI – 10 years progress in Sri Lanka	Clifford Perera (Sri Lanka)
16:30 – 17:00	Efforts to establish the Asia-Pacific Network in DVI management by Australia	Stephen Cordner (Australia)
17:00 – 17:30	Introduction of Mass ID Manager (MIM) ; newly developed total solution for victims identification	Nak-Eun Chung (Korea) Jong-Pil Park (Korea)
17:40 – 19:00	APMLA General Meeting	

II. Comprehensive Training Course for Airline Accident

- **Date & Time:** Oct 18 (Sat), 09:00-15:00
- **Place:** Incheon International airport, Incheon Airport Aviation Academy

Purpose

The comprehensive training program is intended to carry out effective victim identification and management in case of mass casualties. In this particular scenario, airplane filled with international passengers will be crashed and international DVI teams will be formed accordingly.

Participants:

- 1) Delegates from APMLA member countries
- 2) Individual/institution who wish to participate (advanced registration required)
- 3) (Sponsored by NFS) Aviation and Railway Accident Investigation Board, Incheon International Airport Operation Center.

Training Plan:

- Investigation of crash site & Demonstration of body recovery & transport
- Establishment/management of temporary mortuary
- Organization of international disaster victim identification teams (20-30 nations in Asia-Pacific region)
- Victims Identification & Operation of Mass ID manager (MIM)

Summary of Training Plan

- To establish a training manual for an actual emergency as conducting a simulation training
- To investigate the scene of accident using different measuring equipment
- To operate temporary mortuary for managing bodies, body parts, and personal effects
- To demonstrate victim identification process using MIM & repatriation process for identified victims.

Contents

- NSF owned various scene measuring equipment
 - Aerial picture taking equipment: Helicam
 - Topographic measuring equipment:
 - 360° Full HD panoramic scanner (SCENEWORKS)
 - Surface scanner (RIEGL VZ-400, HDS-6100, ATOS Core)
 - Underground measuring equipment: Ground Penetrating Radar (GPR)

APMLA 2014 Registration Form

* Please fill out the following form completely

Personal Information	
ID (E-mail)	<i>* If you signed-up WFF website, please enter your email account ONLY</i>
Title	<input type="checkbox"/> Prof. <input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> M.D. <input type="checkbox"/> Ph.D <input type="checkbox"/> Others ()
First Name	Last Name
Telephone	Mobile
Organization	Department
Specialty	<input type="checkbox"/> Forensic Pathology <input type="checkbox"/> Mass Disaster <input type="checkbox"/> Forensic Anthropology <input type="checkbox"/> Others ()
Field of Practice	<input type="checkbox"/> Government Official <input type="checkbox"/> Lab <input type="checkbox"/> University <input type="checkbox"/> Hospital <input type="checkbox"/> Research Institute <input type="checkbox"/> Company <input type="checkbox"/> Others ()
Meeting	<input type="checkbox"/> APMLA Workshop (Oct 17) <input type="checkbox"/> APMLA Mass Casualty Management Training (Oct 18) <p>* Please choose the meeting you'd like to attend. You can apply for a duplicate. APMLA members will be given priority over nonmembers * If you want to register other WFF program (IAFS, APMLA), please visit WFF online registration (http://wff2014korea.org/regist/index.php).</p>

Transportation & Accommodation

If you want to apply Training Course on Oct 18, please check your preference regarding transportation and accommodation as follow;

