

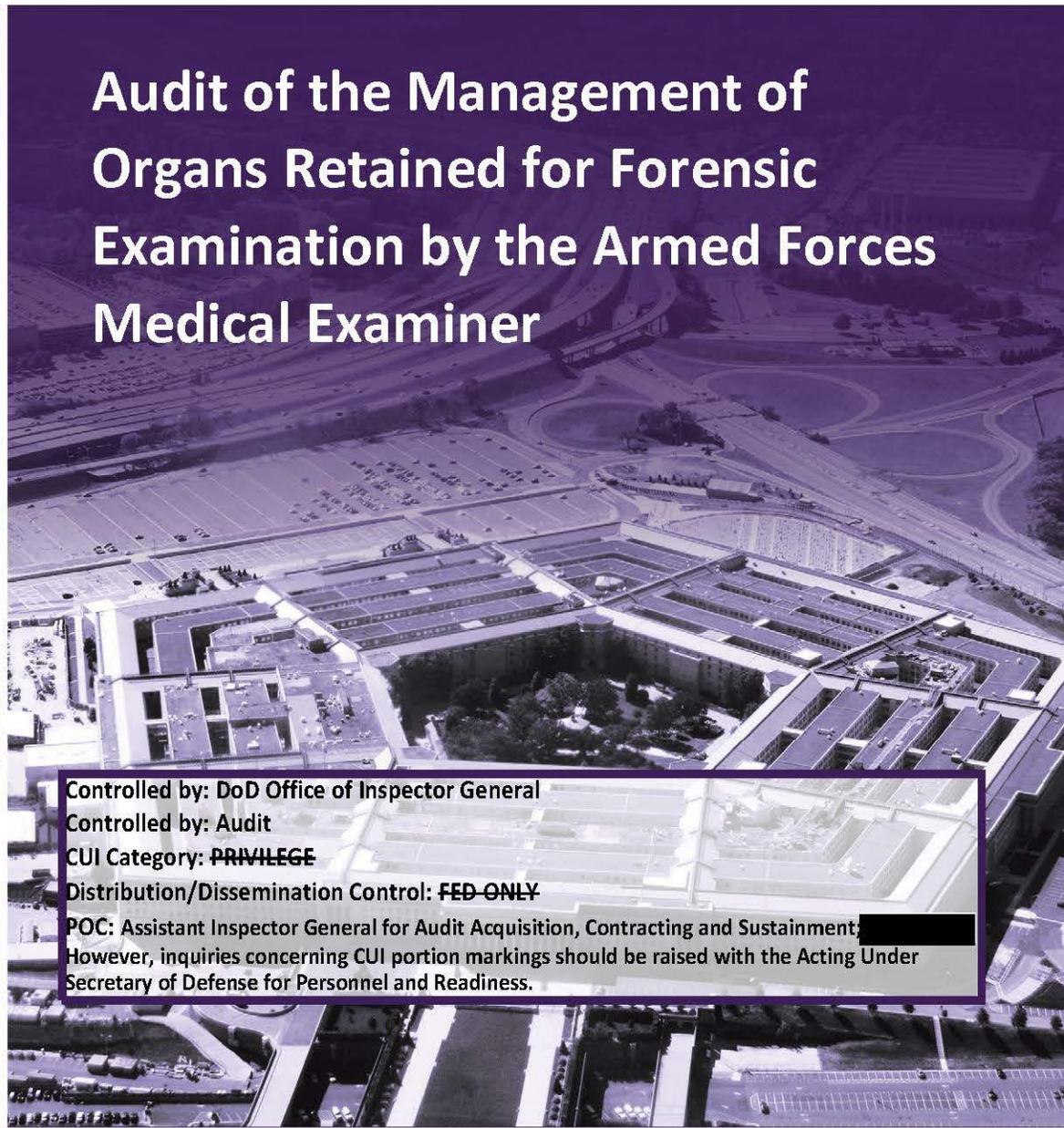


CUI

INSPECTOR GENERAL

U.S. Department of Defense

MARCH 14, 2024



Audit of the Management of Organs Retained for Forensic Examination by the Armed Forces Medical Examiner

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Results in Brief

Audit of the Management of Organs Retained for Forensic Examination by the Armed Forces Medical Examiner

March 14, 2024

(U) Objective

(U) The Under Secretary of Defense for Personnel and Readiness requested that the DoD Office of Inspector General review the management of policies, processes, and procedures associated with organs retained for examination by the Armed Forces Medical Examiner System (AFMES). The Under Secretary also requested that we review the process related to notification and disposition requests for retained organs.

(U) The objective of this audit was to determine whether DoD officials effectively managed the retention and disposition of organs examined during forensic examinations by AFMES.

(U) Background

(U) AFMES serves as the only medical legal death investigation and medical examiner system of the U.S. Government. AFMES officials are authorized to determine the cause or manner of death of Service members, or other decedents under AFMES jurisdiction, as part of their investigations. The investigation may include an autopsy that is conducted by an AFMES medical examiner. An AFMES medical examiner may also retain organs as part of the investigation. The medical examiner is required during the investigation, to the extent practicable and consistent with section 1471, title 10, United States Code, to give due regard to any applicable law protecting religious beliefs.

(U) Findings

(U) AFMES retained 1,221 organs from 811 decedents (deceased persons) during autopsies of Service members and other decedents under AFMES jurisdiction that were performed from January 1, 2006, through June 30, 2022. We judgmentally selected a nonstatistical sample for review of 208 decedent cases, with 307 retained organs.

(U) Findings (cont'd)

(U) Based on this review, we determined that DoD officials did not effectively manage the retention and disposition of retained organs examined by AFMES, including:

- (U) notifying the next of kin that an organ had been retained, and
- (U) following the next of kin's disposition instructions.

(U) This occurred because the DoD generally did not establish consistent processes or policies for organ retention and disposition. As a result, AFMES officials did not complete disposition for 142 of 307 retained organs from decedents in the sample, from 106 of 208, or just over half the decedents whose records we examined. Additionally, AFMES officials were unsure how to proceed with the disposition of these organs until the Under Secretary of Defense for Personnel and Readiness decided in September 2022 to hold the retained organs for 10 years. Due to the time that has passed since the next of kin were first contacted, it is likely that the next of kin are not aware that AFMES officials have not dispositioned these organs. As of March 2023, AFMES had a total of 553 retained organs in its possession that need disposition.

(U) In addition, AFMES officials did not effectively track the organs that medical examiners retained during autopsies. This occurred because AFMES officials did not have clear policies and procedures in place to track retention, transportation, storage, or release of the retained organs. As a result, DoD officials may not be able to respond to next of kin requests for information on the status of retained organs. This deficiency ultimately could cause emotional distress to the decedent's family.



CUI

Results in Brief

Audit of the Management of Organs Retained for Forensic Examination by the Armed Forces Medical Examiner

(U) Recommendations

(U) To address the findings in this report, we made eight recommendations. Among other recommendations, we recommend that the Under Secretary of Defense for Personnel and Readiness:

- (U) Reconsider their September 2022 decision and, unless the next of kin requested no further notifications, notify the next of kin that AFMES has the retained organs and determine whether the next of kin wants to provide disposition instructions, or

(U) If the September 2022 decision is maintained, take steps through targeted notifications or through a public awareness effort to ensure that the next of kin are aware of the decision and their options under it. The Under Secretary should ensure that the DoD has appropriately trained staff to explain to the next of kin the reason for the delay.
- (U) Develop and implement policy for retained organs that gives, to the extent practicable, due regard to religious beliefs.

(U) We also recommend that the Director, Defense Health Agency, review all locations where retained organs may have been stored and ensure that all organs were sent to AFMES at Dover Air Force Base, Delaware.

(U) Management Comments and Our Response

(U) The Acting Under Secretary of Defense for Personnel and Readiness agreed with the eight recommendations. The Acting Under Secretary described actions taken or actions planned to address seven recommendations; therefore, they are resolved but remain open. We will close the recommendations once we verify that management has implemented corrective actions that fully address the recommendations.

(U) The Acting Under Secretary did not fully address the specifics of one recommendation; therefore, the

(U) recommendation is unresolved and will remain open. We request that the Acting Under Secretary provide comments within 30 days in response to the final report. Please see the Recommendations Table on the next page for the status of recommendations.

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(U) Recommendations Table

(U) Management	Recommendations Unresolved	Recommendations Resolved	Recommendations Closed
(U) Under Secretary of Defense for Personnel and Readiness	A.1.c	A.1.a, A.1.b	None
(U) Director, Defense Health Agency	None	A.2, B.1.a, B.1.b, B.1.c, B.1.d	None (U)

(U) Please provide Management Comments by April 15, 2024.

(U) The following categories are used to describe agency management's comments to individual recommendations:

- **(U) Unresolved** - Management has not agreed to implement the recommendation or has not proposed actions that will address the recommendation.
- **(U) Resolved** - Management agreed to implement the recommendation or has proposed actions that will address the underlying finding that generated the recommendation.
- **(U) Closed** – The DoD OIG verified that the agreed upon corrective actions were implemented.





OFFICE OF INSPECTOR GENERAL
DEPARTMENT OF DEFENSE
 4800 MARK CENTER DRIVE
 ALEXANDRIA, VIRGINIA 22350-1500

March 14, 2024

MEMORANDUM FOR UNDER SECRETARY OF DEFENSE FOR PERSONNEL AND
 READINESS
 DIRECTOR, DEFENSE HEALTH AGENCY

SUBJECT: (U) Audit of the Management of Organs Retained for Forensic
 Examination by the Armed Forces Medical Examiner
 (Report No. DODIG-2024-062)

(U) This final report provides the results of the DoD Office of Inspector General’s audit. We previously provided copies of the draft report and requested written comments on the recommendations. We considered management’s comments on the draft report when preparing the final report. These comments are included in the report.

(U) This report contains one recommendation to the Under Secretary of Defense for Personnel and Readiness that is considered unresolved because, despite agreeing with the recommendations, the Acting Under Secretary did not discuss actions to fully address the recommendation. Therefore, the recommendation remains open. We will track the recommendation until management has agreed to take actions that we determine to be sufficient to meet the intent of the recommendations and management officials submit adequate documentation showing that all agreed-upon actions are completed.

(U) This report contains two recommendations to the Under Secretary of Defense for Personnel and Readiness and five recommendations to the Director, Defense Health Agency, that are considered resolved. Therefore, as described in the Recommendations, Management Comments, and Our Response section of this report, we will close those recommendations when DoD officials provide us evidence and documentation showing that they have completed all agreed-upon actions to implement the recommendations.

(U) DoD Instruction 7650.03 requires that recommendations be resolved promptly. For the unresolved recommendations, within 30 days please provide us your response concerning specific actions in process or alternative corrective actions proposed on the recommendations. Please send your response to audacs@dodig.mil if unclassified or rfunet@dodig.smil.mil if classified SECRET. For the resolved recommendations, please provide us documentation showing you have completed the agreed-upon actions. Please send your documentation for the resolved recommendations as a PDF to followup@dodig.mil.

CUI

(U) We appreciate the cooperation and assistance received during the audit. If you have any questions, or would like to meet to discuss the audit, please contact me at

██████████.

FOR THE INSPECTOR GENERAL:

A handwritten signature in black ink, appearing to read "Carmen J. Malone". The signature is fluid and cursive, with the first name "Carmen" and last name "Malone" clearly distinguishable.

Carmen J. Malone
Assistant Inspector General for Audit
Acquisition, Contracting, and Sustainment

CUI

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(U) Introduction

(U) Objective

(U) The Under Secretary of Defense for Personnel and Readiness requested that the DoD Office of Inspector General (OIG) review the management of policies, processes, and procedures associated with the organs retained by the Armed Forces Medical Examiner System (AFMES). The Under Secretary also requested that we review notification and disposition requests for retained organs.¹

(U) The objective of this audit was to determine whether DoD officials effectively managed the retention and disposition of organs examined during forensic examinations by AFMES.² See Appendix A for the audit scope, methodology, and prior audit coverage related to the audit objective. See the Glossary for the definitions of technical terms.

(U) Background

(U) The DoD established AFMES in March 1988. AFMES, located at Dover Air Force Base (AFB), Delaware, serves as the only medical legal death investigation and medical examiner system of the U.S. Government. AFMES officials focus on helping to identify all decedents (deceased persons) who fall under federal jurisdiction and analyze U.S. active-duty military deaths to identify any trends, identify preventable risk factors, and provide information that could lead the Defense Health Agency (DHA) to improve Service member survivability.³

(U) AFMES supports the DoD and other Federal agencies through comprehensive forensic investigative services, including forensic pathology, deoxyribonucleic acid (DNA) forensics, forensic toxicology, and medical mortality surveillance. AFMES officials are authorized to determine the cause or manner of death as part of their

¹ (U) We have marked controlled unclassified information (CUI) identified by the DoD as pre-decisional information covered by the deliberative process privilege and not suitable for dissemination outside the Executive Branch, and we have applied appropriate redactions for such information at the request of the DoD.

² (U) We reviewed the management of organs retained by AFMES from January 1, 2006, through June 30, 2022. During this period, DoD officials used the term “retained organs” to refer to any organs removed during an autopsy that needed further examination. However, the Under Secretary of Defense for Personnel and Readiness issued a September 2022 memorandum that stated that the DoD will use the term “specimen” to refer to the tissue that remains after the examination by DoD officials. Retained organs are considered to be specimens. However, not all specimens are retained organs. Therefore, for purposes of this report we will use the term “retained organs” when referring to whole organs or portions of retained organs. But to be consistent with DoD terminology, we will use “specimen” when discussing DoD decisions going forward.

³ (U) The DHA, a subordinate agency in the Office of the Under Secretary of Defense for Personnel and Readiness, serves as the DoD subject matter expert in forensic medicine disciplines and provides oversight for AFMES.

Introduction

(U) forensic pathology investigations, if such an investigation is determined to be justified. See Appendix B for circumstances that justify an investigation pursuant to section 1471, title 10, United States Code (section 1471). The investigation may include an autopsy, which is conducted by an AFMES medical examiner. The medical examiner is required during the investigation, to the extent practicable and consistent with section 1471, to give due regard to any applicable law protecting religious beliefs.

(U) DoD Organ Retention and Disposition

(U) DoD Instruction 5154.30 allows AFMES officials to perform any forensic pathology investigation, including autopsies, without obtaining consent from the next of kin.⁴ AFMES medical examiners can perform autopsies at Dover AFB or at the military medical treatment facility (MTF) closest to where the death occurred. An AFMES medical examiner may retain organs and fluids for histologic, toxicologic, or DNA analysis as part of the forensic pathology investigation.⁵ Therefore, AFMES officials can also retain organs for expert consultation without obtaining consent from the next of kin.

(U) AFMES officials stated that when organs were retained during an autopsy, the medical examiner was required to store the organs in formalin for at least 2 weeks before they could examine or ship the organs.⁶ Organs retained at MTFs are required to be shipped to AFMES at Dover AFB for expert examination. AFMES policy states that once the examination is complete, the remaining parts of the organ are required to be returned to the formalin and secured in the histology lab.⁷

(U) Once the medical examiner finalizes the autopsy report, AFMES officials should, in most cases, release the organs to the Air Force Mortuary Affairs Operations (AFMAO) for final disposition. AFMAO officials are then expected to disposition the organs according to next of kin instructions, such as transfer to a funeral home or burial, cremation, or retirement at sea.⁸ AFMES does not have specific timetables for the retention and disposition of retained organs, as the circumstances of the decedent's case and specimen type can impact the retention time. However, section 1471 requires

⁴ (U) DoD Instruction 5154.30, "Armed Forces Medical Examiner Systems (AFMES) Operations," December 29, 2015 (Change Effective December 21, 2017).

⁵ (U) Histology is the routine handling of specimens for tissue and slide processing and chain of custody tracking.

⁶ (U) Formalin is a liquid chemical used to preserve human tissue. Retained organs must set in formalin for a minimum of 2 weeks before they can be shipped or examined to ensure they are not damaged.

⁷ (U) AFMES SOP 39, "Forensic Pathology Investigations (FPI) Histology Laboratory Standard Operating Procedure (SOP)," January 19, 2022.

⁸ (U) DoD Directive 1300.22, "Mortuary Affairs Policy," October 30, 2015, (Incorporating Change 2 September 2, 2021) states that DoD officials cannot direct the cremation of remains. However, DoD officials may cremate retained organs.

(U) the AFMES medical examiner to authorize release of the decedent's remains to the next of kin as soon as practicable.

(U) If next of kin do not provide disposition instructions, ultimately the Secretary of the Military Department concerned may provide instructions.⁹ However, according to AFMES and AFMAO officials, DoD officials preferred to give the next of kin as much time as needed to decide on disposition instructions. AFMES officials have coordinated with the Joint Pathology Center (JPC), whose mission is to provide pathology consultation and management of the Nation's military tissue repository, to obtain pathology consultations and store retained organs.

