F24   Tsunami: What Went Well and Not So Well

Michel Perrier, DDS*, University of Lausanne, Ave de Rumine 7, Lausanne, 1005, Switzerland; Marc Bollmann, MD, University of Lausanne, Rue du Bugnon 15, Lausanne, 1005, Switzerland; Bernhard Knell, DDS, University of Zurich, Irchelstrasse 22, Zurich, 8050, Switzerland; and Patrice Mangin, MD, PhD, University of Lausanne, Rue du Bugnon 15, Lausanne, 1005, Switzerland

After attending this presentation, attendees will understand some lessons learned as an odontologist after the tsunami disaster. This presentation will outline the conclusions reached while considering various aspects of the strategy implemented in the identification procedures in the wake of the tsunami disaster of December 26, 2004

The purpose of this presentation is to outline the conclusions reached while considering various aspects of the strategy implemented in the identification procedures in the wake of the tsunami disaster of December 26, 2004. Lessons to be learned will also be discussed.

Everyone can understand that the magnitude of this particular disaster translates into a tremendous amount of work for the different teams to reach their respective objectives. At the same time, no one can realistically expect high success rates in solving all the problems. In this sense, the situation is comparable to that of the NYC disaster of September 11, 2001.

Among the positive achievements in carrying out this titanic enterprise was the spontaneous, immediate readiness of several competent international DVI teams to cooperate, to reach and remain on the different locations, and to use a coordinated standardized identification program, the IDsys of the

The not so positive aspects included the initial chaos that slowed down and sometimes jeopardized optimal action, occasional mix-ups of different nomenclatures, difficulties in finding antemortem records, and the intrusiveness of the media.

Issues specific to odontology will also be discussed. These include the efficiency of the professionals involved, the working conditions, cooperation with other teams, and the advantages and disadvantages of using a digital program. It should be emphasized that over 90% of the identified victims were identified thanks to dental evidence. This fact represents an interesting and encouraging challenge for odontologists.

To illustrate this presentation, two particular cases will be presented. The first case concerns a young woman that could be identified on location. The second case was that of an already identified body that was returned to the family. The relatives decided to seek a second opinion and received substantial support of the media and of political figures. Difficulties arose when it became necessary to re-examine the appropriate dental antemortem records.

Forensic Odontology, Mass Disaster, Identifications