	Transportation (Coex → Incheon)	Accommodation									
<input type="checkbox"/>	Depart from Oct 18, 07:00	This is an option for people who wish to stay near Coex. You can reserve your hotel yourself. Please refer conference hotel: http://wff2014korea.org/acc/index.php									
<input type="checkbox"/>	Depart from Oct 17, 22:00	You can stay at a hotel located in Incheon Airport Aviation Academy where the training takes place. If you wish to move your hotel closer to the training place, reservation is available through secretariat. Please see details below and fill out the following information.									
		<table border="1"> <thead> <tr> <th>Check-Out Date</th> <th>Room type & Request</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> Oct 18 <input type="checkbox"/> Oct 19</td> <td></td> </tr> </tbody> </table>	Check-Out Date	Room type & Request	<input type="checkbox"/> Oct 18 <input type="checkbox"/> Oct 19						
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	Per Person	Extra Person Charge									
Double Occupancy	KRW 70,000	KRW 20,000									
Quad Occupancy	KRW 120,000	KRW 10,000									
For attendees who do not request a particular roommate will be assigned randomly											

* For any inquiries, please contact the APMLA 2014 Secretariat.

» APMLA Workshop

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📍 **Place:** Grand Ballroom 105 (1F)

Time	Title	Speaker
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09:10-09:30	PROGRESS REPORTS ON THE PROCEEDING OF APMLA	Liz Manning (Australia) Panjai Woharndee (Thailand)
09:30 – 10:45	MEDICO-LEGAL & DVI SYSTEM IN ASIA PACIFIC REGION 1: JAPAN, HONG KONG, PHILIPPINES, MALAYSIA, TIMOR ESTE	
10:45 – 11:00	Coffee Break	
11:00 – 12:30	MEDICO-LEGAL & DVI SYSTEM IN ASIA PACIFIC REGION 2: INDONESIA, THAILAND, CAMBODIA, VIETNAM, MYANMAR, INDIA	
12:30 – 14:00	Working Lunch	
14:00 – 14:30	NEW STRATEGY FOR DVI MANAGEMENT IN ASIA-PACIFIC REGION AFTER MOVING DVI SECTION OF INTERPOL TO SINGAPORE.	Simon Djidrovski (France)
14:30 – 15:00	TBD	
15:00 – 15:30	MEDICO-LEGAL SYSTEMS IN PACIFIC ISLANDS AND MAKING STRONGER NETWORK FOR DVI IN THOSE AREAS.	James Kalougivaki (Fiji Islands)
15:30 – 16:00	Coffee Break	
16:00 – 16:30	POST TSUNAMI DVI – 10 YEARS PROGRESS IN SRI LANKA	Clifford Perera (Sri Lanka)
16:30 – 17:00	EFFORTS TO ESTABLISH THE ASIA-PACIFIC NETWORK IN DVI MANAGEMENT BY AUSTRALIA	Stephen Cordner (Australia)
17:00 – 17:30	INTRODUCTION OF MASS ID MANAGER (MIM) ; NEWLY DEVELOPED TOTAL SOLUTION FOR VICTIMS IDENTIFICATION	Nak-Eun Chung (Korea) Jong-Pil Park (Korea)
17:40 – 19:00	APMLA General Meeting	

» Comprehensive Training Course for Airline Accident

• **Date & Time:** October 18 (Sat), 09:00-15:00

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• **Purpose:**

The comprehensive training program is intended to carry out effective victim identification and management in case of mass casualties. In this particular scenario, airplane filled with international passengers will be crashed and international DVI teams will be formed accordingly.

• **Participants:**

1. Delegates from APMLA member countries
2. Individual/institution who wish to participate (advanced registration required)
3. (Sponsored by NFS) Aviation and Railway Accident Investigation Board, Incheon International Airport Operation Center.

• **Training Plan:**

- Investigation of crash site & Demonstration of body recovery & transport
- Establishment/management of temporary mortuary
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• **Summary of Training Plan:**

- To establish a training manual for an actual emergency as conducting a simulation training
- To investigate the scene of accident using different measuring equipment
- To operate temporary mortuary for managing bodies, body parts, and personal effects
- To demonstrate victim identification process using MIM & repatriation process for identified victims.

