

REPORT OF THE OVERSIGHT COMMITTEE

- I. **PREAMBLE:** At the request of the United Nations International Criminal Tribunal and the Office of the Chief Prosecutor located at the Hague, Netherlands, a panel of forensic anthropologists and pathologists was convened at the Office of the Bexar County Medical Examiner, San Antonio, Texas from the 14th to the 19th of November 1997. The members of the panel were:

Walter H. Birkby, Ph.D. -	Forensic Anthropologist, Tucson, Arizona
Vincent J.M. DiMaio, M.D. -	Forensic Pathologist, San Antonio, Texas
Richard C. Froede, M.D. -	Forensic Pathologist, Tucson, Arizona
Ellis R. Kerley, Ph.D. -	Forensic Anthropologist, Lake San Marcos, California
Jerry Melbye, Ph.D. -	Forensic Anthropologist, Mississauga, Ontario, Canada

Absent were:

Prof. Michael A. Green -	Forensic Pathologist Sheffield, UK
Prof. Jack Crane -	Forensic Pathologist Belfast, Northern Ireland, UK

Present at the preliminary briefing and later debriefing were two members of the War Crimes Tribunal, The Hague:

Peter H. McCloskey -	Prosecuting Attorney
Jan Kruszewski -	Criminal Investigator

- II. **SPECIFIED TASK:** The panel was charged with: (1) review of all preliminary materials presented by the War Crimes Tribunal (WCT) prior to the San Antonio meeting (Appendix A) and, (2) interviewing members of the multidisciplinary professional teams (anthropologists, archaeologists, pathologists, criminal investigators and evidence collection personnel), in order to determine the veracity of allegations of administrative mismanagement, professional mismanagement and/or misconduct, and personnel problems and interpersonal relationships.

Members of the multidisciplinary professional teams interviewed in San Antonio were as follows:

Robert Bux -	Forensic Pathologist
Melissa Connor -	Archaeologist
Tim Curran -	Criminal Investigator (Evidence Manager)
Dorothy Gallagher -	Archaeologist
Juerenna Hoffmann -	Anthropologist
Clea Koff -	Anthropologist
David del Pino -	Anthropologist
Clyde Snow -	Anthropologist
Rebecca Saunders -	Anthropologist
William Haglund, Ph.D. -	Forensic Anthropologist
Robert Kirchner, M.D. -	Forensic Pathologist

Telephonic Communications:

Andrew Thomson -	UN Official
Jack Crane -	Forensic Pathologist

- III. **INTERVIEWING PROCESS:** Following a briefing by an ICTY attorney on Saturday, November 15, 1997, interviews of the team members were conducted on an individual basis in the office beginning on Sunday, November 16, 1997. During the first two days the interviewees were: Connor, Curran, Gallagher, Hoffmann, Koff, del Pino, Snow and Saunders. The last two days were reserved for Haglund and Kirchner.

The entire panel was in agreement, there would be no audio or video taping nor would outside parties be present during the said interview. The panel felt this type of process would allow more informality, prevent guarding of commentary, and the person interviewed would be more candid during the questioning process.

The interview format was kept consistent, with each person being asked general questions concerning their qualifications, their perspective on the type of specific professional investigation, security, living conditions (room, board, etc.), travel, prior knowledge of the investigation, logistical support, and equipment. The general questions were then followed by more detailed questions concerning: the command structure (who was their "boss"?); personal and interpersonal relationships; allegations of administrative and professional mismanagement; communication between professional personnel; briefings/debriefings; determination of personal and/or professional conduct and observation as well as classifying these into major or minor evaluations, uniformity of reporting of the results of examination, and failure to delegate authority.

Questions concerning specific allegations included:

1. Methods of collection and chain of custody.
2. Suspension of operations in the absence of supervisory personnel.
3. Recklessness in driving UN vehicles.
4. Problems in body count and possible loss of chain of custody of bones.
5. Coordination of operations between anthropology and pathology.
6. Absence of leadership.
7. Factors of employment and depth of involvement.
8. Role of the PHR organization.
9. Changing the written autopsy report by the supervising pathologist after the prosecutor had departed.
10. Changing the cause and manner of death, again, after the prosecutor had departed and had never been notified of these changes.