(U) DoD Instruction 5154.30 requires the DoD to archive medical records, autopsy reports, and investigative reports on every Service member death in a registry. AFMES medical examiners or medicolegal death investigators are required to use the Armed Forces Medical Examiner Tracking System (AFMETS) as the system of record for tracking all information related to autopsies.¹⁰ AFMETS assigns each retained organ an identification number, which AFMES officials use for all subsequent tracking. DoD officials are required to upload medical death investigation documentation, such as decedent medical records, autopsy reports, next of kin disposition elections, retained organ shipping documents, chain of custody records, and consultation reports in AFMETS.

(U) Process to Notify Next of Kin

(U) Section 1471 requires the AFMES medical examiner to notify the decedent's next of kin, which is generally the Service member's person authorized to direct disposition (PADD), as soon as practicable if an autopsy will be performed, and DoD Instruction 1300.29 requires AFMES officials to notify the next of kin if an organ is retained.¹¹ However, DoD policy on notifying next of kin of retained organs has changed multiple times between 2006 and 2022. See Appendix C for a chronological list of DoD policy that discussed retained organs, including the DoD's notification requirements, between 2006 and 2022.

⁹ (U) DoD Instruction 1300.29, "Mortuary Affairs Program," June 28, 2021.

¹⁰ (U) A medicolegal death investigator is an investigator that supports the forensic pathology investigation, using skills in medicine and law, to investigate deaths that fall under the jurisdiction of the medical examiner, focusing on information developed from the decedent to determine the extent to which further investigation is necessary.

¹¹ (U) A PADD is a person who the Service member designates to be entitled to direct the disposition of the Service member's remains. The PADD may or may not be the primary next of kin. Service members identify their PADD on DD Form 93, "Record of Emergency Data," January 2008. The completed DD Form 93 shows the name and address of the person the Service member desires to be notified in case of death. For this report, we will use next of kin to refer to the person deciding disposition.

Introduction

(U) The next of kin notification process is different for DoD-affiliated and non-DoD decedents. DoD-affiliated decedents include active-duty Service members, families of Service members (generally dependents), retired or separated Service members, and DoD civilians or contractors. Non-DoD decedents are all others.

(U) DoD-Affiliated Decedents

(U) AFMES policy requires the medical examiner or medicolegal death investigator to notify the next of kin when medical examiners perform autopsies on DoD-affiliated decedents.¹² Until November 2022, when AFMES officials removed the notification requirement, AFMES policy stated that if the medical examiner determined that an organ needed to be retained, the next of kin was required to be notified. Specifically, AFMES was required to generate a written request for a DD Form 3048, “Disposition of Organs Retained for Extended Examination,” January 2019, and provide the form to the next of kin.

(U) DoD Instruction 1300.29 states that the Services will use the DD Forms 3047, “Disposition of Remains Election Statement,” January 2019, and 3048 to obtain disposition instructions. The DD Form 3048, which is voluntary to fill out by the next of kin, allows the family to elect whether or not they would like to be notified when the examination is complete and given the opportunity to decide the disposition of the retained organs. The next of kin may use the assistance of a Service casualty officer or an AFMES official when completing the form.

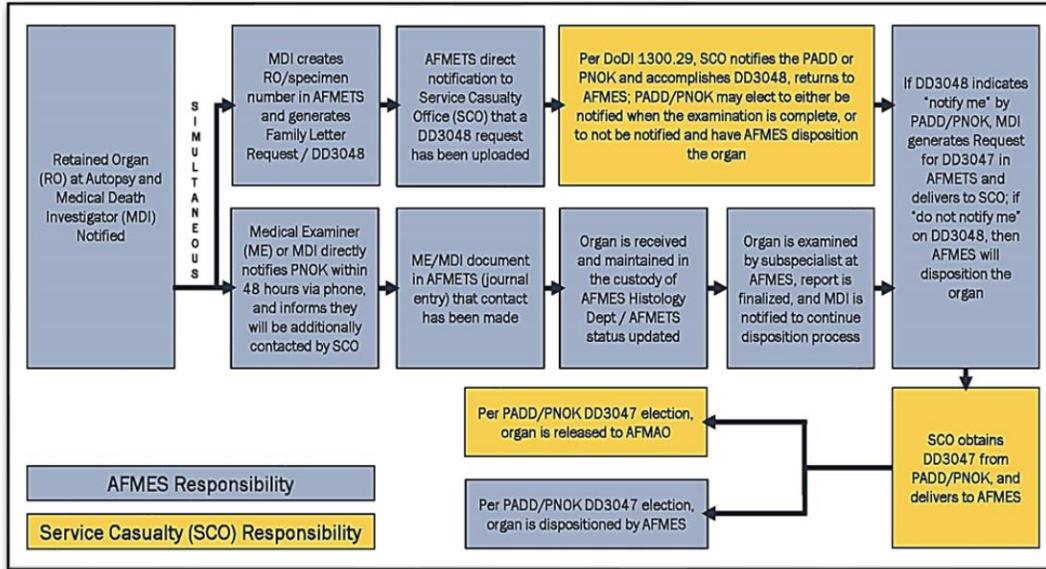
(U) Each Military Service maintains a Service Casualty Office (SCO) to act as a focal point on all casualty matters and to serve as primary liaisons between the next of kin and the DoD.¹³ These offices provide casualty notification assistance and points of contact or information regarding autopsy reports. SCO officials also assist an eligible decedent’s family with benefits, entitlements, and completion of forms.

(U) If the next of kin elects to be notified once the examination of the retained organ is complete, AFMES is required to generate a written request for a DD Form 3047. The DD Form 3047, which the next of kin may also voluntarily complete with the assistance of a Service casualty officer or an AFMES official, serves as the primary documentation of the next of kin’s election for transfer, cremation, retirement at sea, or final disposition as a medical specimen. See Appendix D for DD Forms 3048 and 3047. See Figure 1 for a flowchart of the notification process that was in effect during calendar year 2022.

¹² (U) DoD Instruction 5154.30, Change 1, effective December 21, 2017.

¹³ (U) A Service Casualty Office includes casualty assistance, Service casualty officials, mortuary, and mortuary affairs offices.

(U) Figure 1. Retained Organ Notification Process for DoD-Affiliated Personnel During Calendar Year 2022



Legend

- DoDI DoD Instruction
- MDI Medicolegal Death Investigator
- ME Medical Examiner
- PNOK Primary Next of Kin
- RO Retained Organ

Source: The Armed Forces Medical Examiner System.

(U) Before the DoD developed DD Forms 3048 and 3047, the DoD used Central Joint Mortuary Affairs Board (CJMAB) Form 8, “Disposition of Organs Retained for Extended Examination,” and CJMAB Form 3, “Disposition of Remains Election Statement Notification of Subsequently Identified Partial Remains,” from 2006 until January 2019.¹⁴ See Appendix E for all the editions of CJMAB Forms 8 and 3.

¹⁴ (U) DoD Directive 1300.22E, “Mortuary Affairs Policy,” May 2011, reissued as DoD Directive 1300.22, “Mortuary Affairs Policy,” October 3, 2015, (Incorporating Change 2 September 2, 2021), establishes the CJMAB as a permanent standing DoD board that develops recommendations but does not authorize DoD mortuary affairs policy, procedures, and mortuary services. Voting members included officials from the Office of the Under Secretary of Defense for Personnel and Readiness, the Services, the Director for Logistics Joint Staff, and the Director, AFMES. Officials issued CJMAB Form 3 in August 2006 and revised the form in October 2009. Officials issued CJMAB Form 8 in October 2006 and revised the form in March 2011.

(U) Non-DoD Decedents

(U) AFMES issued policy in 2022 that requires the medical examiner or medicolegal death investigator to notify the next of kin within 24 hours when medical examiners perform autopsies on and retain organs of non-DoD decedents at Dover AFB.¹⁵ The medicolegal death investigator works directly with the next of kin to complete the DD Form 3048.

(U) Following finalization of the decedent case, if the next of kin elected to be notified when the examination was complete, the medicolegal death investigator is required to check the DD Form 3048 to verify the next of kin’s wishes for the retained organ and work directly with the next of kin to complete a DD Form 3047. However, as previously stated, AFMES officials removed the retained organ notification requirement in November 2022. Before January 2022, the DoD did not have policy for notifying the next of kin about retained organs for non-DoD decedents.

(U) DoD Reviews of AFMES and AFMAO

(U) DoD officials completed reviews of various AFMES and AFMAO policies in 2012 and 2022. In 2012, the DoD issued the “Dover Port Mortuary Independent Review Subcommittee Final Report.” In 2022, DoD officials completed an internal review of the Armed Forces Medical Examiner policies and procedures relating to forensic exams.

(U) Report of Dover Port Mortuary Independent Review Subcommittee Final Report, 2012

(U) In 2011, after learning of potential mishandled remains at the Dover Port Mortuary, DoD leadership asked the Defense Health Board to conduct an independent review of policies, procedures, and processes at the Dover Port Mortuary. This review resulted in the “Dover Port Mortuary Independent Review Subcommittee Final Report” in February 2012.

(U) The Dover Port Mortuary Independent Review Subcommittee Final Report identified that the lack of clear command authority and supervision, lack of command and technical oversight, unclear relationships among coordinating organizations, lack of directive authority within the CJMAB, and unclear guidance contributed significantly to the finding of “gross mismanagement” at the Dover Port Mortuary. Office of the Under Secretary of Defense for Personnel and Readiness officials stated that with the publication of DoD Instruction 1300.29 in 2021, DoD officials completed implementation of the 2012 report’s 20 recommendations.

¹⁵ (U) AFMES SOP 39, January 19, 2022.

(U) DoD Internal Review of Policies and Processes Concerning Autopsies and Retained Organs, 2022

(U) In June 2022, the Secretary of Defense tasked an internal team to conduct a review of policies and procedures for the retention and disposition of organs examined by the DoD. The Secretary of Defense delegated the DoD’s decisions regarding the internal review team to the Under Secretary of Defense for Personnel and Readiness.

(U) Implementation of the Internal Review Team’s Recommendations

(U) The internal review team stated that retained organs become retained specimens after additional tests and studies to determine the cause or manner of death. Therefore, the internal review team concluded that “retained organs” were actually “specimens” and there were no “retained organs” in the AFMES inventory. The internal review team also stated that the DoD should follow national medical standards for disposition of “specimens,” which would not require medical examiners to notify next of kin and disposition could be made without the next of kin input.

(U) On September 26, 2022, the Under Secretary of Defense for Personnel and Readiness directed the implementation of 13 recommendations from the internal review team and assigned the Assistant Secretary of Defense (Health Affairs) to manage the implementation of the recommendations. Of the 13 recommendations, the following 5 are specific to terminology, next of kin notification, and record keeping. See Appendix F for the Under Secretary’s September 26, 2022 memorandum and 13 recommendations.

- (U) Ensure all specimens are handled in accordance with DoD policy.
- (U) Align policy and practices with national medical standards for retained “specimens.”
- (U) Update DoD issuances to use the term “organ” to indicate what was removed from the body of the decedent for additional testing and use the term “specimen” to indicate any tissue remaining after the additional testing is complete. In addition, officials should standardize the use of terms across DoD issuances.
- (U) Finalize and publish the Forensic Pathology Investigations Handling and Disposition of Retained Organs and Specimens standard operating procedure (SOP) to increase transparency and standardize mortuary operations across the DoD.

- (U) Update requirements for AFMETS capabilities and program necessary resources to modernize AFMETS.

(U) The Under Secretary’s September 2022 Decision to Hold Retained Organs for 10 Years

(U) In September 2022, the Under Secretary of Defense for Personnel and Readiness decided that “specimens” currently in AFMES possession will be respectfully placed in a dignified place of holding for 10 years, unless the next of kin requests that the specimen be returned. If there have been no next of kin requests by July 1, 2032, the Under Secretary directed that disposition be in compliance with the national medical standards in effect at that time or the DoD official may consider retirement at sea.

(U) Decedent Cases Selected for Review

(U) AFMES officials recorded in AFMETS retained organs from 811 autopsies that occurred from January 1, 2006, through June 30, 2022. We reviewed a nonstatistical sample of 208 autopsies that included a total of 307 retained organs for review as discussed in Finding A. See Appendix A for details on how we selected our sample.

(U) Finding A

(U) DoD Officials Did Not Effectively Manage Retained Organs

(U) DoD officials did not effectively manage the retention and disposition of retained organs examined by AFMES.¹⁶ For the 208 decedent cases that we reviewed, DoD officials did not obtain next of kin disposition instructions for 109 decedents (52 percent).¹⁷ Specifically, DoD officials did not notify the next of kin that AFMES retained an organ for 91 (83 percent) of 109 decedents or obtain disposition instructions for another 18 (17 percent) of 109 decedents whose next of kin were notified. In addition, DoD officials did not follow the next of kin’s disposition instructions for 41 (41 percent) of the 99 decedents for whom instructions were obtained. We determined there was no clear pattern that distinguished the differences in notification and disposition for decedents’ cases.

(U) DoD officials did not follow the next of kin’s disposition instructions for 41 (41 percent) of the 99 decedents for whom instructions were obtained.

(U) This occurred because the DoD generally did not have clearly defined policy to establish consistent processes for organ retention and disposition. Specifically, the forms that DoD officials began using in 2006 contained no instructions. AFMES and AFMAO issued joint policy in 2011 that addressed retained organs but updated the policy in 2012 and removed the section on retained organs. DoD officials did not issue any additional DoD Instruction or Directive on retained organs until 2021.

~~(CUI)~~ As a result, AFMES officials did not complete disposition for 142 retained organs from 106 (51 percent) of 208 decedents who had autopsies performed from January 1, 2006, through June 30, 2022. AFMES officials were unsure of how to proceed with the disposition of the organs until the Under Secretary of Defense for Personnel and Readiness decided in September 2022 to hold the retained organs for 10 years. Due to the time that has passed since the next of kin were first contacted, it is likely that the next of kin that were notified are not aware that AFMES officials still have these organs, and the next of kin for other decedents were never notified and may not know that organs were retained during autopsies. As of March 2023, AFMES officials had 553 retained organs in the AFMES inventory that need disposition. DoD officials indicated that they were concerned about [REDACTED]

¹⁶ (U) AFMES retained 1,221 organs from 811 decedents during autopsies performed from January 1, 2006, through June 30, 2022. We reviewed 208 decedent cases, with 307 retained organs.

¹⁷ (U) We used a nonstatistical sample for this audit. The results from the discussions for the 208 sampled decedents, including percentages of occurrences for sampled decedents, cannot be applied to the universe of 811 decedents.

Findings

(CUI) [REDACTED]. However, we are concerned that without some notification to the next of kin of the changed policy, there may be damage in trust with current and potential Service members, their families, and the public.

(U) DoD Officials Did Not Effectively Manage the Retention and Disposition of Retained Organs

(U) DoD officials did not effectively manage the retention and disposition of organs examined by AFMES, including not consistently:

- (U) obtaining next of kin disposition instructions, or
- (U) following the next of kin’s disposition instructions when instructions were obtained.

(U) DoD Officials Did Not Obtain Disposition Instructions

(U) DoD officials did not obtain next of kin disposition instructions for 109 (52 percent) of 208 decedents.¹⁸ The next of kin may initially elect to be notified to provide disposition instructions after AFMES completes examination of the retained organs or may provide disposition instructions before AFMES completes examination.

(U) DoD officials did not notify the next of kin that an organ was retained for 91 (83 percent) of 109 decedents. AFMES guidance required either AFMES officials or the relevant SCO to notify next of kin that the medical examiner retained an organ.¹⁹

- | | |
|---|--|
| <ul style="list-style-type: none"> • (U) DoD officials did not notify the next of kin that an organ was retained for 91 (83 percent) of 109 decedents. | <p>Medical examiners should have notified the next of kin; documented the notification with a completed CJMAB Form 8, CJMAB Form 3, DD Form 3048, or</p> |
|---|--|

DD Form 3047; and then added this form to AFMETS. However, DoD did not consistently notify next of kin and, therefore, did not obtain disposition instructions. For example, in 2020, AFMES officials had a decedent case with a single retained organ. There was no documentation in AFMETS of notification and, as of March 2023, the retained organ remained in the AFMES inventory.

¹⁸ (U) This number included decedents where the next of kin were not notified, decedents where next of kin elected to be notified after examination but were not, and when next of kin did not provide DoD officials disposition instructions.

¹⁹ (U) AFMES and AFMAO Joint Standard Operating Procedure 1, “Remains Handling,” April 28, 2011.

(U) AFMES Standard Operating Procedure 39, “Forensic Pathology Investigations (FPI) Histology Laboratory Standard Operating Procedure (SOP),” January 19, 2022.