• **Contents:**

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 - Topographic measuring equipment :
 - 360° Full HD panoramic scanner (SCENEWORKS)
 - Surface scanner (RIEGL VZ-400, HDS-6100, ATOS Core)
 - Underground measuring equipment: Ground Penetrating Radar (GPR)

Aerial Picture
(Helicam)

Topographic
Measuring
(Sceneworks)

Topographic
Measuring
(Surface Scanner)

Underground
Measuring
(GPR)



Minutes of General Meeting held at Hospital Kuala Lumpur Sunday 6 October 2013.

Attendees: Dr Akira Miyata (Japan); Dr Ananda Samasekera (Sri Lanka); Dr Anuruddhi Edivisinghe (Sri Lanka); Bhinu Shova Tuladhar (Nepal); Dr Carl K K Leung (Hong Kong); Cheryl Katzmarzyk (ICRC¹observer); Dr Clifford Perera (Sri Lanka); Dr Djaja Surya Atmadja (Indonesia); Dr Evi Untoro (Indonesia); Dr James Kalougivaki (Fiji Islands); The Hon. John Coldrey (Australia); Dr Kaone Panzirah-Mabaka (ASFM² Observer Botswana); Dr Liz Manning (Australia); Prof Luis Fonderbrider (EAAF³ observer Argentina); Dr Mohamad Azaini Ibrahim (Malaysia); Brigadier General Dato' Dr Mohd Ilham Haron (Malaysia); Lt Col Mohd Sakri Hussin (Malaysia); Dr Mohd Shah Mahmood (Malaysia); Assoc Prof Dr Morio Iino (Japan); Mouzinho Tavares Correia (Timor Leste); Dr Nak-Eun Chung (Korea); Dr Nor Atika Md Ashar (Malaysia); Dr Norhayati Jaafar (Malaysia); Dr Nurliza Abdulla (Malaysia); Dr Panjai Woharndee (Thailand); Dr Peter Vanezis (observer United Kingdom); Dr Pham Xuan Toan (Vietnam); Dr Philip Beh (Hong Kong); Dr Philip Golpak (Papua New Guinea); Dr Poon Wai-Ming (Hong Kong); Dr Pramod Shresthra (Nepal); Prof Dr Ravindra Fernando (Sri Lanka); Dr Soren Blau (Australia); Prof Stephen Cordner (Australia); Dr Uwom Eze (ASFM observer Nigeria); Dr Vina Vaswani (India); Vu Nguyen Cam Tu (Vietnam); Dr Wisam Worasuwannarak (Thailand); Dr Withoo Phruksanan (Thailand); Dr Yan Htoo Aung (Myanmar); Dr Valentin Yudy (Indonesia).

The meeting opened at 5.30pm.

All attendees were provided with a copy of the Agenda and the draft Constitution which had been circulated earlier by email to the APMLA email list.

Welcome by Chair

INPALMS Congress Chairman, Dr Mohd Shah introduced Interim APMLA Chair Dr Nak-Eun Chung. Dr Chung welcomed attendees, especially invited observers Dr Uwom Eze and Dr Kaone Panzirah-Mabaka from the African Society of Forensic Medicine (ASFM) and Lic Luis Fonderbrider from the Argentine Forensic Anthropology Team. Dr Chung thanked Professor Stephen Cordner from the VIFM for his work in facilitating the development of the APMLA. Each attendee then briefly introduced themselves.

Presentation by Dr Uwom Eze African Society of Forensic Medicine

Dr Eun-Chung then invited Dr Uwom Eze to provide a brief presentation on the development of the ASFM. Dr Eze explained that Professor Stephen Cordner's vision to facilitate the formation of a pan-African network of forensic clinicians and the opportunity he and Dr Panzirah-Mabaka had in undertaking a placement at the VIFM were pivotal drivers in the establishment of the ASFM in 2010. He also acknowledged support from the Australian Federal Police, the ICRC and the EAAF. Dr Eze said the ASFM had moved from a collection of individual practitioners to create a strong body which can now talk to Governments and improve standards in forensic medicine in Africa. Dr Eze listed some of the ASFM activities which had included training in Botswana; Namibia, Uganda and South Africa. He explained that the ASFM has now grown to have a membership of 150 forensic clinicians from 25 African nations. The ASFM now has a draft minimum forensic medical standards document to present at its next meeting. Dr Eze emphasised the importance of collaboration and partnerships in this field because disasters are global and no country and region can stand on its own. "We share values, aspirations and