- IV. **BACKGROUND INFORMATION:** The majority of the multidisciplinary professional volunteers were on contract to the Boston-based group, Physicians for Human Rights. Some were on a direct contract arrangement with the UN. These teams represented a number of different nations, which in itself may have contributed to difficulties in communication, professional training and experience and professional objectivity. Cultural variations could and did result in some problems occurring during the project operation. Even within their own country there were differences in investigation and autopsy techniques, interpretation of findings, and differences between professional disciplines (pathology, anthropology, criminal investigatory procedures and evidence collection). There was also a potential, if not real, conflict between the UN and PHR personnel as well as variations on legal opinion for cause and manner of death. There was an attempt to use the Minnesota Protocol, a standardized form for the autopsy recording which was developed in the early 1980's.

V. INVESTIGATORY RISK POTENTIALS:

1. Political interference and pressures
2. Organizational interference and agenda setting
3. Responsibility vs. Authority (Who?, What?, Where?, When?, How?, and Why?.)
4. Security for personnel
5. Communication breakdown
6. Personal Health and Safety
7. Personnel selection process
8. Psychological problems
9. Management specificity and capacity
10. Logistical problems - supplies, equipment, work areas
11. Support personnel and facilities
12. Professional personnel selection

VI. PREINVESTIGATORY COMMENTS (N.B. These are from Ellis's comments handed out at the committee meeting)

COMMENTS BY COLLEAGUES AT THE SITES:

1. John Eisele (pathologist): Very supportive of both Dr. Haglund and Dr. Kirschner. Cited need for greater administrative support.
2. Sophie Gromb (pathologist): Worked in the morgue only. Very supportive of both Haglund and Kirschner.
3. Eva Elvira Klonowski (Ph.D.): Quite supportive of both Haglund and Kirschner. Said complaints were "frivolous. In spite of 'miscues' -- operation was successful."
4. Andrew Thomson (M.D.): New Zealand. "Tension between Kirschner and Gerns. Budget limitations -- no trenching at Ovcara. Sixty-four (64) bodies removed in one day at Ovcara to spite UNTAES photographer. Not all bodies were fluoroscoped. "Tension" between Drs. Haglund and Kirschner." He speaks of Dr. Kirschner as "losing control of himself."
5. Clyde Snow (Ph.D.): States, obviously "sloppy science" was done. He felt at times it was Dr. Haglund vs. The UNTAES and mentioned the many bodies removed on one day. Dr. Snow stated, in his opinion no more than 20 bodies should have been exhumed in a single day. He felt Dr. Haglund showed "very poor judgment" and it was lucky nothing had "blown up" as a result of the procedures used.

6. Tom Grow (M.D.): Knows Dr. Haglund well from Seattle. He is an orthopedist who functioned as a radiologist in Yugoslavia. He said not everyone liked Dr. Haglund's style, there was too much driving between sites for Dr. Haglund, but he did not see any evidence of bad judgment on his part.
7. William Haglund (Ph.D.): Complained in his letter to Mr. Blewitt, time, resources and security were too limited and there had been a lack of adequate "demining."
8. Nizam Peerwani (M.D.): Stated, in spite of supply problems, Drs. Haglund and Kirschner performed well.
9. Melissa Conner (Ph.D., Ovcara, National Park Service archeologist): Said the work was "comfortably within the range of acceptable professional practice." Mapping and counting were all straight. The exhumations were good.
10. Ralph Hartley (archeologist from Nebraska): He thought Dr. Haglund had done well in spite of a lot of pressure and, he is "conscientious."
11. Patrick Meyers (archeologist): Mentioned flooding and dog scavenging as reasons for "pulling out" remains while Dr. Haglund was away. He thought the behavior of Dr. Haglund was reprehensible. He stated the integrity of sites was compromised by his "self-promotion."
12. Yvonne Milewski (N.Y. City M.E. Office): Wrote a letter with others in support of Dr. Haglund. Complained she was "instructed" how to list the cause of death by Dr. Kirschner. Saw no commingling in a letter with three other people.
13. Dorothy Gallagher (anthropologist): Saw problems in the field and in the lab. Stated Dr. Kirschner changed autopsy reports and instructed her to do so while processing the reports. In the field Dr. Haglund dictated too much speed in exhumation. The result was commingling and failure to associate body parts.
14. David del Pino (Chilean anthropologist): Operations were halted when Dr. Haglund was away. Clothing was discarded at Haglund's command, even though some contained identification. Forms were not always used. There was no delegation of authority.
15. Drs. Hartshorne, Milewski, Black and Abshire found nothing that would jeopardize the autopsies. Supportive of Dr. Haglund.
16. John Gerns (administrator): Described Dr. Haglund as aggressive, and of a condescending attitude. At one point he chose to use a local photo laboratory which was not secure. He had an adverse affect on the mission.