(U) In addition, DoD officials did not follow up with the family to obtain the next of kin disposition instructions for 18 (17 percent) of 109 decedents whose next of kin were notified. For example, in 2012, AFMES officials had a decedent case with multiple retained organs and AFMES officials notified the next of kin of the retained organs. The next of kin provided instructions to be notified when the examination of the retained organs was complete, which would allow them the opportunity to decide the disposition of the retained organs. However, there was no documentation in AFMETS that the next of kin was notified after examination, disposition instructions were not obtained, and as of March 2023, the retained organs remained in the AFMES inventory.

(U) AFMES Officials Did Not Follow Disposition Instructions

(U) AFMES officials did not follow the next of kin’s disposition instructions for 41 (41 percent) of the 99 decedents where disposition instructions were obtained. Next of kin could make several elections depending on the version of the form used to provide instructions. The CJMAB Form 8 and DD Form 3048 allowed the next of kin to elect to be notified upon completion of the examination and given the opportunity to decide the disposition of the retained organ. The 2006 CJMAB Form 8 also allowed the next of kin to elect to provide disposition instructions before completion of the examination and have the retained organ sent to a funeral home of their choice. The CJMAB Form 8 and DD Form 3048 also allowed the next of kin to elect not to be notified upon completion of the extended examination, after autopsy, and authorized AFMES to make proper disposition. If the next of kin elected to be notified upon completion of the extended examination, the next of kin needed to complete CJMAB Form 3 or DD Form 3047 to provide specific disposition instructions. For example, next of kin could elect for retained organs to be transferred to a funeral home for burial or cremation, cremated and sent to a destination of choice, retained at the mortuary for appropriate disposition by the parent Service such as retirement at sea, or retained by AFMES with final disposition as a medical specimen.

(U) For 30 decedents, AFMES had disposition forms that next of kin requested AFMES complete disposition as a medical specimen, but AFMES did not follow those disposition instructions. For example, in 2019, AFMES officials had a decedent case with multiple

(U) For 30 decedents, AFMES had disposition forms that next of kin requested AFMES complete disposition as a medical specimen, but AFMES did not follow those disposition instructions.

retained organs. AFMES officials obtained disposition instructions from the next of kin, and the next of kin elected for AFMES to complete disposition as a medical specimen. However, as of March 2023, the retained organs remained in the AFMES inventory.

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(U) In addition, DoD officials also did not follow the disposition instructions for 11 decedents when next of kin elected for disposition other than as a medical specimen. For example, in 2010, AFMES officials had a decedent case with multiple retained organs. AFMES officials obtained disposition instructions from the next of kin, who elected for the retained organs to be cremated and shipped to a specific location. As of March 2023, the retained organs remained in the AFMES inventory and were not cremated or shipped.

(U) No Clear Pattern for Notification of Next of Kin or Completing Disposition

(U) There was no clear pattern that distinguished the differences in DoD officials notifying next of kin of organs retained or AFMES officials completing disposition of organs retained for decedents' cases. For example, of the 95 decedent cases where DoD officials did not notify next of kin of organs retained, the percentages were similar for non-DoD affiliated decedents, families of Service members, and retired or separated Service members. For the 106 decedent cases where DoD officials did not complete disposition, percentages were similar for non-DoD affiliated decedents and DoD-affiliated decedents.

(U) The DoD Generally Lacked Clearly Defined Policy to Establish Consistent Processes for Organ Retention and Disposition

(U) The DoD generally lacked clearly defined policy to establish consistent processes for organ retention and disposition. Prior to 2006, the DoD did not have forms for notification and disposition of retained organs. The forms, used for notification and disposition of retained organs, starting in 2006, were not used consistently and did not include instructions. In 2011, AFMES and AFMAO issued a joint SOP that addressed the disposition of retained organs and required storing retained organs locally for 2 years and then placing retained organs into long-term storage, but they did not designate a storage location. AFMES and AFMAO officials updated the policy 18 months later in 2012 and removed the section on retained organs, but AFMES officials continued the storage practice in the old policy. Finally, DoD officials did not issue any DoD Instruction or Directive on retained organs until 2021.



(U) DoD officials did not issue any DoD Instruction or Directive on retained organs until 2021.

(U) DoD Notification and Disposition Forms Issued Without Policy

(U) DoD officials issued forms for notifying next of kin of retained organs and obtaining disposition instructions in 2006, but they did not issue policy regarding the use of these forms. DD forms generally contain a page that provides guidance on what information should be entered in each block.²⁰ However, none of the forms used by AFMES for recording notification and disposition instructions contained guidance on how to complete the form. Army officials proposed having the CJMAB forms converted into DD forms to better publish and control their use in 2008, but the CJMAB officials decided not to implement that request to maintain the ability to rapidly change the forms at the board’s level. Additionally, there was no policy that stated these forms had to be used and who was responsible for the oversight or completion of the forms.

(U) The lack of instructions and policy for the notification and disposition forms led to DoD officials not completing proper disposition of some retained organs. For example, DoD officials considered some completed disposition forms to be insufficient for administrative reasons, and policy did not state how to manage administrative errors without having the next of kin fill out forms again. In one instance, in 2008, a next of kin filled out the CJMAB Form 8 and marked that they wanted to be notified when the examination was complete; the next of kin also provided a civilian funeral home address for shipment of the retained organ. However, DoD officials did not obtain the CJMAB Form 3, which would indicate the disposition instructions for the organ, and include whether the organ should be buried or cremated after arriving at the funeral home. The DoD did not follow up with the next of kin to clarify or determine disposition instructions, and, as of March 2023, more than 14 years later, the retained organ remained in the AFMES inventory.

(U) In addition, the lack of clear policy on using the forms led to confusion over the roles and responsibilities for submitting and obtaining the forms from next of kin. Specifically, AFMES officials stated that they relied on casualty affairs officers to obtain all of the completed forms, but casualty affairs officers stated that they relied on AFMES officials to obtain the DD Form 3048 or CJMAB Form 8 before assisting with obtaining the DD Form 3047 or CJMAB Form 3. The Service casualty officers stated that the medical examiner was in a “better position” to start the process. Therefore, DoD officials did not always obtain the completed forms that identified both the notification and disposition preferences of the next of kin.

(U) Finally, with the lack of clear policy for non-DoD decedents, AFMES officials did not consistently use the DoD forms to obtain disposition instructions for non-DoD decedents. A representative for a non-DoD decedent, such as another Federal agency or

²⁰ (U) See Appendix G for an example of DD Form 93 and the included instructions that assist in filling out the form.

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(U) a civilian contractor company, sometimes coordinated with the next of kin to obtain disposition instructions for AFMES officials. AFMES officials stated they would follow the request and that the medical examiner released the retained organ to the directed funeral home.

(U) Joint AFMES and AFMAO SOP Issued in April 2011 Provided Guidance on Retained Organs for Only 18 Months

(U) AFMES and AFMAO issued a Joint SOP 1 (JSOP 1) in April 2011 that included detailed guidance for retained organs, but this SOP was superseded after 18 months.²¹ JSOP 1 stated that AFMES officials were responsible for obtaining CJMAB Forms 8 and 3. If the next of kin decided not to be notified after a medical examiner completed the autopsy, JSOP 1 stated that AFMES would store the retained organ for 2 years and then place the retained organ into long-term storage. The JSOP 1 that superseded the April 2011 version, issued in October 2012, did not include a section on retained organs.²² The October 2012 JSOP 1 stated that AFMES officials could not release identified portions, which would include retained organs, without receiving all required documentation from the respective mortuary liaisons in accordance with standard operating procedures. Therefore, AFMES officials continued to follow the April 2011 JSOP 1 and place the retained organs in long-term storage.

(U) DoD Instructions or Directives on Retained Organs Not Issued Until June 2021

(U) DoD Instruction 1300.29, issued on June 28, 2021, provides guidance on “retained organs.” Before this Instruction, the term “retained organs,” and the use of forms for disposition of retained organs were not included in DoD Directives or Instructions. DoD Instruction 1300.29 defines “retained organs” as “any organs retained by medical authorities for extended study to assist in determining the cause and manner of death and requiring disposition instructions from the next of kin.” The Instruction provides that if organs are retained, the SCO that has notified the next of kin that the organs were retained must also obtain disposition instructions. If the next of kin does not provide disposition instructions for the retained organs, the Secretary of the Military Department concerned may pay for the transportation of those remains to an appropriate place selected by the Secretary, including the interment by burial or inurnment of cremated remains to an urn.

(U) A DoD official stated that DoD personnel started revising the Instruction in 2008. The Instruction was close to being finalized when the Dover Port Mortuary Independent

²¹ (U) AFMES and AFMAO JSOP 1, April 28, 2011.

²² (U) AFMES and AFMAO JSOP 1, “Remains Handling,” DE 19902-7262, October 15, 2012.

(U) Review Subcommittee began in 2011. The Instruction was then repeatedly delayed because officials knew there would be policy changes as a result of the Independent Review Subcommittee. Based on the date of the Instruction issuance in 2021, the DoD did not finalize it for more than a decade.

(U) While DoD officials issued the Instruction, AFMES and AFMAO officials stated that the Instruction did not discuss how to handle final disposition if the Federal agency or contractor for a population that lacked mortuary benefits did not provide disposition assistance. Furthermore, AFMES and AFMAO officials stated that the Instructions did not explain how to handle final disposition if DoD officials considered the forms completed by next of kin to be insufficient. Finally, the Instruction does not address all of the decedent populations that received autopsies by a medical examiner.

(U) DoD Officials Began to Implement the Internal Review Team’s Recommendations

(U) To implement the internal review team’s recommendations, the Under Secretary of Defense for Personnel and Readiness issued a September 2022 memorandum and, in December 2022, AFMES officials began the process to obtain accreditation by the National Association of Medical Examiners. AFMES officials stated that this process would align AFMES policies and procedures with national medical standards. In addition, AFMES determined in September 2022 that notification of organ retention was not necessary for cases going forward and determined that the forms asking for disposition elections, DD Forms 3047 and 3048, were no longer necessary.

(U) Based on the Under Secretary’s September 2022 memorandum, AFMES now considers examined retained organs to be specimens, and will follow National Association of Medical Examiners standards for the medical disposition of specimens. AFMES officials have also revised and published SOPs that incorporated the Under Secretary’s recommendations. For example, AFMES officials published the “Forensic Pathology Investigations Handling and Disposition of Retained Organs Standard Operating Procedure (SOP)” in November 2022, which removed the requirement that next of kin be notified when AFMES retains organs. AFMES officials are also taking steps within AFMETS to include a specimen disposition option. In addition, AFMES officials submitted a request to the DHA for a website update on health.mil to update external communication documents, such as AFMES pamphlets and frequently asked questions so that information provided to decedents’ families aligns with the Under Secretary’s recommendations. Finally, AFMES officials also developed recommendations for consideration to update DoD issuances on when to use the term “organ” and the term “specimen.”

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(U) DoD officials also began to update DoD Instruction 1300.29, but they have not issued the revised guidance. The Under Secretary of Defense for Personnel and Readiness should update and implement retained organ policy to align with current policy and practice related to retained organs and specimens. The Director, DHA, after the Under Secretary updates and implements policy, should update and implement AFMES policy, processes, and procedures related to retained organs or specimens.

(CUI) DoD Implementation of the [REDACTED]
[REDACTED]
[REDACTED]

(CUI) [REDACTED]
[REDACTED]
[REDACTED]

(CUI) [REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

(CUI) [REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

(U) AFMES officials have started to implement the Under Secretary of Defense for Personnel and Readiness recommendations related to AFMES. The AFMES process no longer requires next of kin to be notified of retained organs and retained organs will be considered specimens that can be dispositioned medically. AFMES updated SOP 27 in November 2022, and the procedure states, a complete autopsy is performed on remains under certain circumstances; however, “10 U.S. Code 1471, dictates that the AFME [armed forces medical examiner] ‘to the extent practicable and consistent with responsibilities and give due regard to applicable law protecting religious beliefs.’”²³ For example, some religions and traditions have different requirements for handling remains. However, the language in SOP 27 is poorly worded and it is unclear whether Section 1471 regarding religious beliefs applies to retained organs within SOP 27 or how AFMES officials will incorporate this into their updated processes and procedures. Furthermore, in April 2023, AFMES officials stated that they were updating AFMETS to include a field for religious accommodations. According to AFMES officials, this update

²³ (U) AFMES SOP 27, “Investigations Standard Operating Procedure (SOP),” November 30, 2022.

(U) should allow AFMES officials to query AFMETS to determine which decedents have religious accommodations requested by their next of kin.

(U) To ensure that the DoD continues to give due regard to applicable laws protecting religious beliefs and complies with 10 U.S.C. § 1471, the Under Secretary of Defense for Personnel and Readiness should continue to honor, to the extent practicable and consistent with 10 U.S.C. § 1471(e)(2) and current policy, proactive and timely requests from next of kin for religious accommodations related to forensic pathology investigations and disposition of remains. This includes updating and implementing the policy that retained organs and specimens are to be treated, when a religious request can be honored, in the same manner as remains.

(U) The September 2022 Decision May Not Honor Next of Kin Requests for Organs Retained Between 2006 and 2022

~~(CUI)~~ The DoD’s implementation of the September 2022 decision may not honor next of kin wishes. The decision states that “specimens” currently in AFMES possession will be respectfully placed in a dignified place of holding for 10 years unless the next of kin requests that the specimen be returned. [REDACTED]

[REDACTED] However, the decision may not result in the DoD following the next of kin’s request to complete disposition of retained organs in a manner other than as a specimen. We identified 11 cases where the decision would not follow the next of kin’s disposition request. [REDACTED]

~~(CUI)~~ [REDACTED]

[REDACTED] However, the decision would treat next of kin and retained organs differently for those decedents who died during the same period because the procedure in place at time of autopsy was to obtain and follow next of kin instructions. Specifically, there were decedents who died during this same period where DoD officials followed their next of kin disposition requests for retained organs. For example, in our sample, there were 58 (28 percent) of 208 decedents who had autopsies performed from January 1, 2006, through June 30, 2022, where DoD officials obtained disposition instructions and followed their next of kin disposition requests for retained organs. However, in our sample, there were 41 (20 percent) of 208 decedents who had autopsies performed from January 1, 2006, through June 30, 2022, where DoD officials obtained disposition

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(~~CUI~~) instructions, did not follow next of kin disposition instructions for retained organs, and, as of March 2023, the retained organs still remained in the AFMES inventory.

(U) Furthermore, as previously stated, many next of kin were not notified that AFMES officials retained their family member’s organ. Specifically, DoD officials did not notify next of kin for 91 (44 percent) of 208 decedents about retained organs. It is unlikely that the next of kin are aware the DoD has the organs due to the families not receiving notification that an organ was retained. Therefore, next of kin for at least 91 decedents do not know to contact DoD officials to provide instructions.

(U) DoD officials have stated that the September 2022 decision would honor a next of kin’s disposition request if the next of kin contacts DoD officials. However, the decision would likely provide unequal treatment of decedents by not keeping the original commitments made to the next of kin regarding disposition and not notifying the next of kin that the DoD previously failed to contact.

(U) AFMES Officials Did Not Complete Disposition of Retained Organs in a Timely Manner

(U) AFMES officials did not complete disposition for 142 retained organs from 106 (51 percent) of 208 decedents in our sample, who had autopsies performed from January 1, 2006, through June 30, 2022. AFMES officials were unsure of how to proceed with the organs until the Under Secretary of Defense for Personnel and Readiness decided in September 2022, to hold the retained organs for 10 years.

(U) Due to the time that has passed since the next of kin were first contacted, or the time that has passed since the autopsy, it is likely that the next of kin is not aware that AFMES officials have these organs. Failure to notify next of kin and follow the next of kin disposition instructions may damage trust with current and potential Service members, their families, and the public. The decision for disposition of remains is personal and may be different for each decedent or family. Some families may find comfort in knowing that the remains of their family member have been returned so that those remains can be dispositioned according to the family’s or decedent’s religious or personal traditions.

(~~CUI~~) While DoD officials may change policy and procedures going forward, we remain concerned that the DoD is not respecting the choices from the next of kin when DoD officials requested this information and that DoD officials may not be prepared to address inquiries from next of kin about retained organs. Additionally, DoD implementation of the September 2022 decision [REDACTED]

(~~CUI~~) [REDACTED]
 [REDACTED] Therefore, the Under Secretary of Defense for Personnel and Readiness should either:

- (U) reconsider their September 2022 decision and, unless the next of kin requested no further notification, notify next of kin that AFMES still has a retained organ and determine whether next of kin wants to provide disposition instructions, or
- (U) if the September 2022 decision is maintained, take steps through targeted notifications or through a public awareness effort to ensure that the next of kin are aware of the decision and their options under it. The Under Secretary should also ensure that the DoD has appropriately trained staff to explain to the next of kin the reason for the delay.