¹ International Committee of the Red Cross

² African Society of Forensic Medicine

³ Argentine Forensic Anthropology Team

face similar problems". He congratulated the APMLA on its progress and invited APMLA members to attend the next ASFM meeting in Abuja in Nigeria in March 2014 to continue region to region networking.

Presentation by Lic Luis Fonderbrider from the Argentine Forensic Anthropology Team

Dr Chung then invited EAAF President Lic Luis Fonderbrider to speak. Lic Fonderbrider explained that Latin American nations had also faced similar challenges and had benefited from networking. He then briefed the meeting on a Forensic Services and Human Rights one month training course which would be run in partnership with the Central Institute of Forensic Science (CIFS) in Bangkok Thailand at the end of 2014.

Dr Chung then made presentations to Dr Panjai Woharndee from the CIFS and Dr Liz Manning from the VIFM for their organisational support for the APMLA over the past year. Dr Chung then handed over to Professor Stephen Cordner to undertake a detailed discussion on the draft APMLA Constitution.

Review of draft APMLA Constitution

Professor Cordner said that the APMLA meeting was very consciously taking place during INPALMS and made the point that the APMLA is not a competitor to INPALMS but is there to support INPALMS. While the INPALMS' focus is on a major congress which is held every three years for individuals engaged in the forensic medico-legal field, the APMLA will focus on ongoing institutional collaboration and forensic medical development activities in the Asia Pacific region. Forensic medical institutions which can commit to actions will be the primary focus for the APMLA.

Professor Cordner said that the world is becoming increasingly regionalised in the forensic field and the UNODC⁴, Interpol⁵ and the ICRC can look to these organisations to liaise and partner with to deliver programs. He said that the development of this network is happening at a good time. Forensic scientists have led the way in becoming organised into effective international groupings and the APMLA will need to engage with these organisations. This region is the world's most disaster prone and better responding to this will be a key focus for the APMLA, he said.

Professor Cordner proposed that the Constitution (after review and agreement) be incorporated as a not for profit organisation in Korea as the home nation of the interim Chair, Dr Nak Eun-Chung and noted that this may have some minor impact on the Constitution in complying with Korea's laws.

Professor Cordner then undertook a detailed review of the draft Constitution which was projected on to the wall. He noted that he was seeking broad agreement to enable to registration of the organisation and said that the Constitution is not rigid and it is relatively straight forward to change to accommodate new requirements as they arise. "It is complicated enough as it is and we would like to keep it as simple as possible to get the organisation off the ground."

Professor Cordner drew attention to the definition of membership eligibility which while having a primary focus on institutions also allowed for individual members where Governments directly engage sole practitioners for forensic medical service delivery.

Members shall be organisations, agencies or government entities that provide forensic medical services⁶ or in relation to countries where there is no such entity, individual clinicians who provide forensic medical services through a Government appointment.

Professor Cordner then outlined the voting process noting that while membership would not be limited on a national basis, voting would be limited to one vote per nation as per below.

Membership will be not limited on a national basis but voting will be limited to one vote per nation with the responsible voting delegate to be nominated by the members from that nation.

⁴ United Nations Office on Drugs and Crime

⁵ The International Criminal Police Organization

⁶ Forensic medical services means: forensic pathology, clinical forensic medicine, traffic medicine, sexual assault medicine, child abuse evaluation, forensic anthropology, forensic odontology, forensic entomology; toxicology and molecular biology services related to the foregoing.