VII. COMMITTEE COMMENTARY:

A. Opinion and comments (Dr. Ellis Kerley)

Our mandate from the Tribunal was to determine whether the evidence obtained by the exhumations and autopsies had been jeopardized, as had been alleged by some of those participating in the events, i.e., the anthropologists, archeologists and pathologists, who were actually a part of the operations.

Several of the allegations involved personal and personnel problems, which we noted but did not address in this report. We did examine the administration of the project and its components, such as the chain of responsibility (command), fiscal distribution and responsibilities, equipment procurement and maintenance, supply security and transportation. We further examined the establishment of protocols at both the exhumations and the autopsies and the logistics of maintaining more than one site and morgue in operation at one time, including the time required to travel between them. (See Appendix for standard questions asked.)

We were particularly interested in the reliability of the scientific recovery of bodies and evidence and their interpretation. While these were our primary concerns, we also attempted to determine responsibility where appropriate and to make suggestions for avoiding similar problems in any future War Crimes Investigations of this nature.

RESPONSES

We were impressed by the variety of responses to our questions. It was as though each person had served at a site, or sites, different from all the rest. There was no clear agreement as to who was responsible for what. We felt that in large part was due to the fiscal and administrative dichotomy between the U.N. Tribunal and Physicians for Human Rights (PHR) which apparently had never been explained to the working scientists in the field or the morgue. For instance, there was no clear agreement among them as to the administrative relationship between the U.N. and the PHR or between Drs. Haglund and Kirschner. Almost no one knew the chain of command beyond them. Furthermore, there was no agreement as to who or what set the pace of the exhumations and autopsies.

Several anthropologists believed and had alleged that the scientific integrity of the exhumations had been jeopardized because Dr. Haglund spent too much time playing up to the news media and driving around the countryside. Several believed he had capriciously and arbitrarily speeded up or slowed down the exhumations to accommodate the news media or to frustrate photographers. Dr. Kirschner was thought to have spent too much time away from the morgue on holidays, when actually he had some prior legal commitments in United States courts. It was further alleged that some autopsy reports had been "changed." These allegations had to be investigated by us, because they bore directly on the scientific collection and interpretation of evidence.

FINDINGS

The responses of the witnesses did not indicate any actual wrong doing on the part of Dr. Haglund nor anything regarding the exhumations that jeopardized their scientific validity. The pathologists who were working in the morgue made no complaints about the exhumation of the bodies or the conduct of the anthropologists who were working in the morgue or at the grave sites. Rather, it became apparent that the main problems with the exhumations were administrative and logistic. Whether real or imagined, there were concerns regarding international politics imposing a great deal of pressure on the teams to complete the exhumations quite rapidly. Even so, there was little real evidence the pace of exhumations adversely affected the overall scientific quality. Along with the pathologists, the most experienced archeologists stated the recovery of bodies had been done adequately under difficult circumstances.

After talking with the people involved in the exhumations in Yugoslavia, our findings could be summarized as follows:

1. There were no systematic briefings at the sites upon arrival. No one seems to have been given any standard plan of operation. There was apparent disagreement as to the primary purpose of the mission. Some thought personal identification was primary and might have been jeopardized by the too hasty removal, while others saw the primary purpose as the documentation of as much evidence of war crimes as possible under the circumstances. Also, there was no clear concept of the chain of responsibility.
2. Several complained there were no positive comments regarding how well they were doing their jobs.
3. Having two sites open at the same time caused severe logistic problems in transportation and equipment. Dr. Haglund often spent hours driving between the sites. That impeded his ability to routinely supervise the work being done.

4. The archeologists and the people most experienced with this type of exhumation generally agreed the exhumations had been adequate and had been handled as well as could be expected under the circumstances.
5. There had been some pressure to standardize the cause and manner of death statements on autopsy reports. We believe this has been corrected and at this point does not remain a problem for the ICTY in the prosecution of war criminals in the former Yugoslavia. We do recommend in any future operations of this sort there should be no attempt to change the prosecuting pathologist's terminology without his or her clear agreement. Minor changes included such things as metal fragments found at fluoroscopy and clothing color after the clothing was washed.