(U) Conclusion

(U) DoD officials did not effectively manage the retention and disposition of organs retained during autopsies because AFMES officials did not consistently notify next of kin of retained organs or obtain and follow disposition instructions for retained organs. We determined there was no clear pattern that distinguished the differences in notification and disposition for decedents' cases. DoD officials did not complete notification and disposition for decedent cases consistently across the populations.²⁴ DoD officials did not have consistent policy on organ retention and disposition, including instructions for obtaining and filling out forms for notification and disposition.

(~~CUI~~) The Under Secretary has decided to place the 553 specimens in AFMES inventory as of March 2023, in a dignified place of holding for 10 years, unless the next of kin requests that the specimens be returned. While this decision may [REDACTED], some next of kin and others may be concerned by this decision.

²⁴ (U) The populations of decedents included active-duty Service members, families of Service members, DoD civilians or contractors, retired or separated Service members, and non-DoD affiliated.

(U) Recommendations, Management Comments, and Our Response

(U) Recommendation A.1

(U) We recommend that the Under Secretary of Defense for Personnel and Readiness:

- a. **(U) Reconsider their September 2022 decision and, unless the next of kin requested no further notifications, notify the next of kin that the Armed Forces Medical Examiner System has a retained organ and determine whether the next of kin wants to provide disposition instructions, or**

(U) If the September 2022 decision is maintained, take steps through targeted notifications or through a public awareness effort to ensure that the next of kin are aware of the decision and their options under it. The Under Secretary should ensure that DoD has appropriately trained staff to explain to the next of kin the reason for the delay.

(U) Under Secretary of Defense for Personnel and Readiness Comments

(U) The Acting Under Secretary of Defense for Personnel and Readiness agreed with the recommendation. Rather than reconsidering their September 2022 decision and notifying the next of kin that AFMES has a retained organ, the Acting Under Secretary stated that they will implement public awareness efforts to provide information and options for the next of kin involved in cases impacted by these retained specimens. In addition, the Acting Under Secretary stated they will ensure that this effort includes the provision of appropriately trained staff to explain the reason for the delay.

(U) We followed up with Office of the Under Secretary of Defense for Personnel and Readiness officials, who stated that the public awareness efforts would include an announcement on the AFMES website explaining the recent review and changes to policy. The awareness effort would also publicize a mechanism for individuals who may be impacted to verify whether their next of kin's specimens are currently stored at AFMES, understand disposition options, and get connected with a grief counselor.

(U) Our Response

(U) Comments from Acting Under Secretary addressed the specifics of the recommendation; therefore, the recommendation is resolved but will remain open. We will close the recommendation once we verify that the AFMES website was updated and public awareness efforts occurred.

- b. **(U) Update and implement retained organ policy to align with current policy and practice related to retained organs and specimens.**

(U) Under Secretary of Defense for Personnel and Readiness Comments

(U) The Acting Under Secretary of Defense for Personnel and Readiness agreed with the recommendation, stating that the Office of the Under Secretary of Defense for Personnel and Readiness will update and implement retained organ policy to align with current policy and practice related to retained specimens.

(U) Our Response

(U) Comments from Acting Under Secretary addressed the specifics of the recommendation; therefore, the recommendation is resolved but will remain open. We will close the recommendation once we verify that the retained organ policy has been updated and implemented to align with current policy and practice related to retained organs and specimens.

- c. **(U) Continue to honor, to the extent practicable and consistent with section 1471, title 10, United States Code and current policy, proactive and timely requests from next of kin for religious accommodations related to forensic pathology investigations and disposition of remains. This includes updating and implementing the policy that retained organs and specimens are to be treated in the same manner as remains, when honoring religious accommodation.**

(U) Under Secretary of Defense for Personnel and Readiness Comments

(U) The Acting Under Secretary of Defense for Personnel and Readiness agreed with the recommendation, stating that the Office of the Under Secretary of Defense for Personnel and Readiness will update and implement appropriate policy, processes, and procedures to continue to honor, to the extent practicable and consistent with section 1471 and current policy, proactive and timely requests from next of kin for religious accommodations related to forensic pathology investigations and disposition of remains.

(U) Our Response

(U) Comments from the Acting Under Secretary partially addressed the recommendation; therefore, the recommendation is unresolved and will remain open. The Acting Under Secretary agreed to update and implement appropriate policy, processes, and procedures for remains but did not address retained organs or specimens. The DoD has specific definitions for remains, retained organs, and specimens. Therefore, the DoD policy that addresses religious accommodations related to forensic pathology examinations and disposition of remains should also address retained organs and specimens. We request that the Acting Under Secretary provide additional comments within 30 days of the final report that provide information and actions planned or taken to address policy, processes, and procedures for specimens.

(U) Recommendation A.2

(U) We recommend that the Director, Defense Health Agency, after the Under Secretary of Defense for Personnel and Readiness updates and implements policy, develop and implement Armed Forces Medical Examiner System policy, processes, and procedures related to retained organs or specimens.

(U) Under Secretary of Defense for Personnel and Readiness Comments

(U) The Acting Under Secretary of Defense for Personnel and Readiness, responding for the Director, Defense Health Agency, agreed with the recommendation. The Acting Under Secretary stated that the Office of the Assistant Secretary of Defense for Health Affairs recently conducted an in-depth technical review AFMES policies and procedures relating to forensic examinations and that the Director, Defense Health Agency, will update and implement AFMES policy, processes, and procedures related to specimens. In addition, the Acting Under Secretary stated that the DoD has already implemented some actions, including establishment of an annual inspection program, policy adjustments to improve management, and pursuit of national accreditation to align DoD's medical examination processes with industry standards.

(U) Our Response

(U) Comments from the Acting Under Secretary addressed the specifics of the recommendation; therefore, the recommendation is resolved but will remain open. We will close the recommendation once the Defense Health Agency provides updated AFMES policy, processes, and procedures related to specimens.

(U) Finding B

(U) AFMES Officials Did Not Effectively Track Retained Organs

(U) AFMES officials did not effectively track organs that medical examiners retained during autopsies. Specifically, AFMES officials did not:

- (U) have complete or accurate records of retained organs stored at Medical Treatment Facilities (MTF)s and the Joint Pathology Center (JPC);
- (U) conduct disposition for 20 decedent cases for one of two retained organs for a single decedent;
- (U) correctly categorize at least 17 retained organs;
- (U) include records in AFMETS for two retained organs in the AFMES inventory;
- (U) include eight retained organs that were in the AFMES inventory and included two retained organs that were not in the AFMES inventory in their Comprehensive Tracker;²⁵
- (U) properly record the release of 236 retained organs in AFMETS; or
- (U) label seven retained organs accurately in the AFMES inventory.

(U) This occurred because AFMES officials did not have clear policies or procedures in place to track retention, transportation, storage, or release of retained organs. As a result, DoD officials may not be able to effectively respond to next of kin requests for information on the retained organs. This deficiency ultimately could cause emotional distress to the decedent’s family.

(U) AFMES Records Were Incomplete and Inaccurate for Tracking Organs

(U) AFMES officials did not have records to effectively track the organs that medical examiners retained during autopsies from January 1, 2006, through June 30, 2022.²⁶ AFMES officials lost track of the organs retained at MTFs and organs stored at the JPC. AFMES officials’ records did not always match the AFMES inventory or properly identify

²⁵ (U) The Comprehensive Tracker is a spreadsheet, dated August 2022, by AFMES officials to assist in identifying retained organs and matching old cases dated before January 2020 from the AFMES inventory.

²⁶ (U) AFMES performed 10,215 autopsies from January 1, 2006 through June 30, 2022.

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(U) specimens retained during autopsies as retained organs. Furthermore, AFMES officials did not properly record the retained organs in AFMETS as released or unreleased and incorrectly labeled retained organs in the AFMES inventory.

(U) AFMES Officials Did Not Manage or Effectively Track Custody of the Retained Organs at all Storage Locations

(U) AFMES officials did not manage, effectively track, or know whether there were retained organs at MTFs or at the JPC. Medical examiners performed autopsies at MTFs around the world and often stored the retained organ at the MTFs after expert examination. AFMES officials stated that if the retained organs were not stored at the local MTF, the medical examiners sent the retained organs to be stored at the JPC.

(U) Due to the organs being stored at various locations, in April 2022, the Assistant Director of Health Care Administration, DHA, directed AFMES officials, to send all retained organs from any MTFs and the JPC to AFMES headquarters at Dover AFB. In response, AFMES officials contacted MTF officials and requested they identify and send all medical examiner retained organs to the AFMES headquarters at Dover AFB. AFMES officials recorded the MTFs they contacted in a spreadsheet referred to as the Autopsy Location Contact List.²⁷

(U) Managing the Collection of Retained Organs at MTFs

(U) AFMES officials did not effectively manage the collection of retained organs from MTFs and did not contact at least eight MTFs when requesting retained organs be sent to AFMES at Dover AFB. We identified 72 locations where medical examiners may have retained organs.

(U) In September 2022, we compared the autopsy locations from the AFMETS report to the AFMES Autopsy Location Contact List and identified locations where medical examiners conducted autopsies that AFMES officials did not contact. Specifically, we determined that AFMES officials contacted only 64 of the MTFs and did not contact at least 8 locations. When we informed AFMES officials of this discrepancy, they contacted the remaining MTF and determined that there were no retained organs present. Officials stated that they did not need to contact some locations because they had evidence retained organs from those MTFs were in AFMES inventory or were released to AFMAO.

(U) However, MTF officials did not always provide accurate information. For example, when AFMES officials first contacted an MTF official at U.S. Army Garrison Fort Gordon, Georgia, the MTF official told AFMES officials that there were no AFMES retained organs

²⁷ (U) The Autopsy Location Contact List is a separate spreadsheet from the Comprehensive Tracker spreadsheet.

(U) at that MTF location.²⁸ However, during a subsequent phone call between an AFMES medical examiner and a U.S. Army Garrison Fort Gordon MTF official, the MTF official stated that the MTF actually had retained organs from an AFMES autopsy. The MTF officials then sent the retained organs to Dover AFB. Therefore, other MTF officials may also have incorrectly reported that they did not have any organs retained by an AFMES medical examiner in the MTFs inventories and that those organs are still at the MTFs.

(U) The AFMES process for gathering and tracking inventory at MTFs was ineffective and did not include a process to verify whether all retained organs had been provided to and accounted for at Dover AFB. In November 2022, AFMES officials updated their policy to require medical examiners to send all retained organs to Dover AFB, regardless of the location where the autopsy occurred.²⁹

(U) Managing Retained Organs at the JPC

(U) AFMES officials did not properly manage retained organs at the JPC and did not identify 39 retained organs from the JPC that should have been in the AFMES inventory. AFMES officials asked JPC officials to store retained organs because AFMES did not have adequate storage space. In 2016, the Director of AFMES and the Director of the JPC agreed that the JPC would store retained organs in a separate area dedicated to AFMES storage, but the JPC would not take custody of the retained organs in the JPC system of record. AFMES officials then transferred retained organs to the JPC from February 2016 until the JPC ran out of storage space in 2018. AFMES officials performed a partial inventory in 2018 to determine which retained organs were either in the AFMES inventory or JPC storage. AFMES officials requested that JPC officials verify the retained organs in their possession in July 2018, April 2022, and March 2023.

(U) After AFMES and JPC officials confirmed custody of the retained organs, AFMES officials issued six DHA memorandums in 2018. These memorandums formally clarified that all of the retained organs were actually in the custody of AFMES, whether stored at AFMES or the JPC. The memorandums listed 142 retained organs that were marked as being placed in long-term storage at the JPC or at AFMES at Dover AFB. In 2022, AFMES officials conducted an inventory at the JPC and transferred the retained organs stored in the JPC storage area to AFMES, Dover AFB.

(U) In March 2023, we compared records for the retained organs listed on these memorandums to the AFMES inventory and to AFMAO records for disposition. We determined that 87 of these 142 retained organs were in the AFMES inventory and that AFMAO officials dispositioned 16 of the 142 retained organs by retirement at sea.

²⁸ (U) U.S. Army Garrison Fort Gordon, Georgia, was renamed Fort Eisenhower on October 27, 2023.

²⁹ (U) AFMES SOP 27, November 30, 2022.

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(U) AFMES records indicated that the remaining 39 retained organs should have been in the AFMES inventory. However, we did not find the 39 organs in the AFMES inventory.

(U) AFMES officials then contacted the JPC and discovered 49 previously unknown AFMES containers at the JPC. JPC officials transferred the containers in March 2023 to Dover AFB for AFMES officials to determine whether any contained retained organs. In November 2023, AFMES officials provided information that 31 of the 49 containers accounted for 31 of the 39 retained organs that should have been in AFMES inventory. AFMES officials do not know whether they have identified and received at Dover AFB all of the retained organs they previously stored at the JPC. The DHA Director should ensure that AFMES officials review and identify all locations, including the MTFs, the JPC, and anywhere else retained organs may be stored, and verify that all retained organs are recovered and sent to Dover AFB.

⋮ (U) AFMES officials do not know
 ⋮ whether they have identified and
 ⋮ received at Dover AFB all of the
 ⋮ retained organs they previously
 ⋮ stored at the JPC.
 ⋮

(U) AFMES Dispositioned One of Two Retained Organs from a Single Decedent

(U) AFMES officials dispositioned one of two retained organs when multiple organs were retained from a single decedent. We identified 20 decedents where the medical examiner retained the brain and heart. While it is understandable that consultation for the different organs may require different lengths of time, the retained organs for all 20 cases were retained before 2018. This should have been adequate time for AFMES officials to attain expert consultation and complete disposition of both of the retained organs. AFMES officials could not explain why they dispositioned one retained organ but not both retained organs for these decedents. In addition, AFMETS records did not show that AFMES released the retained organ for 18 of the 20 decedents, but the retained organs were not in AFMES inventory. DHA officials should consider the impact of separate disposition for organs because different specialty consultations were needed, versus disposition of decedent’s retained organs together, and develop and implement policy and procedures accordingly.

(U) Retained Organs Were Not Properly Identified as Retained Organs

(U) AFMES officials did not identify retained organs correctly. Specifically, AFMETS retained organ reports did not accurately identify 17 organs retained from autopsies. We searched AFMETS for decedent case files containing notification and disposition of

(U) retained organs forms and compared those case numbers to case numbers on the AFMETS retained organ report. We identified 17 cases where the medical examiner documented that they retained an organ within the decedent case files; however, AFMETS did not categorize them as retained organs. Instead, the medical examiner categorized the retained organs as other types of specimens for 4 decedent cases and did not document the retained organs in AFMETS at all for 13 decedent cases.

(U) AFMES officials stated that some medical examiners in the past would cut a portion of the organ for testing, while returning the remaining portions of the organ with the human remains. The medical examiner did not consistently categorize these portions of organs as retained organs, but rather the medical examiner sometimes identified the portions as specimens or the portions were not marked at all. AFMES officials did not have complete records of retained organs if medical examiners incorrectly categorized them as other types of specimens.

(U) Physical Inventory Did Not Match AFMETS Records

(U) Our physical inventory of the retained organs did not match the AFMETS records. Specifically, during a March 2023 site visit to AFMES, we performed a physical inventory of organs stored at AFMES and determined that AFMES officials did not have records in AFMETS for 2 of 553 retained organs in our physical inventory.

(U) AFMES officials acknowledged that they could not trust AFMETS accuracy for older decedent cases and stated that some of the retained organs that the MTFs shipped to AFMES had nondescript small markings on the storage container. To address this discrepancy, AFMES officials created a Comprehensive Tracker spreadsheet, dated August 2022, to assist in identifying retained organs and matching old cases dated before January 2020 from the AFMES inventory. However, we found that the Comprehensive Tracker spreadsheet was also inaccurate. Specifically, the Comprehensive Tracker:

- (U) included two retained organs that were not in the AFMES inventory; and
- (U) did not include eight retained organs that were in the AFMES inventory.

(U) With incomplete records, AFMES officials did not have an accurate way to track the retained organs that were in their possession.

(U) AFMETS Unreleased and Released Organ Reports Do Not Match the AFMES Inventory

(U) AFMES officials did not properly record the release of 236 retained organs in AFMETS. AFMES officials identify retained organs as either released or unreleased within AFMETS. AFMES officials stated that they considered all retained organs as

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(U) unreleased until they had attained all disposition instructions. Once AFMES officials compiled and recorded all of the required documentation into AFMETS, AFMES officials then released the retained organ for disposition. Therefore, if an organ was recorded as unreleased, it should still be in the AFMES inventory. However, AFMES officials did not accurately update AFMETS records when they released the retained organs for disposition.

(U) AFMETS records for unreleased and released organs did not match the AFMES inventory at Dover AFB. Specifically, AFMETS recorded 786 retained organs as unreleased, but 235 of these unreleased retained organs were not in the AFMES inventory. AFMETS also incorrectly recorded one retained organ that was in the AFMES inventory as released.

