G127 Medical Examiner and Forensic Lab Operations During a Natural Disaster: Lessons Learned From Hurricane Sandy

David R. Fisher, MS, NYC OCME, Dept of Forensic Biology, 421 E 26th Street, #11-50, New York, NY 10016; Frank DePaolo*, 520 First Avenue, New York, NY 10016*

After attending this presentation, attendees will learn more about Disaster Victim Identification (DVI) and some of the challenges faced by the New York City Office of Chief Medical Examiner (NYC OCME) during Hurricane Sandy and its immediate aftermath.

This presentation will impact the forensic science community by reviewing the plan used by the medical examiner's office to identify victims of Hurricane Sandy as well as maintaining continuity of operations immediately after the storm. The community will also hear about lessons learned.

On October 29, 2012, a Category 1 hurricane made landfall near Brigantine, New Jersey. The storm surge hit New York City, flooding streets, tunnels, and subway lines. Power was cut in and around New York City leaving approximately 1.5 million people in New York in the dark. Schools were closed for a week, cell phone service in many parts of New York City was non-operational, traffic signals were not working on many New York City streets, bridges were closed, mass transit and airports were shut down, and fuel shortages were commonplace. City shelters were opened throughout New York City for displaced persons, the New York Stock Exchange was closed for two consecutive days, and two area hospitals had to be evacuated. There were 44 direct storm-related fatalities and approximately $20 billion in property damage in New York City.

The NYC OCME activated its All-Hazard Mass Fatality Management Plan and transferred all of its regular daily death cases to its Queens facility. Disaster morgue operations were located at the OCME's Manhattan facility and due to the rapid rate of recovery, operations were able to be run close to normal. NYC OCME field operations were set up in the Rockaways, Queens, and Staten Island. Most fatalities were located in low-lying coastal areas of Staten Island and the Rockaways with the cause of death being 79% drowning and 14% blunt impact trauma. Ninety-three percent of victims were identified through contextual means and 5% were identified using fingerprints. No DNA or dental records were required to make identifications. NYC OCME was successful in managing simultaneous continuity of operations and external disaster responses.

This presentation will also review NYC OCME's Continuity of Operations Plan (COOP) and the importance of identifying other skill sets that employees may have prior to any disaster. In the aftermath of the storm, NYC OCME employees were instrumental in a variety of diverse tasks in logistics and operations.

The NYC OCME experienced some significant equipment and facility damage. Moreover, in a major catastrophic event, city agencies may need to be totally self-sufficient. Lessons learned by the NYC OCME in the aftermath of Hurricane Sandy can help other medical examiner offices and crime laboratories better develop their own disaster management plan.

Hurricane Sandy, Disaster Victim Identification, Natural Disaster

 ** Presenting Author*