RECOMMENDATIONS

1. The evidence of war crimes is overwhelming at each site. A few problems of administration or temporary lapses from a scientific ideal could not jeopardize the over all quality of the evidence and its interpretation at autopsy. Any prosecution of war crimes in Yugoslavia will be on firm scientific grounds. There are literally hundreds of war crime remains that were removed and interpreted by very scientifically sound methods.
2. Improve communications at all levels. Hold on-site briefings and weekly progress discussions by both site and laboratory personnel. Transmit knowledge both up and down the chain of command frequently. Listen to suggestions carefully.
3. Open only one grave site at a time to prevent excessive driving, animal scavenging and supply problems. Have working equipment and backup parts at the site before bringing in the scientific crews.
4. If possible, have a freestanding portable morgue at or near the gravesite. This would cut down on excessive body handling and unnecessary transportation. Try to keep all personnel living close to the site.

APPENDIX**STANDARD QUESTIONS**

1. Tell us about your professional background.
2. What was your assignment in Yugoslavia?
3. Who was your boss?
4. Who was his boss?
5. How were working conditions?
6. At which sites did you work?
7. If any, what were the problems there?
8. How should things have been handled differently?
9. To whom was authority delegated in the absence of Dr. Haglund?
10. To whom was authority delegated in the absence of Dr. Kirschner?
11. Did you see anything that in your opinion would jeopardize the scientific validity of the mission?
12. Is there anything else you want to tell us?

VII. COMMITTEE COMMENTARY:

B. Opinion and comments (Dr. Vincent J.M. DiMaio)

The actions of Dr. Kirschner in regard to the changing of the cause and manner of death in select cases without prior approval, notification or consultation with the individuals who actually performed the autopsies is not acceptable conduct no matter how well intentioned the motives. Even if one agrees with his changes, and feels the individual who performed the autopsy was wrong, Dr. Kirschner should have sought their permission before making the changes. If Dr. Kirschner had the authority to overrule their findings, he should at least have notified them of his intention so they could place a note of their disagreement in the file. His subsequent actions in discarding work sheets from the autopsy reports in which he made changes, while apparently done without malice, compounds his original mistake and was totally inappropriate.

Signing of another's signature to a report is permissible if it is obvious from the record one is signing for someone else (this was apparently done) and if it is carried out with the knowledge of the one whose signature you are signing. This latter prerequisite was not present in most if not all the cases.

While Dr. Kirschner's actions had the potential to invalidate or at least taint the autopsy reports, the Tribunal prevented this by submitting the reports back to the original physicians for their certification of cause and manner of death. Therefore, the Panel feels no permanent injury to the validity of the reports was affected by the actions of Dr. Kirschner.

IX. DISCUSSION AND CONCLUSIONS There was a marked variation of opinion both on the preliminary review of the personnel statements and during the interviews as to the degree of severity of the basic charges. There was agreement the charges cannot be dismissed.

Professional and legal consultation again revealed variation in the severity of the charges and possible action in the case of Dr. Kirchner. The possibility of formal charges by a state licensing board were all but ruled out because the action of changing diagnoses and autopsy protocols did not occur in their specific jurisdiction. This varied from the UK opinion as to licensing action with possible removal of the license or at least probation. Non-legal but professional opinion was in accord, again with some variation, from a "don't do it again" to the possibility of dismissal from the institution. No organization expressed the possibility of involvement of an Ethics committee feeling the problem should be dealt with by the employing organization.

There was mutual agreement on management problems on the part of the supervisors:

1. Lack of knowledge regarding the chain of command.
2. Lack of stating who the volunteer was specifically working for and little thought as to positioning less experienced personnel with more experienced anthropologists and pathologists.
3. Lack of communicating the investigation was a criminal investigation with all its legal ramifications and trial potential and not simply an exercise in demonstrating violations of human rights.
4. Total lack of communication between supervisors and between supervisors and volunteer personnel.
5. Dismissal of all non-substantive minor allegations of recklessness in vehicular operation.
6. Universal agreement on the alteration of reports and final opinion as to the cause and manner of death without consulting the prosecutor who had performed the postmortem examination. This should not have been done.
7. There was little need for rapidity of some gravesite exhumations and only one exhumation should have been performed at one time.
8. There was some validity to the charge of shifting and non-protection of the bones.
9. There was too much subjectivity and not enough objectivity in the performance of the exhumations and postmortem examinations.
10. There was no attempt to schedule or coordinate anthropological and pathological investigations.
11. There was too much concern with regard to media involvement.
12. There should be a single source for disbursement of information for the project.
13. There should have been more control by the UN and WCT.
14. There was a great problem in non-support and communication by all involved organizations.