(U) AFMES Did Not Accurately Label Its Inventory

(U) AFMES officials did not accurately label seven retained organs in the AFMES inventory. When we conducted a physical inventory of the retained organ in AFMES custody, we found mislabeled decedent case numbers, mislabeled types of retained organs, and “unknown” retained organs. For example, AFMES officials incorrectly:

- (U) labeled one retained organ with the wrong medical examiner number;
- (U) labeled a retained heart as a retained brain;
- (U) labeled four retained organs as “unknown”; and
- (U) placed a retained heart from one decedent inside the storage container that was labeled for and already storing an organ of another decedent.

(U) AFMES did not have an accurate account of the retained organs in its possession because of labeling errors.

(U) AFMES Had Limited Policies and Procedures for Tracking Retained Organs

(U) AFMES officials did not have clear policies or procedures on the tracking of the retention, transportation, storage, or release of retained organs. The lack of definitive guidance led to AFMES officials ineffectively tracking retained organs. While AFMES officials issued some policies, they did not clearly identify a process for tracking retained organs.

(U) Before 2011, AFMES did not have any policies for tracking its retained organs. In April 2011, AFMES and AFMAO issued the JSOP 1, which provided the initial detailed guidance for retained organs, including instructions for assigning a tracking number, labeling, packaging, maintaining chain of custody, and documenting disposition. However, AFMES and AFMAO officials revised JSOP 1 in October 2012 and removed all procedural guidance relating to retained organs. The updated guidance was vague, stating:

(U) AFMES is responsible for the accountability of all remains until released to AFMAO for disposition. Currently AFMES utilizes MOMS [Mortuary Operations Management System] to account for all human remains, including human portions under their control until an AFMETS-based accessioning and tracking system is available and running.

(U) This change in process required AFMETS to track all remains, including retained organs.³⁰ AFMES officials used AFMETS as the system of record for autopsy documentation since 2005, but the system did not have a method to identify retained organs until AFMES officials created the retained organ category in December 2011.

(U) In addition to the lack of policy defining a clear process to track retained organs under 10 U.S.C. § 1471(e) authority and DoD Instruction 5154.30, AFMES deputized non-AFMES personnel to conduct autopsies. Therefore, medical examiners performed autopsies at 55 locations in the continental United States and 17 MTFs outside the continental United States locations, where they retained, tracked, and released retained organs differently because of the policies in place at each location.

(U) AFMES issued multiple policies since the October 2012 JSOP 1 that discussed retained organs and AFMETS, but none of the policies clearly defined the process for tracking retained organs within AFMETS. This made tracking the retained organs stored at different MTFs all over the world, the JPC, AFMAO, and within AFMES at Dover AFB nearly impossible. AFMES officials did not definitively know where or how many retained organs existed when they required all of the retained organs to be sent to Dover AFB in April 2022. DoD officials may never know the magnitude of the issue since AFMES officials failed to effectively track retained organs.

(U) AFMES officials did not provide guidance specifically addressing tracking retained organs in AFMETS until September 2021 when the Director of AFMES sent an email discussing the processing of retained organs. The email stated that the AFMES medicolegal death investigator would add the retained organ into AFMETS and generate

³⁰ (U) AFMES and AFMAO officials used the Mortuary Operations Management System to account for human remains. The Mortuary Operations Management System is a central data repository for the tracking disposition and shipment of human remains.

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(U) the request for the DD Forms 3048 and 3047. However, official policy was not updated until AFMES issued SOP 23 in November 2022.³¹ This SOP was the first time AFMES dictated policy on collection, notification, disposition, and inventory of retained organs since AFMES officials removed the retained organ tracking policy from JSOP 1 in October 2012. AFMES also issued other policies discussing how AFMES personnel enter retained organs into AFMETS and track their location with a storage room spreadsheet in November 2022.³² These policies should assist AFMES officials in tracking retained organs in the future.

(U) AFMES officials told the DoD OIG that AFMETS was an antiquated system that was inefficient because AFMES officials were making only minor programming changes to improve the system until the contract ends in 2025. AFMES officials stated however, that they were taking steps to track retained organs using bar code scanners through AFMETS. While this initiative could ease the burden of tracking retained organs through disposition, it is unlikely to address all of the problems we identified. If AFMES officials do not accurately label inventory or properly identify specimens, bar code scanners will not help to track retained organs or specimens from retention to disposition. Therefore, once policy is updated, the DHA Director should conduct a comprehensive analysis of AFMETS requirements to determine how to modernize or replace AFMETS. Upon completion of the analysis, the Director should update and implement system capabilities to allow AFMES officials to effectively and efficiently track the progression of retained organ (specimens) from collection through disposition.

(U) Incomplete and Inaccurate Records Led to a Lack of Accountability

(U) Incomplete and inaccurate records led to AFMES officials being unable to account for all of the retained organs in their custody, placed in long-term storage, or potentially lost. This lack of accountability may have also resulted in the undocumented disposition of some retained organs. Because DoD officials did not effectively track retained organs, officials had no assurances that all retained organs had been transitioned to AFMES, Dover AFB. In addition, if AFMES officials do not accurately track all retained organs, they may not be able to effectively respond to family requests for information on the retained organs. This lack of response ultimately could cause emotional distress to the decedent’s family.

³¹ (U) AFMES SOP 23, “Forensic Pathology Investigations Handling and Disposition of Retained Organs Standard Operating Procedure (SOP),” November 30, 2022.

³² (U) AFMES SOP 27, November 30, 2022 and AFMES SOP 39, November 30, 2022.

(U) Conclusion

(U) AFMES officials do not have complete or accurate records of decedent organs retained and dispositioned after autopsies. Specifically, AFMES officials did not have full records of all organs retained at Dover AFB, JPC, and MTFs. AFMES officials also did not properly identify all retained organs as released or unreleased, and the AFMES inventory contained labeling errors and did not match their AFMETS records. This occurred because AFMES officials did not have definitive guidance to effectively track retained organs from retention through release. Without specific policy defining clear tracking procedures, AFMES personnel increased the risk of potentially losing track of organs retained or specimens from autopsies. In addition, AFMETS was inefficient in tracking retained organs through disposition. AFMETS inaccurate and incomplete records could lead AFMES officials to not have complete accountability of the retained organs. Ultimately, DoD officials may not be able to accurately respond to requests about retained organs.

(U) Recommendations, Management Comments, and Our Response

(U) Recommendation B.1

(U) We recommend that the Director, Defense Health Agency:

- a. **(U) Ensure that Armed Forces Medical Examiner System officials review and identify all locations, including the military medical treatment facilities, the Joint Pathology Center, and anywhere else retained organs may be stored, and verify that all retained organs are recovered and sent to the Armed Forces Medical Examiner System at Dover Air Force Base, Delaware.**

(U) Director, Defense Health Agency Comments

(U) The Acting Under Secretary of Defense for Personnel and Readiness, responding for the Director, Defense Health Agency, agreed with the recommendation, stating that the Director will identify all locations where retained specimens may be stored and verify that all retained specimens are recovered and sent to AFMES at Dover AFB, Delaware. The Acting Under Secretary stated that in November 2023, AFMES confirmed receipt and custody of all retained specimens.

(U) Our Response

(U) Comments from the Acting Under Secretary addressed the specifics of the recommendations; therefore, the recommendation is resolved but will remain open. We will close the recommendation once we verify the Defense Health Agency identified all locations where retained specimens were stored and that the specimens were sent to AFMES.

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- b. (U) Consider the impact of separate disposition for organs because different specialty consultations were needed, versus disposition of decedent's retained organs together, and develop and implement policy and procedures accordingly.**

(U) Director, Defense Health Agency Comments

(U) The Acting Under Secretary of Defense for Personnel and Readiness, responding for the Director, Defense Health Agency, agreed with the recommendation, stating that the Director will consider the impact of separate disposition for specimens in cases where different specialty consultations were needed and implement policy and procedures as necessary and appropriate.

(U) Our Response

(U) Comments from the Acting Under Secretary addressed the specifics of the recommendations; therefore, the recommendation is resolved but will remain open. We will close the recommendation once the Defense Health Agency has provided evidence that it considered the impact of separate versus singular disposition for specimens where different specialty consultation was needed and developed and implemented any policy and procedures accordingly.

- c. (U) Conduct a comprehensive analysis of the Armed Forces Medical Examiner Tracking System requirements to determine how to modernize or replace the Armed Forces Medical Examiner Tracking System.**

(U) Director, Defense Health Agency Comments

(U) The Acting Under Secretary of Defense for Personnel and Readiness, responding for the Director, Defense Health Agency, agreed with the recommendation, stating that the Director will conduct a comprehensive analysis of the AFMETS to determine how to modernize or replace the system. The Acting Under Secretary also stated that AFMES is updating requirements to enhance the capabilities of the AFMETS.

(U) Our Response

(U) Comments from the Acting Under Secretary addressed the specifics of the recommendation; therefore, the recommendation is resolved but will remain open. We will close the recommendation once we verify that the Director, Defense Health Agency, conducted a comprehensive analysis and made a decision regarding AFMETS modernization or replacement.

- d. (U) Update and implement system capabilities to allow Armed Forces Medical Examiner System officials to effectively and efficiently track the progression of retained organ (specimens) from collection through disposition.**

(U) Director, Defense Health Agency Comments

(U) The Acting Under Secretary of Defense for Personnel and Readiness, responding for the Director, Defense Health Agency, agreed with the recommendation, stating that the Director will update and implement system capabilities to allow AFMES officials to effectively and efficiently track the progression of retained specimens.

(U) Our Response

(U) Comments from the Acting Under Secretary addressed the specifics of the recommendations; therefore, the recommendation is resolved but will remain open. We will close the recommendation once we verify that the Defense Health Agency implemented a system that allows AFMES officials to effectively and efficiently track retained specimens from collection through disposition.

(U) Appendix A

(U) Scope and Methodology

(U) We conducted this performance audit from July 2022 through October 2023 in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

(U) Review of Documentation and Interviews

(U) To answer our audit objective and determine whether medical examiners effectively managed retained organs for decedent cases, we reviewed decedent case file documentation from AFMETS, including autopsy reports, CJMAB Forms 3 and 8, DD Forms 3047 and 3048, and release forms. We downloaded 811 case files from the AFMETS related to retained organs dated from January 1, 2006, through June 30, 2022, and reviewed the documents within the cases.

(U) We met with the DoD officials from the internal review team to discuss the internal review of the Armed Forces Medical Examiner policies and procedures relating to forensic exams.

(U) We met with AFMES and AFMAO officials at Dover AFB, Delaware. We discussed policy regarding the retention and disposition of organs. We also performed a physical inventory of all the retained organs at Dover AFB. When we met with AFMAO officials, we received a briefing on the Mortuary Operations Management System and the Air Force casualty affairs process. We received a full walkthrough of the process of an autopsy, embalment, dress, and transport of remains to the place of final disposition from AFMES and AFMAO officials. We met with JPC officials to discuss their involvement with AFMES.

(U) We met with DHA officials to discuss their involvement in the process and oversight of AFMES. We met with the Director of Casualty, Mortuary Affairs and Military Funeral Honors and Office of the Under Secretary of Defense for Personnel and Readiness officials to discuss policy and oversight. We met with the Army, Navy, and Marine Corps Casualty officials to discuss their policies and processes.

(U) We visited the following MTFs to discuss their processes for medical examiner autopsies and visit the storage location for any retained organs. We did not identify any AFMES medical examiner-retained organs during our MTF visits.

- (U) Blanchfield Army Community Hospital, Fort Campbell, Kentucky
- (U) Evans Army Community Hospital, Fort Carson, Colorado
- (U) Ireland Army Health Clinic, Fort Knox, Kentucky
- (U) Walter Reed National Military Medical Center, Bethesda, Maryland

(U) To determine whether AFMES officials had complete or accurate records of the organs that medical examiners retained during autopsies, we analyzed AFMETS reports, the AFMES Comprehensive Tracker spreadsheet, and the AFMES inventory of retained organs at Dover AFB, Delaware.

(U) Review of Criteria

(U) We reviewed the United States Code and DoD, Army, Marine Corps, Navy, Air Force, AFMES, and AFMAO policies and procedures to determine whether DoD officials complied with Federal regulations and policy for retention and disposition of the organs. To answer our audit objective, we reviewed and analyzed the following criteria and any previous editions of the criteria.

- (U) Sections 1471, 1481, and 1482, title 10, United States Code
- (U) DoD Directive 1300.22, “Mortuary Affairs Policy,” October 30, 2015 (Incorporating Change 2, September 2, 2021)
- (U) DoD Instruction 1300.29, “Mortuary Affairs Program,” June 28, 2021
- (U) DoD Instruction 5154.30, “Armed Forces Medical Examiner System (AFMES) Operations,” December 29, 2015, (Change 1, Effective December 21, 2017)
- (U) Army Regulation 600-8-1, “Personnel- General, Army Casualty Program,” April 30, 2007
- (U) Army Regulation 638-2, “Casualty and Mortuary Affairs, Army Mortuary Affairs Program,” July 13, 2021
- (U) Army Regulation 638-8, “Casualty and Mortuary Affairs, Army Casualty Program,” June 7, 2019
- (U) Chief of Naval Operations Instruction 1770.1B, “Casualty Assistance and Funeral Honors Support Program,” January 22, 2019

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- (U) Department of the Navy, Bureau of Medicine and Surgery Instruction 6300.8B, “Donations, Transplants, and Disposition of Organs and Tissue,” October 18, 2016
- (U) Air Force Instruction 34-160, “Services, Mortuary Affairs Program,” March 3, 2022
- (U) Air Force Instruction 36-3002, “Personnel, Casualty Services,” February 4, 2021
- (U) AFMAO Instruction 34-440, “Portion and Retained Organ Management,” October 31, 2022
- (U) AFMAO Instruction 34-340, “Services, Mortuary Affairs,” August 13, 2019
- (U) Marine Corps Order 3040.4, “Marine Corps Casualty Assistance Program,” March 1, 2011
- (U) “Marine Corps Casualty Assistance Calls Officer Guide, Guide to Benefits and Entitlements,” August 5, 2015
- (U) AFMES and AFMAO JSOP 1, “Remains Handling,” October 15, 2012
- (U) AFMES and AFMAO JSOP 1, “Remains Processing,” April 27, 2011
- (U) AFMES SOP 23, “Forensic Pathology Investigations Handling and Disposition of Retained Organs Standard Operating Procedure (SOP),” November 30, 2022
- (U) AFMES SOP 27, “Investigations Standard Operating Procedure (SOP),” November 30, 2022
- (U) AFMES SOP 30, “Evidence and Specimen Collection, Standard Operating Procedure,” September 8, 2016
- (U) AFMES SOP 39, “Forensic Pathology Investigations (FPI) Histology Laboratory Standard Operating Procedure (SOP),” November 30, 2022
- (U) AFMES “Armed Forces Medical Examiner Tracking System User Guide,” undated

(U) AFMETS Retained Organ Universe and Sample

(U) The AFMES medical examiners use AFMETS as the system of record for all decedent cases with retained organs. Therefore, we used AFMETS to obtain our universe of

(U) 1,221 retained organs from decedent cases with autopsies performed from January 1, 2006, through June 30, 2022. We selected cases using the retained organs report function that would display only decedent cases with retained organs. We determined the unique case identifier for each decedent to isolate the decedent cases and to isolate by case, as some cases contained multiple retained organs. This resulted in 811 decedent cases with retained organs. We downloaded 811 case files from AFMETS, corresponding to 811 decedent cases with retained organs, dated from January 1, 2006, through June 30, 2022.

(U) We received assistance from the DoD OIG Quantitative Methods Division to select a random, nonstatistical sample of cases to review. We used the AFMETS system and decedent case files to determine the population of decedent. We identified DoD populations used in AFMETS, including active-duty Service members, families of Service members (generally dependents), DoD civilians or contractors, and retired or separated Service members. We also identified non-DoD populations, which included all decedents not listed as DoD. We randomly selected 208 decedent cases, with 307 retained organs, from the original 811 decedent cases, by population of decedent to review.

(U) This report was reviewed by the DoD Component associated with this audit to identify whether any of their reported information should be safeguarded and marked in accordance with the DoD Controlled Unclassified Information (CUI) Program. In preparing and marking this report, we considered any comments submitted by the DoD Component about the CUI treatment of their information. If the DoD Component failed to provide sufficient comments about the CUI treatment of their information, we marked the report based on our assessment of the available information.

(U) We have marked as CUI information identified by the DoD as pre-decisional information covered by the deliberative process privilege and not suitable for dissemination outside the Executive Branch, and we have applied appropriate redactions for such information at the request of the DoD.

(U) Internal Control Assessment and Compliance

(U) We assessed internal controls and compliance with laws and regulations necessary to satisfy the audit objective. In particular, we assessed AFMES policy and guidance, the physical inventory and storage of retained organs, AFMETS ability to monitor and track retained organs, and AFMES ability to fulfill disposition requests. However, because our review was limited to these internal control components and underlying principles, it may not have disclosed all internal control deficiencies that may have existed at the time of this audit.