Dr Peter Vanesiz asked if membership was open to organisations beyond the Asia Pacific region. Professor Cordner responded that the focus of the organisation was geographic. However he added that while membership would be limited geographically this did not prevent partnerships or collaborations with entities from other regions.

There was some discussion about the names of the members that will appear in the schedule of the Constitution when it is registered. It was explained that the interim Committee Chaired by Dr Nak Eun-Chung will send out an APMLA invitations/membership application forms and forensic medical organisations will be asked to endorse/nominate their representative. Where there are no relevant institutions then individuals will be invited to join.

Dr Panjai Woharndee asked if private hospitals would be eligible and it was decided that if they were responsible for the delivery of forensic medical services then yes they would be eligible. Dr Akira Miyata from the Japanese Red Cross advised that because of the complex nature of forensic medical services in Japan, the Japanese Forensic Medical Society may be the most appropriate body to join the APMLA. He agreed to discuss this with his colleagues.

There was some discussion on the term of office for the Management Committee which allows for continuity balanced by the need to provide opportunities for new Committee members to join.

The Hon John Coldrey advised that he had some minor suggestions for improving wording in the document which would improve the legal clarity of the intentions. Some minor changes and amendments to the Constitution were made by Professor Cordner in the process of the review.

On completion of the review Professor Cordner then passed back to Dr Chung.

Dr Chung then called on attendees to endorse the amended Constitution for registration in the coming year in Korea.

This was agreed by a unanimous show of hands.

Interim Committee Continuation

It was agreed that the Interim Committee (Dr Nak- Eun Chung; Professor S. Cordner; Dr P.Woharndee and Dr A.Castilani) would continue until the next APMLA meeting at the IAFS Conference in Seoul, Korea in October, 2014 at which time Dr Chung will stand down and a new Chair and Committee will be elected.

APMLA Newsletter and Communications

Dr Panjai Woharndee then asked for attendees to please consider contributing articles for the next APMLA Newsletter. All attendees were asked to fill in the attendance sheet.

It was agreed that the Minutes of the meeting would be distributed along with the final revised version of the APMLA Constitution, the meeting contact list and a APMLA membership registration form by the end of October.

It was further agreed that the Interim Committee would also maintain regular communication with attendees including the APMLA Newsletter and Email Updates. Attendees were asked to stop to have their photographs taken on their way out.

Next APMLA Meeting

The next general meeting of the APMLA will take place at the IAFS Meeting in Seoul in Korea on 17 October, 2014.

The Chair thanked Dr Mohd Shah for his assistance in organising a venue for the meeting, administrative support and for hosting the dinner which followed the meeting.

The meeting was closed at 6.45pm



Minutes of General Meeting held at Shangri La Hotel Wednesday 9 October 2013

Attendees: Dr Akira Miyata (Japan); Dr Anuruddhi Edivisinghe (Sri Lanka); Cheryl Katzmarzyk (ICRC); Dr Clifford Perera (Sri Lanka); Dr Liz Manning (Australia); Dr Mohd Shah Mahmood (Malaysia); Mouzinho Tavares Correia (Timor Leste); Dr Nak-Eun Chung (Korea); Maria Jung (Korea); Dr Panjai Woharndee (Thailand); Dr Philip Golpak (Papua New Guinea); Dr Poon Wai-Ming (Hong Kong); Prof Stephen Cordner (Australia); Dr Yan Htoo Aung (Myanmar); Dr Rohan Ruwanpura (Sri Lanka); Dr Ajith Tennakoon (Sri Lanka).

The meeting opened at 7.30am.

APMLA Chair Dr Nak- Eun Chung welcomed attendees and advised that this meeting would focus on activities and priorities for the APMLA for the coming year.

ICRC Update

ICRC representative Cheryl Katzmarzyk advised that the new ICRC Forensic Coordinator for the Asia/Pacific region was Andres Patino who would be based in Jakarta. Ms Katzmarzyk advised that Mr Patino would liaise with the APMLA and work on disaster and emergency response in relation to management of the dead with Red Cross Societies. She mentioned he would also continue forensic capacity development with the work with the Timor Leste National Police and in Papua New Guinea, Viet Nam and Cambodia on work in identifying the missing and improving mortuaries. She added that the ICRC was keen to encourage regional cooperation in this field and to assist with the development of the APMLA.