VIII. COMMITTEE RECOMMENDATIONS

1. Development of a specific and uniform investigative system under the auspices and control of the UN and the War Crimes Tribunal.
2. Develop uniformity of protocols, diagrams and abbreviations.
3. Develop uniformity of reporting of cause and manner of death. Develop a standard UN Death Certificate.
4. Develop a standard operating procedure for the collection and handling of evidence (pathological, anthropological and criminal).
5. Develop a roster of supportive facilities and laboratories that are universally recognized.
6. Develop portable autopsy facilities that have pathologic and radiologic equipment with complete instrumentation capability.
7. Designate specific photography capabilities with specifically named photographers and chain of custody of the photographs.
8. Provide adequate clerical support.
9. Develop a legal consultation support system from the UN for "in country" site problems.
10. Develop a double "up-down" chain of custody system and form.
11. Develop a system of briefing incoming personnel and debriefing outgoing personnel. Use this as a basis for a good quality assurance program.
12. Develop a quality assurance program for all aspects of the investigation.
13. Develop end-point designations for protocols. Who controls the final protocol?
14. Develop personnel security system(s). There is no need to propagate an attitude "if you are worried about personal security, we don't want you!"
15. Have good living accommodations and pre-brief incoming personnel on local conditions and cultural variations.
16. Provide good psychological support.
17. Systems back-up (e.g., radiographic/fluoroscopic) available.
18. Limit number of sites which are "open" at any given time.

**AUTOPSY REPORTS
REHABILITATION & AMENDMENTS**

- I. ALL cases under the jurisdiction of the supervisor must be reviewed by the individual prosecutors.
- II. Develop a list of the questioned cases or of known alteration of the reports. Patterns of alteration, wording, descriptions, etc. should be documented. Look for motivation for alteration in order to focus on the areas of greatest likelihood for alteration. Determine all known or possible alterations for:
 - A. Entire autopsy report;
 - B. Partial variations or absolute changes and/or destruction of report;
 - C. Minor data changes including reversal or changing of numerical data, anatomic location and anatomical reversal of sides;
 - D. Falsification of data, cause or manner of death, and the names of prosecutor, deceased or staff.
- III. If necessary, have all documents examined by a Questioned Documents examiner.
- IV. Appoint an independent investigator who would be responsible for initial work and who would report to the legal staff and, subsequently, to an oversight group. Collect all notes, photographs, radiographs and other materials from the autopsy.
- V. Oversight or review panel of experts (pathologists, anthropologists, odontologists, criminal investigators or other experts deemed necessary). These should not be involved in the incident.
- VI. The review panel determines the extent of the variations and this is followed by a forensic/legal evaluation by the experts and the staff of the World Court.
- VII. Determine methods of either amending or correcting the reports by:
 - A. Rewriting or redoing the entire autopsy report by the original prosecutor.
 - B. Insert specific changes or revisions as designated into the original. (Notarized).
 - C. Do not rewrite but rely on deposition or oral testimony of the original prosecutors to rehabilitate the documents.

N.B. Preserve old materials and have it available to the entire court in order to allay the charge of conspiracy or collusion. Develop a series of direct questions to counteract any cross-examination attack on the reports. Consider using outside forensic experts.

INVESTIGATORY SYSTEM DETERMINATIONS

INTRODUCTION:

A forensic or medicolegal investigation can best be defined as a systematic and scientific approach to the gathering, recording and preserving of evidence and information for purposes of victim identification. The documentation of trauma and pre-existing pathological changes, investigative correlations, and event reconstruction.

The forensic community is multi-disciplined, widely distributed throughout the world and randomly linked by variable communication modes; radio, telephone and computers. Their limited resources, economic and personnel, must be focused on both abstract and complex problems.

The approach to the problem of developing an investigatory system would involve defining the various problems, understanding world-wide requirements, and the presentation of potential concepts, designs and architecture.