(U) Use of Computer-Processed Data

(U) We used computer-processed data to perform this audit. Specifically, we used AFMETS to generate reports and identify decedent cases with retained organs to include in the scope of our audit and to obtain medical case file documents. AFMETS is a government-developed system that provides medical examiners the ability to track and record autopsy information and issue a death certificate for the decedent Service member. The system had data to identify decedent cases that we included in our audit scope and to determine whether organs were retained and released using documents, such as the:

- (U) journal for notes about the decedent case,
- (U) CJMAB Form 8,
- (U) DD Forms 3047 and 3048,
- (U) autopsy reports and autopsy description sheets,
- (U) family requests for cremation,
- (U) physical releases from retained organs, and
- (U) release memorandums.

(U) Therefore, we determined that the data from AFMETS were sufficient for selecting our audit universe. We determined that AFMETS was sufficiently reliable because it had internal controls that were significant and relevant to our audit. In addition, those controls were implemented and effective for the documentation of decedent cases marked as having retained organs but were not effective in AFMETS due to the user controls related to the release of retained organs.

(U) AFMES officials informed us of the release discrepancy and noted that a review of the medical case file documentation within each case would provide the information related to the release that the system was lacking. Therefore, we determined that reviewing the case file documentation with the reports was sufficient. For cases marked as having retained organs, the internal controls were effective to assure that medical legal documents were posted. As a result, we determined that the computer-processed data were sufficient and reliable to support our findings and conclusions.

(U) Use of Technical Assistance

(U) The DoD OIG Quantitative Methods Division provided assistance in selecting the sample. The audit universe consisted of 811 AFMES decedent cases with retained organs. The Quantitative Methods Division used a stratified sampling design for this project. We stratified the universe into the 10 strata (populations) and randomly selected the sample without replacement from each stratum. We did not project the results of our 208 sample items to the universe of 811 decedent cases with retained organs.

(U) Each autopsy case was unique and could not be inferred for the population based on data collected from sample units from that population. Therefore, we are only reporting on the 208 sample cases reviewed. The stratum sizes and the corresponding sample sizes are given in Table 1.

(U) Table 1. Stratum Sizes and Sample Sizes Per Population of Decedent

(U) Stratum	Stratum Size	Sample Size
Active-Duty Service Members	417	71
Family of Service Members (Generally Dependents)	243	42
DoD Civilians or Contractors	37	20
Retired/Separated Service Members	11	11
Non-DoD Decedents	103	64
Total	811	208

Source: The DoD OIG.

(U) Prior Coverage

(U) During the last 5 years, the DoD Office of Inspector General (DoD OIG) has issued two reports and the Department of Justice (DOJ) issued one report related to AFMES. Unrestricted DoD OIG reports can be accessed at <http://www.dodig.mil/reports.html/>.

(U) DoD OIG

(U) Report No. DODIG-2018-138, “DoD’s Organizational Changes to the Past Conflict Personnel Accounting Community,” July 18, 2018

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(U) The DoD OIG determined that the DoD issued updated guidance about disinterring unknowns for the purpose of identification and Defense Prisoner of War/Mission in Action Accounting Agency policies and procedures for case management, performance assessments, and partnership arrangements with private organizations. This report did not have any recommendations related to the audit.

(U) Report No. DODIG-2020-131, "Evaluation of Medical Protocols and Deaths in Recruits in the Department of Defense," September 29, 2020

(U) Section 566 of the National Defense Authorization Act of Fiscal Year 2020 directed the DoD OIG to conduct "an assessment of the deaths of recruits at facilities under the jurisdiction of the Secretaries of the military departments, and the effectiveness of the current medical protocols on the training bases." The DoD OIG reviewed the current medical protocols that were in place and concluded that none of the deaths identified were reported to be a result of medical negligence. This report did not have any recommendations.

(U) Department of Justice

(U) Report No. NCJ 253626, "USDOJ Report to Congress, Needs Assessment of Forensic Labs and Medical Examiner/Coroner Offices," December 2019

(U) This report, which the Justice for All Reauthorization Act of 2016 mandated, details the results of a national needs assessment of forensic science service providers conducted in 2017 and 2018. The needs assessment focused on services provided by forensic laboratories, medical examiner and coroner offices, and other forensic science service providers. The U.S. Department of Justice concluded that systems-based approaches are also strengths-based approaches in the forensic sciences. When all members of a system are united in a common goal and through a continuous, informed process, the system could work at optimal levels of service delivery and case processing. This report did not have any recommendations.

(U) Appendix B

(U) Section 1471, Title 10, United States Code

(U) Section 1471, title 10, United States Code, includes the circumstances that justify an Armed Force Medical Examiner investigation.

(b) BASIS FOR INVESTIGATION.—(1) A forensic pathology investigation of a death under this section is justified if at least one of the circumstances in paragraph (2) and one of the circumstances in paragraph (3) exist.

(2) A circumstance under this paragraph is a circumstance under which—

- (A) it appears that the decedent was killed or that, whatever the cause of the decedent's death, the cause was unnatural;
- (B) the cause or manner of death is unknown;
- (C) there is reasonable suspicion that the death was by unlawful means;
- (D) it appears that the death resulted from an infectious disease or from the effects of a hazardous material that may have an adverse effect on the military installation or community involved; or
- (E) the identity of the decedent is unknown.

(3) A circumstance under this paragraph is a circumstance under which—

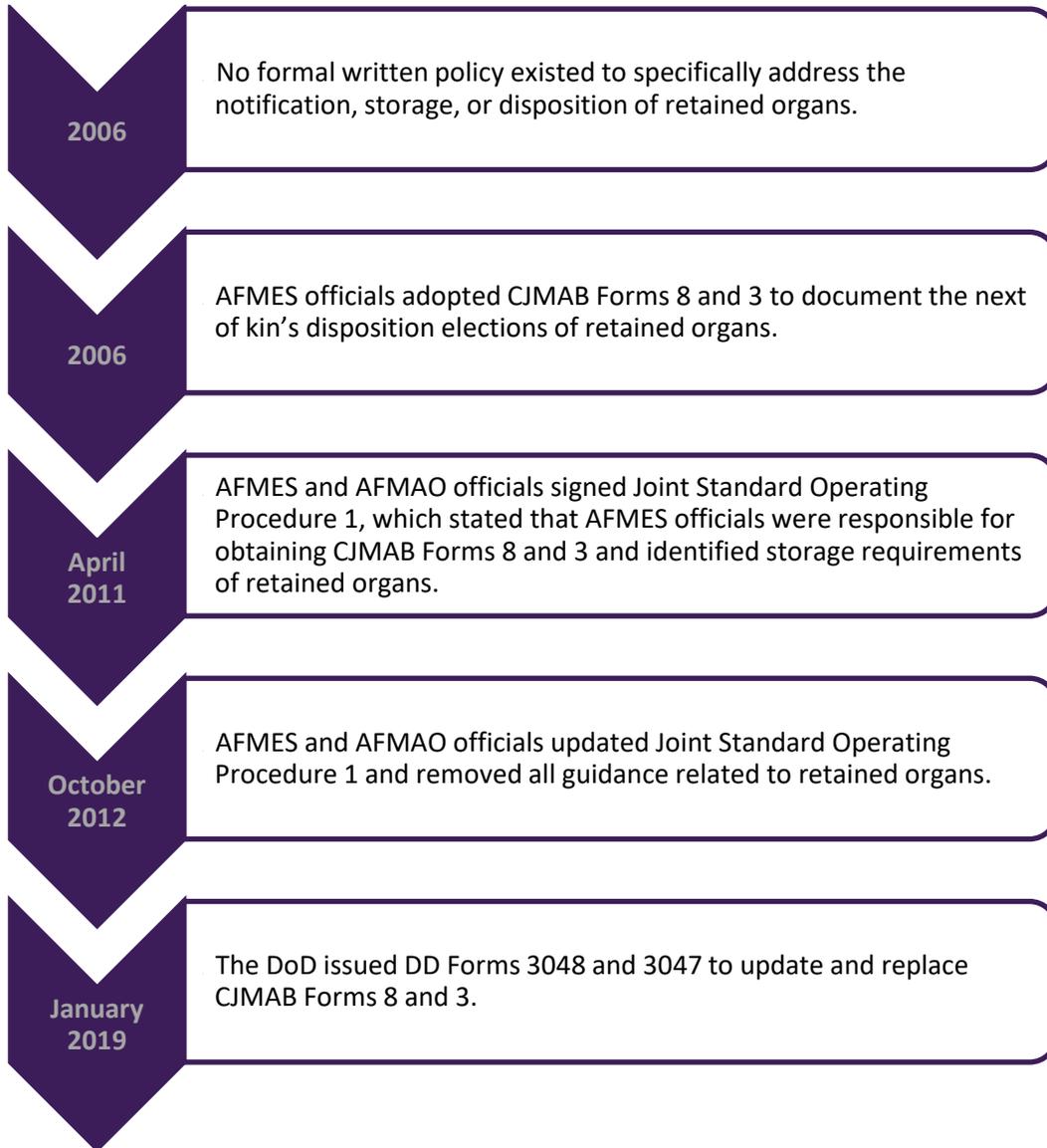
- (A) the decedent—
 - (i) was found dead or died at an installation garrisoned by units of the armed forces that is under the exclusive jurisdiction of the United States;
 - (ii) was a member of the armed forces on active duty or inactive duty for training;
 - (iii) was recently retired under chapter 61 of this title as a result of an injury or illness incurred while a member on active duty or inactive duty for training; or
 - (iv) was a civilian dependent of a member of the armed forces and was found dead or died outside the United States;
- (B) in any other authorized Department of Defense investigation of matters which involves the death, a factual determination of the cause or manner of the death is necessary; or
- (C) in any other authorized investigation being conducted by the Federal Bureau of Investigation, the National Transportation Safety Board, or any other Federal agency, an authorized official of such agency with authority to direct a forensic pathology investigation requests that the armed forces medical examiner conduct such an investigation.

(U) Appendix C

(U) Policy Changes for Retained Organs

(U) DoD officials have changed policy for retained organs between 2006 and 2022.

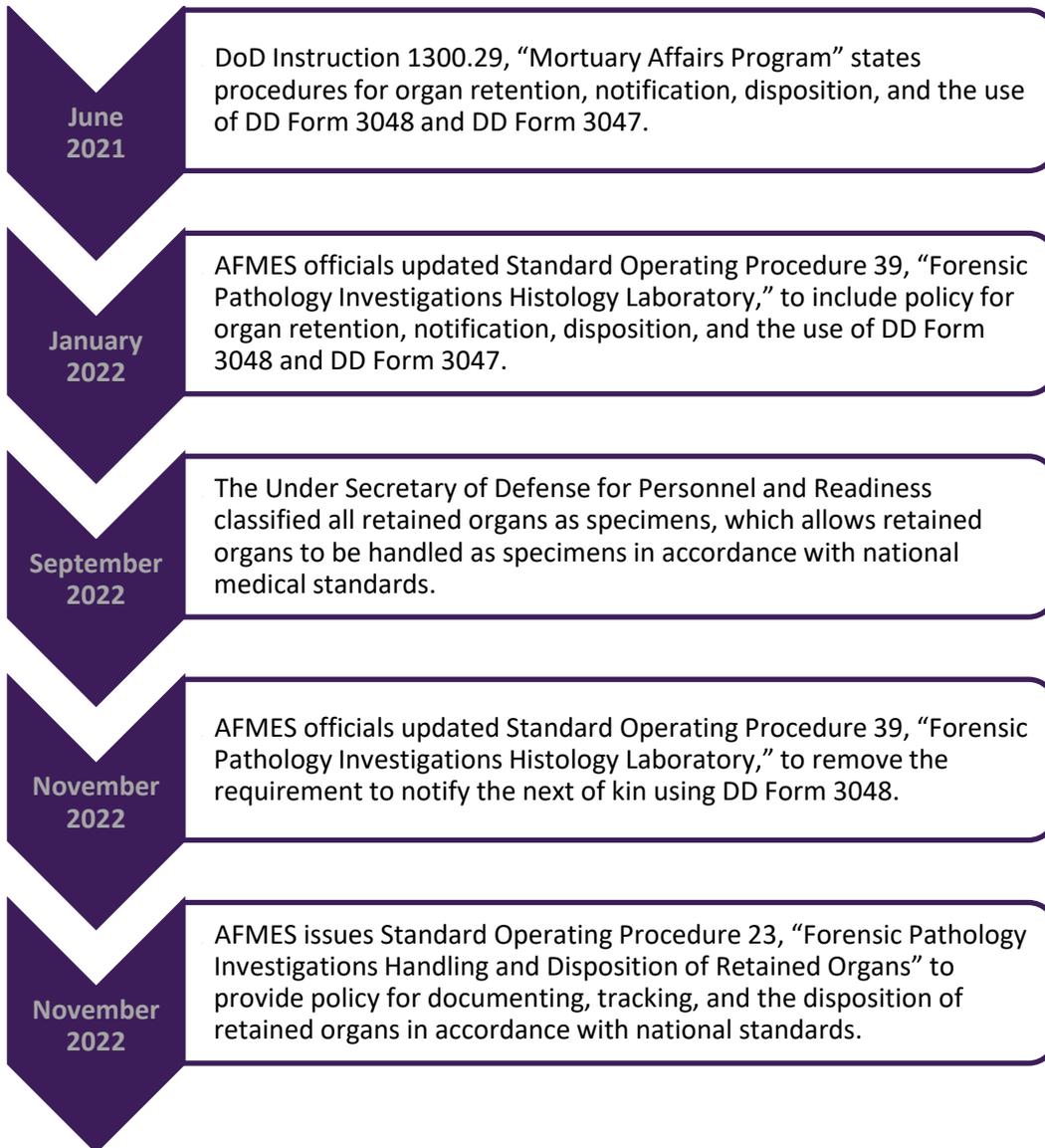
(U)



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(U) Policy Changes for Retained Organs (cont'd)

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(U) Appendix D

(U) DD Form 3047

(U) DoD officials used DD Forms 3047 and 3048 to identify the next of kin's disposition instructions.

DISPOSITION OF REMAINS ELECTION STATEMENT NOTIFICATION OF SUBSEQUENTLY IDENTIFIED PARTIAL REMAINS		OMB No. 0704-0581 OMB approval expires 01/31/2022
<p>The public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302, and to the Office of Management and Budget, Paperwork Project Director (0704-0187), Washington, DC 20503.</p> <p>PLEASE RETURN THIS FORM TO ODASD MC&FP; ATTN: CASUALTY; 4000 DEFENSE PENTAGON; WASHINGTON, DC 20301-4000.</p>		
<p align="center">PRIVACY ADVISORY</p> <p>With this form the Department of Defense asks you to document your decisions about the remains of your Service Member. This process includes providing your name and contact information as well as your relationship to the service member. This collection is authorized by 10 U.S.C. 1481 through 1485, and this form will be filed in the Defense Casualty Information Processing System (DCIPS) as part of the service members individual Deceased Personnel File (IDPF), covered by following Department of the Army System of Record Notice: https://dpicid.defense.gov/Privacy/SORNs/index/00D-wide-SORN-Article-View/Article/570058/a0600-R-1c-ahrc-dod/. Completing this form is voluntary. However, without completing the form, your choices regarding your service member may not be documented or compiled with.</p>		
1. NAME OF DECEASED (Last, First, Middle Initial)	2. SERVICE/GRADE OF DECEASED	3. DCIPS CASE NUMBER
4. PERSON AUTHORIZED TO DIRECT DISPOSITION (PADD)		
a. NAME (Last, First, Middle Initial)	b. RELATIONSHIP TO DECEASED	c. TELEPHONE NUMBER (Include Area Code)
d. CURRENT RESIDENCE ADDRESS (Street, Apartment Number, City, State and ZIP Code)		
<p>5. SELECTION OF DISPOSITION OPTIONS</p> <p>I, the undersigned, understand that partial additional remains have been recovered and individually identified for the decedent listed above. I hereby direct and authorize that the additional remains be: (Select one option below)</p>		
SECTION 1 - ELECTION FOR CURRENTLY RECOVERED REMAINS		
OPTION 1 (Initials)	Transferred for interment in a suitable burial container above the original casket to: Funeral Home - Name and Address	
OPTION 2 (Initials)	Transferred to the funeral home below for subsequent cremation at Government expense, arranged by the person with legal authority at the final destination. Urn Choice: <input type="checkbox"/> Solid Bronze <input type="checkbox"/> Solid Walnut Funeral Home - Name and Address	
OPTION 3 (Initials)	Cremated, placed in a <input type="checkbox"/> Solid Bronze <input type="checkbox"/> Solid Walnut urn and delivered to: Name and Address	
OPTION 4 (Initials)	In the event that additional remains are individually identified, I authorize the Army, Marine Corps, Navy, Air Force or Coast Guard to make appropriate disposition. Appropriate disposition is accomplished by the portions of remains being cremated. The cremated remains will then be placed in a Sea Salt Urn and the Sea Salt Urn will be taken out to sea on a U.S. Navy or U.S. Coast Guard vessel where the urn will be placed into the ocean. The urn will dissolve resulting in the cremated remains being released at sea. This process is referred to as Retirement at Sea.	
OPTION 5 (Initials)	Retained by the Armed Forces Medical Examiner System for teaching and research purposes with final disposition as a medical specimen.	
<p>6. IN THE EVENT THAT FURTHER SUBSEQUENT REMAINS ARE IDENTIFIED BEYOND TODAY (Select Notify or Do Not Notify)</p> <p>NOTIFY <input type="checkbox"/> (Initials) I would like to be notified and given the choice of accepting individual portions for disposition.</p> <p>DO NOT NOTIFY <input type="checkbox"/> (Initials) I DO NOT want to be notified. I authorize the parent Service to make appropriate disposition via retirement at sea.</p>		
AUTHORIZATION AND SIGNATURES		
7.a. SIGNATURE OF PADD		b. DATE (YYYYMMDD)
8.a. TYPED OR PRINTED NAME OF WITNESS	b. SIGNATURE OF WITNESS	c. DATE (YYYYMMDD)