Communication

Professor Cordner made the point that what will assist this process is having a better understanding of what each nation is doing in this field. He said that it is crucial that we keep in touch and communicate to support interaction between nations. We don't know what assistance we can muster or training opportunities we can develop unless we know what is happening.

It was further agreed that the Interim Committee would also maintain regular communication with attendees including the APMLA Newsletter and Email Updates.

DVI Exercises

Dr Chung advised that a one day DVI plane crash Scenario using the MIM software would be held at an airport at Seoul in conjunction with the October 2014 IAFS Conference in Korea. The exercise will involve forensic pathologists, forensic odontologists, DNA scientists and forensic anthropologists. Dr Chung further advised that he will approach the Korean Government for funding support to cross validate the MIM DVI software internationally.

Dr Mohd Shah advised that Malaysia was also contemplating having a DVI exercise in 2014 and may consider inviting others to attend as observers such as Myanmar. There was some discussion about Interpol Standards being complicated and the need to develop a simplified standard for DVI in the Asia Pacific region.

Dr Yan Htoo Aung said that DVI infrastructure was very limited in Myanmar and that while doctors had more understanding than police it was very difficult for them to access DVI training.

APMLA Objectives

Dr Miyata said he thought that the APMLA has two key objectives which were education and DVI harmonisation in the Asia Pacific region. He added that while it is easy to participate in training the construction of new DVI information systems faces internal issues in each nation. Therefore he suggested that initially it might be easier to focus on education activities.

Some of the other areas identified as of interest to the APMLA included:

- Human Rights
- Missing person's identification (collaboration in sharing information including post mortem data across national boundaries).
- Clinical Forensic Medicine (medico-legal investigation of interpersonal injuries and sexual violence, effects of drugs and alcohol and custodial medicine).

Professor Cordner asked if Red Cross Societies have regional meetings and said it would be useful to have APMLA representation at such a meeting to create some links. He added that it was important to let relevant organisations know that the APMLA exists and wants to be involved and participate in relevant activities.

There was some discussion about forensic medical clinicians getting limited or sporadic DVI experience (such as Sri Lankan doctors in the aftermath of the Tsunami) and then the new cohort of clinicians not having any experience. There was a suggestion that a regional DVI training team and program be developed that ran every 3 to four years. Cheryl Katzarzyk advised that the ICRC had recently run DVI training in Sri Lanka.

Network with ICRC and Red Cross Societies

Professor Cordner suggested that it would be very useful for APMLA members to visit their ICRC and Red Cross organisations once or twice a year to network at that level. Dr Miyata strongly supported this recommendation.

Membership

There was some discussion about encouraging the involvement of China. While Hong Kong was represented the forensic medical system was somewhat different to that in mainland China. It was noted that Dr Carl Leung (Forensic Odontologist in Hong Kong) is on the Board of the Chinese Forensic Medicine Association which has some 25,000 members. Other nations to target include Cambodia, Laos, Singapore and the Philippines.

Forensic Medical Register for the Asia Pacific region

There was some discussion about the need for the APMLA to create a Register of national forensic medical capacities and contacts for the Asia Pacific region.

Forensic Medical Standards

The need to develop standards for autopsies and mortuary management that can be disseminated across the Asia Pacific region was also discussed.

Draft Program for 2014 APMLA Mtg

The draft program for the APMLA Meeting at IAFS in Seoul Korea on 17 October 2014 was distributed by Maria Jung who asked for feedback.

Next APMLA Meeting

The next general meeting of the APMLA will take place at the IAFS Meeting in Seoul in Korea on 17 October 2014 followed by a DVI scenario on 18 September 2014.