ORGANIZATIONAL STRUCTURES:

- I. United Nations organizational structure
- II. The World Court Structure
- III. Office of Special Forensic or Medicolegal Investigation (The new concept)
- IV. Designation of a controlling organization

LEGAL CONSIDERATIONS:

- I. Jurisdictional problems - world-wide
 - A. Border or boundary limitations and problems
 - B. Existing national and international death and injury investigating systems
- II. Conflict resolution team with immediate availability of legal counsel
- III. Organization liability
- IV. Personnel liability
- V. Professional liability insurance
- VI. Professional licensure

PUBLIC RELATIONS:

Development of an office for dissemination of information and a designated spokesperson.

ECONOMIC/FIDUCIARY CONSIDERATIONS:

- I. Cost effectiveness
- II. Multinational financial support
- III. Organizational or Institutional support
- IV. Corporate or private financial support
- V. Public support
- VI. Operational costs
 - A. Personnel
 - B. Travel, passports, visas, etc.
 - C. Supplies and equipment

COMMUNICATIONS NETWORKS:

- I. Centralization of a computer or neutral network within the investigating system
- II. Data collecting systems
- III. Communication security system
- IV. Alternate methods of communication.

LOGISTICAL SYSTEMS:

- I. Geographical/Environmental informational dissemination system.
- II. Determination of usage of existing work/lab facilities - world-wide.
- III. Transportation of supplies and equipment.
- IV. Transportation of personnel.
- V. Transportation of HR's or pathological materials - determination of national and international regulations on hazardous materials
- VI. Disposition of bodies upon completion of investigations. National and international law, religious laws and public health protections.
- VII. Transportation of evidence

EVIDENCE PROCESSING:

- I. Preservation of evidence
- II. Preservation of a chain of custody
- III. Trained evidence evaluators and collectors
(Evidence recognition most important!)
- IV. Transportation of evidence - maintenance of the chain of custody and development of a tamper-proof security system

ADMINISTRATION:

- I. Support personnel, secretarial, etc.
- II. Standardized reporting forms
- III. Communications availability - teleforensics
 - A. Consultation and diagnosis by remote transmission
 - B. Diagnosis by multiple consultants and data bases
 - C. Rapidity of diagnosis or assistance
- IV. Quality assurance programs
- V. Maintenance of Standard Operating Procedures
- VI. Education and training programs

PERSONNEL:

- I. Development of a multidisciplinary cadre
 - A. Pathologists
 - B. Anthropologists
 - C. Odontologists
 - D. Criminalists
 - E. Toxicologists
 - F. Engineers
- II. Team concept development for world-wide investigation using a multi-disciplinary approach
- III. Designation of a legal team
- IV. Designation of a public relations spokesperson
- V. Selection of forensic specialties
- VI. Selection of ancillary service representatives
 - A. Photographers and artists
 - B. Radiologists
 - C. Geologists
 - D. Entomologists
 - E. Climatologists
 - F. Fingerprint technicians
 - G. Histologists and histology labs
 - H. DNA Technologists
- VII. Selection of an executive director
- VIII. Selection of an overview or case review board

SPECIAL PROCEDURES:

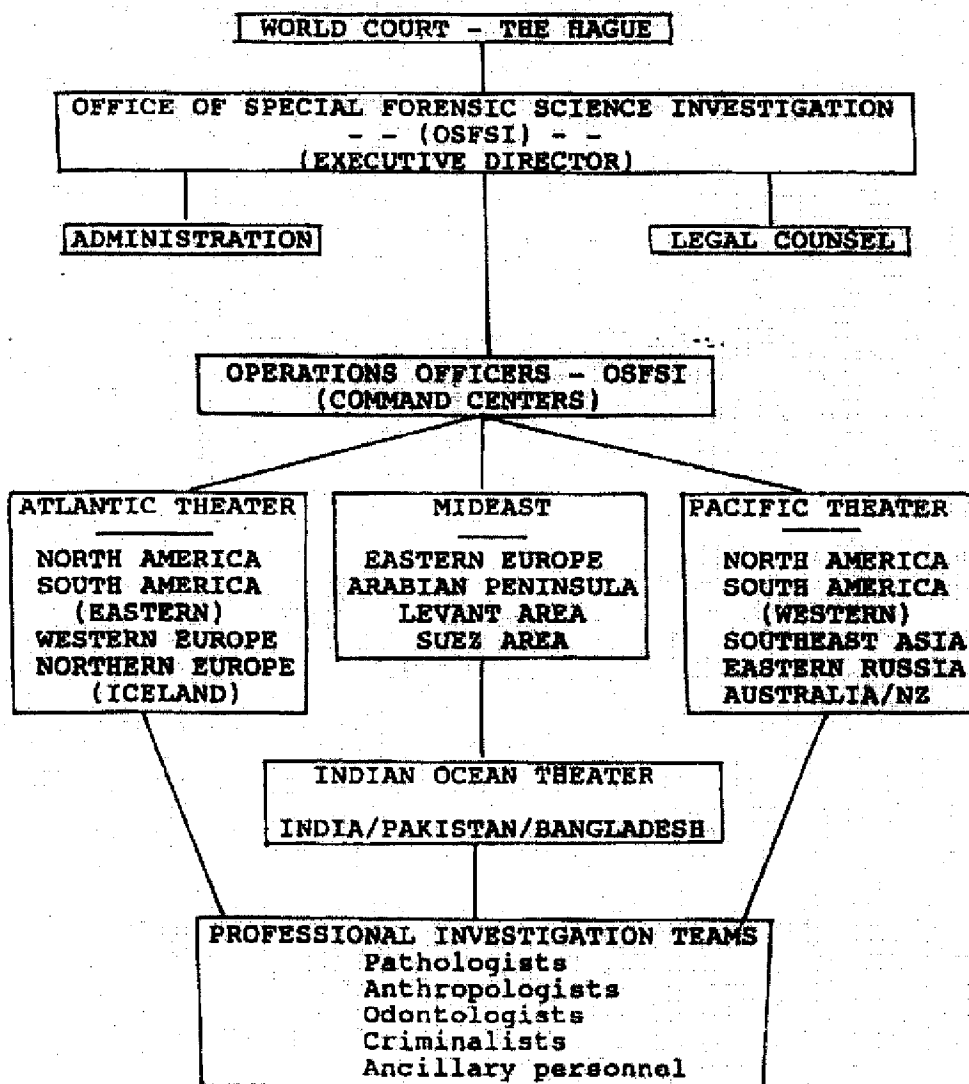
- I. Image enhancement techniques, digitalization
- II. Laser beam studies
- III. Linear accelerator studies

TRIAL PREPARATION AND THE WORLD COURT

- I. Preliminary case review by the attorney and expert
- II. Preparation of case materials
- III. Preparation of demonstrative evidence
- IV. Preparation of the expert witness for a trial in an international tribunal
- V. Witnesses DO's and DON'Ts!
- VI. Preparation for interviews, affidavits and depositions
- VII. Preparation for the cross-examination
- VIII. The expert witness's credentials and qualifications

MANAGEMENT SCHEME

I. POTENTIAL PLAN



II. INITIAL PLANNING SCHEME (SCHEMATIC APPROACH)

- A. Phase 1: Executive Director decision**
- B. Phase 2: Definition of the Problem**
 - * Understanding the requirements of the investigation
 - * Informational collection
 - * Potential team development for the investigation
 - * Develop accounting support
- C. Phase 3: Feasibility action**
 - * Logistical support
 - * Technologic support
 - * Personnel requirements
 - * Verification of information
- D. Phase 4: Implementation**
 - * Travel
 - * Scene Investigation
 - * Identification Procedures
 - * Pathologic, Anthropologic and Odontologic Investigation
 - * Security
 - * Specimen Collection and Transport
 - * Records and Reports
- E. Phase 5: Trial Preparation**

Walter H. Birkby, Ph.D.
 Walter H. Birkby, Ph.D.
 Forensic Anthropologist
 Tucson, Arizona

12 FEB 98
 Date

Vincent J.M. DiMaio, M.D.
 Vincent J.M. DiMaio, M.D.
 Forensic Pathologist
 San Antonio, Texas

2/11/98
 Date

Richard C. Froede, M.D.
 Richard C. Froede, M.D.
 Forensic Pathologist
 Tucson, Arizona

12 Feb 98
 Date

Ellis R. Kerley, Ph.D.
 Ellis R. Kerley, Ph.D.
 Forensic Anthropologist
 Lake San Marcos, California

4 March 98
 Date

Jerry Melbye, Ph.D.
 Jerry Melbye, Ph.D.
 Forensic Anthropologist
 Mississauga, Ontario, Canada

12 Feb 98
 Date