(U) DD Form 3048

DISPOSITION OF ORGANS RETAINED FOR EXTENDED EXAMINATION		OMB No. 0704-0581 OMB approval expires 01/31/2022
<p>The public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Washington Headquarters Services, at whs.mc-stex.esd.mbx.dod-information-collections@mail.mil. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.</p> <p>PLEASE RETURN THIS FORM TO ODA&D MC&FP; ATTN: CASUALTY; 4000 DEFENSE PENTAGON; WASHINGTON, DC 20301-4000.</p>		
<p>PRIVACY ADVISORY</p> <p>With this form the Department of Defense asks you to document your decisions about the remains of your Service Member. This process includes providing your name and contact information as well as your relationship to the service member. This collection is authorized by 10 U.S.C. 1481 through 1488, and this form will be filed in the Defense Casualty Information Processing System (DCIPS) as part of the service members Individual Deceased Personnel File (IDPF), covered by following Department of the Army System of Record Notice: (https://spold.defense.gov/Privacy/SORN/Index/DCD-wide-SORN-Article-View/Article/570058/a0600-8-1c-ahrc-dod/).</p> <p>Completing this form is voluntary. However, without completing the form, your choices regarding your service member may not be documented or complied with.</p>		
1. NAME OF DECEASED (Last, First, Middle Initial)	2. SERVICE/GRADE OF DECEASED	3. DCIPS CASE NUMBER
4. PERSON AUTHORIZED TO DIRECT DISPOSITION (PADD)		
a. NAME (Last, First, Middle Initial)	b. RELATIONSHIP TO DECEASED	c. TELEPHONE NUMBER (include Area Code)
d. CURRENT RESIDENCE ADDRESS (Street, Apartment Number, City, State and ZIP Code)		
<p>5. SELECTION OF DISPOSITION OPTIONS</p> <p>I, the undersigned, understand that the (Specify organ(s) retained)</p>		
<p>has/have been retained by the Armed Forces Medical Examiner System for the purpose of extended examination to determine the cause and manner of death. This extended examination may take up to six months.</p> <p>The Armed Forces Medical Examiner System understands that the retention of organs can be a troubling and confusing issue. Please contact us at (302) 346-8648 at any time, day or night, if you have any questions regarding this extended examination or this form. After the examination is complete, you will receive a follow-up letter from the Armed Forces Medical Examiner System confirming your selection of disposition of the retained organ(s).</p> <p>Upon completion of the extended examination, I elect the following option by placing my initials next to the option of my choice:</p>		
<p>_____ Do not notify me. I authorize the Armed Forces Medical Examiner System to make proper disposition as a medical specimen. (Initials)</p> <p>_____ Notify me when examination is complete and give me the opportunity to decide the disposition of the above-mentioned retained organ(s). (Requires the completion of DD Form X636, "Notification of Subsequently Identified Partial Remains".) (Initials)</p> <p style="text-align: center;">CONTACT TELEPHONE: (302) 346-8648 - ARMED FORCES MEDICAL EXAMINER Main Office 24 hours a day, 7 days a week</p>		
AUTHORIZATION AND SIGNATURES		
6.a. SIGNATURE OF PADD		b. DATE (YYYYMMDD)
7.a. TYPED OR PRINTED NAME OF WITNESS	b. SIGNATURE OF WITNESS	c. DATE (YYYYMMDD)

(U) Appendix E

(U) CJMAB Form 3 (October 2009)

(U) DoD officials used CJMAB Forms 3 and 8 to identify the next of kin's disposition instructions, beginning in 2006 until 2019.

DISPOSITION OF REMAINS ELECTION STATEMENT NOTIFICATION OF SUBSEQUENTLY IDENTIFIED PARTIAL REMAINS		
DATA REQUIRED BY THE PRIVACY ACT OF 1974		
Authority: Title 10 USC, Sections 1481 through 1488 Principal Purpose: To record disposition of remains as directed by the Person Authorized to Direct Disposition of the remains (PADD). Routine Uses: By Departments of the Army, Navy, and Air Force to document and authorize actions necessary to return the remains. Disclosure: Disclosure of requested information is voluntary. Without disclosure your desires may not be recorded or accommodated.		
NAME OF DECEASED (Last, First, Middle Initial)	SERVICE / RANK OF DECEASED	SSN OF DECEASED
TYPED OR PRINTED NAME OF PADD		RELATIONSHIP TO DECEASED
I, the undersigned, understand that partial additional remains have been recovered and individually identified for the decedent listed above. I hereby direct and authorize that the additional remains be: (select one option below)		
Option 1 Initial	Transferred for interment in a suitable burial container above the original casket to: Funeral Home _____ Name and _____ Address _____	
Option 2 Initial	Transferred to the funeral home below for subsequent cremation at Government expense, arranged by the person with legal authority at the final destination: Urn Choice: Metal _____ Wood _____ Funeral Home _____ Name and _____ Address _____	
Option 3 Initial	Cremated, placed in a Metal _____ or Wood _____ urn and delivered to: Name and _____ Address _____	
Option 4 Initial	Retained at the Servicing Mortuary for appropriate disposition by the parent Service.	
Option 5 Initial	Retained by the Armed Forces Medical Examiner System for teaching and research purposes with final disposition as a medical specimen.	
In the event that further subsequent remains are identified beyond today (select Notify or Do Not Notify):		
NOTIFY	You may select one or both _____ I would like to be notified and given the choice of accepting individual portions for disposition. _____ I would like to be notified in the event that further remains are classified as part of a group, so that I can be provided information on any planned ceremony in honor of Service members in the group.	
DO NOT NOTIFY	_____ I DO NOT want to be notified. I authorize the parent Service to make appropriate disposition.	
AUTHORIZATION OF PADD AND WITNESS		
SIGNATURE OF PADD		DATE
TYPED OR PRINTED NAME OF WITNESS	SIGNATURE OF WITNESS	DATE

CJMAB Form 3 (October 2009) Previous editions are obsolete.

(U) CJMAB Form 3 (August 2006)

DISPOSITION OF REMAINS ELECTION STATEMENT NOTIFICATION OF SUBSEQUENTLY IDENTIFIED PARTIAL REMAINS		
DATA REQUIRED BY THE PRIVACY ACT OF 1974		
Authority: Title 10 USC, Sections 1481 through 1488		
Principal Purpose: To record disposition of remains as directed by the Person Authorized to Direct Disposition of Remains (PADD).		
Routine Uses: By Departments of the Army, Navy, and Air Force to document and authorize actions necessary to return the remains.		
Disclosure: Disclosure of requested information is voluntary. Without disclosure your desires may not be recorded or accommodated.		
NAME OF DECEASED (Last, First, Middle Initial)	RANK OF DECEASED	SSN
NAME AND ADDRESS OF PADD	RELATIONSHIP TO DECEASED	

I, the undersigned, understand that partial additional remains have been recovered and individually identified for the decedent listed above. I hereby direct and authorize that the additional remains be: (select one option below)

Option 1 _____ Initial	Transferred for interment in the original casket to: Funeral Home _____ or Cemetery _____ Name and _____ Address _____
Option 2 _____ Initial	Transferred for interment in a suitable burial container above the original casket to: Funeral Home _____ or Cemetery _____ Name and _____ Address _____
Option 3 _____ Initial	Cremated, placed in a Metal _____ or Wood _____ urn and delivered to: Name and _____ Address _____
Option 4 _____ Initial	Retained at the Servicing Mortuary for appropriate disposition by the parent Service Mortuary Office.
Option 5 _____ Initial	Retained by the Armed Forces Medical Examiner System for teaching and research purposes with final disposition as a medical specimen.
Choose One _____ Initial _____ Initial	In the event that further remains are identified beyond today, I would like to be notified and given the choice of accepting subsequent portions for disposition. I do not want to be notified. I authorize the appropriate member Service to make appropriate disposition.

AUTHORIZATION OF PADD AND WITNESS SIGNATURE		
TYPED OR PRINTED NAME OF PADD	SIGNATURE OF PADD	DATE
TYPED OR PRINTED NAME OF WITNESS	SIGNATURE OF WITNESS	DATE

CJMAB Form 3 (20 AUGUST 2006)

(U) CJMAB Form 8 (March 2011)

DISPOSITION OF ORGANS RETAINED FOR EXTENDED EXAMINATION DATA REQUIRED BY THE PRIVACY ACT OF 1974		
1. NAME OF DECEASED	2. RANK OF DECEASED	3. LAST FOUR OF SSN XXX-XX-
4. TYPED/PRINTED NAME OF PERSON AUTHORIZED TO DIRECT DISPOSITION (PADD)		5. RELATIONSHIP
<p>I, the undersigned, understand that the _____ has/have been retained (Specify organs retained)</p> <p>by the Armed Forces Medical Examiner System for the purpose of extended examination to determine the cause and manner of death. This extended examination may take up to six months.</p> <p>Armed Forces Medical Examiner System understands that the retention of organs can be a troubling and confusing issue. Please contact us at (301) 319-0000 at any time, day or night, if you have any questions regarding this extended examination or this form. After the examination is complete, you will receive a follow-up letter from the Armed Forces Medical Examiner System confirming your selection of disposition of the retained organ(s).</p> <p>Upon completion of the extended examination, I elect the following option by placing my initials next to the option of my choice:</p> <p>_____ Do not notify me. I authorize the Armed Forces Medical Examiner System to make proper disposition. (Initials)</p> <p>_____ Notify me when examination is complete and give me the opportunity to decide the disposition of the above-mentioned retained organ(s). (Initials)</p> <p style="text-align: center;">CONTACT TELEPHONE: 301-319-0000 - ARMED FORCES MEDICAL EXAMINER Main Office 24 hours a day, 7 days a week</p>		
AUTHORIZATION OF PADD AND WITNESS SIGNATURE		
7. TYPED OR PRINTED NAME OF PADD	8. SIGNATURE OF PADD	9. DATE
10. TYPED OR PRINTED NAME OF WITNESS	11. SIGNATURE OF WITNESS	12. DATE

CJMAB Form 8 – MAR 11

(U) CJMAB Form 8 (October 2006)

DISPOSITION OF ORGANS RETAINED FOR EXTENDED EXAMINATION		
DATA REQUIRED BY THE PRIVACY ACT OF 1974		
NAME OF DECEASED	RANK OF DECEASED	SSN
TYPED OR PRINTED NAME OF PERSON AUTHORIZED TO DIRECT DISPOSITION (PADD)		RELATIONSHIP
<p>I, the undersigned, understand that the _____ has/have been retained (organ/organs)</p> <p>by the Armed Forces Medical Examiners system for the purpose of extended examination to determine the cause and manner of death IAW 10 USC 1471.</p> <p>Upon completion of the additional studies, which can take up to six months, I elect the following option by placing my initials next to the option of my choice:</p> <p>_____ I do not want to be notified and I authorized the Armed Forces Medical Initials Examiners System to make proper disposition.</p> <p>_____ I would like to be notified when examination is complete and given the Initials opportunity to decide the disposition of above-mentioned organ(s) for disposition.</p> <p>_____ I want the organ(s) sent to the following funeral home: Initials</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Name of Funeral Facility</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Address</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Phone Number</p>		
AUTHORIZATION OF PADD AND WITNESS SIGNATURE		
TYPED OR PRINTED NAME OF PADD	SIGNATURE OF PADD	DATE
TYPED OR PRINTED NAME OF WITNESS	SIGNATURE OF WITNESS	DATE

CJMAB Form 8 - OCT 2006

(U) Appendix F

(U) Under Secretary of Defense for Personnel and Readiness September 26, 2022, Memorandum

(U) The Under Secretary of Defense for Personnel and Readiness issued a memorandum, "Action on the Independent Review of Armed Forces Medical Examiner Policies and Procedures Relating to Forensic Examinations," September 26, 2022, to direct implementation of the internal review team's recommendations.

~~CUI~~

UNDER SECRETARY OF DEFENSE
 4000 DEFENSE PENTAGON
 WASHINGTON, D.C. 20301-4000

SEP 26 2022



PERSONNEL AND
READINESS

MEMORANDUM FOR ASSISTANT SECRETARY OF DEFENSE FOR HEALTH AFFAIRS
 ASSISTANT SECRETARY OF DEFENSE FOR MANPOWER AND
 RESERVE AFFAIRS
 DIRECTOR, DEFENSE HEALTH AGENCY

SUBJECT: Action on the Independent Review of Armed Forces Medical Examiner Policies and Procedures Relating to Forensic Examinations.

I have reviewed and accepted the recommendation of the Independent Review (IR) of Armed Forces Medical Examiner Policies and Procedures Relating to Forensic Examinations. I also concur with its corresponding recommendations for implementation, which are attached as edited for the purposes of this memorandum.

I hereby direct the implementation of IR recommendations, as appropriate, and request a status update to me within 60 days of the date of this memorandum, and every 90 days thereafter until implementation of the recommendations are complete. The Assistant Secretary of Defense for Health Affairs will manage the implementation of the recommendations and associated status updates (each status update should be consolidated into a single submission), with action and input as appropriate from the Office of the Assistant Secretary of Defense for Manpower and Reserve Affairs and the Defense Health Agency, for recommendations within their respective areas of responsibility.



Gilbert R. Cisneros, Jr.

Attachment:
As stated

cc:
Joint Staff Surgeon

Controlled by: OUSD(P&R)
 CUI Category: PRVCY, HLTH
 Limited Dissemination Control: FEDCON
 POC: ██████████

~~CUI~~

(U) Under Secretary of Defense for Personnel and Readiness September 26, 2022, Memorandum (cont'd)

~~CUI~~

Dover IR Corresponding Recommendations

Recommendation: Update DoD policy to clarify that the Services have authority to pay for disposition of AFMES-retained medical specimens removed at the time of forensic pathology investigations of deceased persons not otherwise covered under sub-paragraphs (a)(1)-(a)(9) of 10 U.S.C. § 1481 prior to 2014.

Recommendation: Update DoD issuances to use the term "organ" for what was removed from the body of the deceased at the time of a forensic autopsy because additional tests were needed to determine the cause or manner of death and use the term "specimen" for any tissue remaining after the additional testing has been completed. Standardize the use of other terms in this section across DoD issuances to enhance clear communication.

Recommendation: Finalize and publish the Draft Forensic Pathology Investigations Handling and Disposition of Retained Organs and Specimens SOP to increase transparency and standardize mortuary operations across DoD.

Recommendation: The DHA currently lacks other internal oversight mechanisms to adequately review and assess the AFMES forensic pathology section, and NAME provides expert consultation, direction, advocacy, and national standard checklists. Similar to other areas of the medical enterprise, DHA should ensure that AFMES pursues NAME accreditation as soon as possible to assess compliance with US standards of care for forensic pathology investigations.

Recommendation: DHA should establish an annual inspection program to augment NAME accreditation. DHA should define metrics which provide an awareness of AFMES operations. DHA should also define minimum manning and training standards for AFMES personnel; these standards should be aligned with US civilian standards and DoD personnel policies.

Recommendation: DHA, working with other stakeholders, should update requirements for AFMETS capabilities and program necessary resources to modernize AFMETS. OASD(M&RA) should work with stakeholders to update requirements for DCIPS and program necessary resources to modernize DCIPS.

Recommendation: DoD policies should be updated to ensure that AFMES communications use organizational email accounts which are compliant with applicable patient privacy requirements and which are regularly monitored; training programs should be implemented to include these policies.

Recommendation: DoD should align policy and practices with national medical standards for retained specimens.

Recommendation: OASD(M&RA) and OASD(HA) should work with the Services to update their guidance and training for CAO/CACO to align with DoD guidance, as appropriate.

Recommendation: All involved stakeholders participate in a business process review to streamline DoD processes.

Recommendation: AFMES should ensure all specimens are handled in accordance with DoD policy.

Recommendation: Ensure that written materials clearly and consistently reflect that retained specimens are not whole, intact organs and that retained specimens are removed for appropriate medical or legal reasons to assist in determining the cause or manner of death.

Recommendation: OASD (M&RA), OASD (HA), and DHA implement an outreach communication and education program to the military and civilian staff at AFMES, AFMAO, and the Service Casualty Assistance Offices. This communication program should clearly establish what information will be provided to the next of kin following loss of a loved one.

~~CUI~~

(U) Appendix G

(U) DoD Form 93 (August 1998)

(U) DoD officials use a DD Form 93 to designate beneficiaries for certain benefits, as a guide for notification in case of emergency or death, and to expedite the notification process in the event of an emergency or death.

RECORD OF EMERGENCY DATA			
PRIVACY ACT STATEMENT			
<p>AUTHORITY: 10 USC 1475 to 1480 and 2771, 38 USC 1970, 44 USC 3101, and EO 9397, November 1943 (SSN).</p> <p>PRINCIPAL PURPOSES: This form is used to designate beneficiaries for certain benefits in the event of the servicemember's death. It is a guide for the disposition of that member's pay and allowances if captured, missing or interned. It also shows names and addresses of the person(s) the servicemember desires to be notified in case of emergency or death. The purpose of soliciting the SSN is to provide positive identification.</p> <p>ROUTINE USES: None.</p> <p>DISCLOSURE: Voluntary; however, failure to provide personal identifier information may delay notification of the servicemember's status or may handicap processing of benefits to designated beneficiaries.</p>			
INSTRUCTIONS TO SERVICEMEMBER			
<p>This extremely important form is to be used by you to show the names and addresses of your spouse, children, parents, and any other person(s) you would like notified if you become a casualty, and, to designate beneficiaries for certain benefits if you die. IT IS YOUR RESPONSIBILITY to keep your Record of Emergency Data up to date to show your desires as to beneficiaries to receive certain death payments, and to show changes in your family or other dependents listed; for example, as a result of marriage, civil court action, death, or address change. Regarding your designation in Item 11, "Allotment if Missing" (if used by your Service), please read the following</p>		<p>statement carefully, and sign on the line provided:</p> <p>I fully understand that, if I am captured, missing, or interned, my designation of allotments to dependents from my pay and allowances serves only as a guide to the Secretary of my Service. The Secretary may alter my designated allotment in the best interests of myself, my dependents, or the United States Government.</p> <p style="text-align: center;">_____ <i>(Signature of Servicemember)</i></p>	
1. NAME (Last, First, Middle)	2a. SSN	b. INITIAL (To indicate valid SSN)	3a. SERVICE b. REPORTING UNIT CODE DUTY STATION
4a. SPOUSE NAME	b. ADDRESS (Include ZIP Code)		
5. CHILDREN a. NAME	b. RELATIONSHIP	c. DATE OF BIRTH (YYYYMMDD)	d. ADDRESS (Include ZIP Code)
6a. FATHER NAME	b. ADDRESS (Include ZIP Code)		
7a. MOTHER NAME	b. ADDRESS (Include ZIP Code)		
8a. DO NOT NOTIFY DUE TO ILL HEALTH	b. NOTIFY INSTEAD		
9a. BENEFICIARY(IES) FOR DEATH GRATUITY (If no surviving spouse or child)	b. ADDRESS (Include ZIP Code)	c. PERCENTAGE	
10a. BENEFICIARY(IES) FOR UNPAID PAY/ ALLOWANCES	b. ADDRESS (Include ZIP Code)	c. PERCENTAGE	
11. ALLOTMENT DESIGNEE/PERCENTAGE IF MISSING (Subject to Secretarial determination)			
12. INSURANCE (SGLI and other Insurance Companies/Policy Numbers)	a. SGLI (Optional Service Use) <input type="checkbox"/> MAXIMUM <input type="checkbox"/> NO <input type="checkbox"/> OTHER (Amount) _____	b. INSURANCE COMPANIES/POLICY NUMBERS	
13. CONTINUATION/REMARKS			
14. SIGNATURE OF SERVICEMEMBER (Include rank, rate, or grade)	15. SIGNATURE OF WITNESS (Include rank, rate, or grade)	16. DATE SIGNED (YYYYMMDD)	

DD FORM 93, AUG 1998

PREVIOUS EDITION MAY BE USED.

(U) DoD Form 93 (August 1998) (cont'd)

INSTRUCTIONS FOR PREPARING DD FORM 93	
<i>(See appropriate Service Directives for supplemental instructions for completion of this form at other than MEPS)</i>	
<p>All entries explained below are for electronic or typewriter completion, except those specifically noted. If computer or typewriter is not available, print in black or blue-black ink insuring a legible image on all copies. Include "Jr.," "Sr.," "III" or similar designation for each name, if applicable. When an address is entered, include the appropriate ZIP code. If the member cannot provide a current address, indicate "unknown" in the appropriate item. Addresses shown as P.O. Box Numbers or RFD numbers should indicate in Item 13. "Continuations", a street address or general guidance to reach the place of residence. In addition, the notation "See Item 13" should be included in the item pertaining to the particular next of kin. If the address for the person in the item has been shown in a preceding item, it is unnecessary to repeat the address; however, the name must be entered. When the space for a particular item is insufficient, insert "See #13" and continue the information in Item 13. Also see preparation instructions for Item 13.</p>	<p>ITEM 9b. Enter beneficiary(ies) full mailing address to include the ZIP Code.</p>
<p>ITEM 1. Member's full last name, first name, middle name.</p>	<p>ITEM 9c. Show the percentage to be paid to each person if two or more beneficiaries are designated. The sum shares must equal 100 percent. If no percent is indicated and more than one person is named, the money is paid in equal shares to the persons named.</p>
<p>ITEM 2a. Member's social security number (SSN).</p>	<p>ITEM 10a. Enter first name(s), middle initial, last name(s) and relationship of person to receive unpaid pay and allowances at the time of death. The member may indicate anyone to receive this payment. If the member designated two or more beneficiaries, state the percentage to be paid each in item 10c. If the member does not wish to designate a beneficiary, enter "None." The member is urged to designate a beneficiary for unpaid pay and allowances as payment will be made to the person in order of precedence by law (10 USC 2271) in the absence of a designation.</p>
<p>ITEM 2b. Member's initials in ink, verifying SSN accuracy.</p>	<p>ITEM 10b. Enter beneficiary(ies) full mailing address to include the ZIP Code.</p>
<p>ITEM 3a. Service. Use standard one-letter Service code (A - Army, F - Air Force, N - Navy, M - Marine Corps).</p>	<p>ITEM 10c. If the member designated two or more beneficiaries, state the percentage to be paid each in this section. The sum shares must equal 100 percent.</p>
<p>ITEM 3b. Reporting Unit Code/Duty Station. Army/Air Force/Navy - see Service Directives. Marine Corps - MEPS enters Monitored Command Code (MCC) to which the member will be assigned.</p>	<p>ITEM 11. First name, middle initial, last name, relationship, and address of dependent(s) the member designates to receive an allotment of pay if missing, captured, or interned. This allotment may be initiated by the Service Secretary or his designee in the event the member enters a missing status. This item may be left blank. If member designates two or more allottees, state the percentage to be paid to each. The sum shares need not equal 100 percent, but may not exceed 100 percent. NOTE: Designations made in Item 11 are used as a guide by the Service Secretary or designee in establishing, changing, or discontinuing an allotment in the interest of the member (37 USC 551-558). The final decision rests with the Service Secretary or designee.</p>
<p>ITEM 4. First name, middle initial, maiden name (if applicable), and address of spouse. If member is single, divorced, or widowed, so state.</p>	<p>ITEM 12. Insurance information.</p>
<p>ITEM 5. First name, middle initial, last name (only if different from member's), relationship to member, and date of birth of all children. If none, so state. Include illegitimate children if acknowledged by member or paternity/maternity has been judicially decreed. Indicate relationship, for example: 03 - son, 04 - daughter, 13 - stepson, 14 - stepdaughter, 33 - adopted daughter, 34 - adopted son. Sample entries: Mary A./04/19650704; Donald E. Jones/13/19630102. For children not living with the member's current spouse, include address and name and relationship of person with whom residing.</p>	<p>a. Serviceman's Group Life Insurance (SGLI). Not applicable for Marine Corps and Air Force members. NOTE: Completion of this item does not constitute a SGLI election or designation or beneficiary(ies). Indicate, by entering an "X" in the appropriate block, the member's SGLI election (as stated in VA Form 29-8286). For Navy members, on the next line, enter, as appropriate, either: "Bene Desig filed (YYYYMMDD)," or "Bene Desig not filed."</p>
<p>ITEM 6. First name, middle initial, last name, and address of father. If unknown or deceased, so state. Include civilian title or military grade if applicable. If other than natural father is listed, indicate relationship.</p>	<p>b. Insurance companies/policy numbers. Enter full name of all commercial life insurance companies to be notified in case of death. Enter policy number if member desires; this expedites settlement of claims.</p>
<p>ITEM 7. First name, middle initial, last name, and address of mother. If unknown or deceased, so state. Include civilian title or military grade if applicable. If other than natural mother is listed, indicate relationship.</p>	<p>ITEM 13. Continuations/remarks. Use this item for remarks or continuation of other items, if necessary. Prefix entry with the number of the item being continued; for example, 5/John J./03/19451220/321 Pecan Drive, Schertz TX 78151. Also use this item to list name, address, and relationship of other persons the member desires to be notified. Other dependents may also be listed.</p>
<p>ITEM 8. Persons not to be notified due to ill health.</p> <p>a. List relationship, e.g., "Mother," of person(s) listed in Items 4, 5, 6, or 7 who are not to be notified of a casualty due to ill health. If more than one child, specify, e.g., "daughter Susan."</p> <p>b. List relationship, e.g., "Father" or name and address of person(s) to be notified in lieu of person(s) listed in item 8a.</p>	<p>ITEM 14. Member's signature. Have the member check and verify all entries and sign all copies in ink as follows: First name, middle initial, last name. Include rank, rate, or grade.</p>
<p>ITEM 9a. Enter first name(s), middle initial, last name(s) and relationship of person to receive the 6 months' gratuity pay if there is no surviving spouse or child at the time of death. Only parents (including a person in loco parentis status) and brothers and sisters (including those of half-blood and those through adoption) may be designated. Loco Parentis means any person(s) who acted in place of the member's parent(s) for a period of not less than one year at any time before the member entered on active duty. If brothers or sisters are designated, show date of birth (YYYYMMDD). Enter "None" if the member has no eligible beneficiary. No benefit can be paid in that instance (10 USC 1477). Also enter "None" if the member does not wish to designate a beneficiary. Payment is then made in the order of precedence established by law. The member should make specific designations, as it expedites payment.</p>	<p>ITEM 15. Signature of witness. Have a witness (disinterested person) sign all copies in ink as follows: First name, middle initial, last name. Include rank, rate, or grade.</p>
	<p>ITEM 16. Date the member signs the form. This item is an ink entry and must be completed by the member on four copies.</p>

DD FORM 93 (BACK), AUG 1998

(U) Management Comments

(U) Under Secretary of Defense for Personnel and Readiness



PERSONNEL AND
READINESS

UNDER SECRETARY OF DEFENSE
4000 DEFENSE PENTAGON
WASHINGTON, D.C. 20301-4000

JAN 31 2024

MEMORANDUM FOR INSPECTOR GENERAL OF THE DEPARTMENT OF DEFENSE

SUBJECT: Review of the Department of Defense Inspector General Draft Report, "Audit of the Management of Organs Retained for Forensic Examination by the Armed Forces Medical Examiner" (Project No. D2022-D000AU-0164.000)

This responds to the DoD Inspector General Draft Report, "Audit of the Management of Organs Retained for Forensic Examination by the Armed Forces Medical Examiner" (Project No. D2022-D000AU-0164.000).

The Department takes seriously the DoD Office of the Inspector General's (OIG) review of the management of policies, processes, and procedures associated with the Armed Forces Medical Examiner System (AFMES). In February 2022, after learning of inconsistencies in the management of a fractional subset of AFMES' inventory, the Department requested a DoD OIG audit. This audit commenced alongside a thorough internal review of AFMES policies and procedures relating to forensic examinations, from which the Department implemented immediate actions, including establishment of an annual inspection program, policy adjustments to improve management, and pursuit of national accreditation to align DoD's medical examination processes with industry standards.

The Department carefully reviewed the findings of the DoD OIG's report and concurs with and is committed to addressing all the report's recommendations. The Office of the Assistant Secretary of Defense for Health Affairs (OASD(HA)) recently completed an in-depth technical review of all AFMES-related policies and processes to identify and align necessary updates. In November 2023, AFMES confirmed receipt and custody of all retained specimens and is updating requirements to enhance the capabilities of the Armed Forces Medical Examiner Tracking System. OASD(HA) and Defense Health Agency leadership remain actively engaged in tracking and ensuring enterprise-wide progress to fully and expeditiously address the DoD OIG report's recommendations. Our concurrence to the DoD OIG report is attached.

AFMES comprises a talented, dedicated, highly skilled team of men and women providing critical expertise to investigate deaths, identify the fallen, and improve the readiness and survivability of military Service members. The Department greatly appreciates the DoD OIG report's findings and recommendations as we commit to strengthening this critical mission set for the future.

My point of contact for this issue is [REDACTED] at [REDACTED] or [REDACTED].

Ashish S. Vazirani
Acting

Attachment:
As stated

(U) Under Secretary of Defense for Personnel and Readiness (cont'd)

**DOD INSPECTOR GENERAL DRAFT REPORT DATED NOVEMBER 27, 2023
D2022-D000AU-0164.000**

**“AUDIT OF THE MANAGEMENT OF ORGANS RETAINED FOR FORENSIC
EXAMINATION BY THE ARMED FORCES MEDICAL EXAMINER”**

**ASSISTANT SECRETARY OF DEFENSE FOR HEALTH AFFAIRS AND
DEFENSE HEALTH AGENCY RESPONSE
TO THE DOD IG RECOMMENDATIONS**

RECOMMENDATION A.1: We recommend that the Under Secretary of Defense for Personnel and Readiness:

- a. Reconsider their September 2022 decision and, unless the next of kin requested no further notifications, notify the next of kin that the Armed Forces Medical Examiner System has a retained organ and determine whether the next of kin wants to provide disposition instructions, or if the decision is maintained, take steps through targeted notifications or through a public awareness effort to ensure that the next of kin are aware of the plan and their options under it. The Under Secretary should ensure that DoD has appropriately trained staff to explain to the next of kin the reason for the delay.
- b. Update and implement retained organ policy to align with current policy and practice related to retained organs and specimens.
- c. The DoD should continue to honor, to the extent practicable and consistent with section 1471, title 10, United States Code and current policy, proactive and timely requests from next of kin for religious accommodations related to forensic pathology investigations and disposition of remains. This includes updating and implementing the policy that retained organs and specimens are to be treated in the same manner as remains, when honoring religious accommodation.

RESPONSE TO RECOMMENDATION A.1.a: Concur. The Office of the Under Secretary of Defense for Personnel and Readiness concurs with the recommendation to implement public awareness efforts to provide information and options for the next of kin involved in cases impacted by these retained specimens. The Office of the Under Secretary of Defense for Personnel and Readiness will ensure that this effort includes the provision of appropriately trained staff to explain to the next of kin the reason for the delay.

RESPONSE TO RECOMMENDATIONS A.1.b: Concur. The Office of the Under Secretary of Defense for Personnel and Readiness will update and implement retained policy to align with current policy and practice related to retained specimens.

RESPONSE TO RECOMMENDATION A.1.c: Concur. The Office of the Under Secretary of Defense for Personnel and Readiness will update and implement appropriate policy, processes, and procedures to continue to honor, to the extent practicable and consistent with 10 U.S.C. § 1471 and current policy, proactive and timely requests from next of kin for religious accommodations related to forensic pathology investigations and disposition of remains.

(U) Under Secretary of Defense for Personnel and Readiness (cont'd)

RECOMMENDATION A.2: We recommend that the Director, Defense Health Agency, after the Under Secretary of Defense for Personnel and Readiness updates and implements policy, develop and implement Armed Forces Medical Examiner System policy, processes, and procedures related to retained organs or specimens.

RESPONSE TO RECOMMENDATION A.2: Concur. The Director, Defense Health Agency (DHA) will update and implement policies, processes, and procedures related to retained specimens as necessary and appropriate.

RECOMMENDATION B.1: We recommend that the Director, Defense Health Agency:

a. Ensure that Armed Forces Medical Examiner System officials review and identify all locations, including the military medical treatment facilities, the Joint Pathology Center, and anywhere else retained organs may be stored, and verify that all retained organs are recovered and sent to the Armed Forces Medical Examiner System at Dover Air Force Base, Delaware.

b. Consider the impact of separate disposition for organs because different specialty consultations were needed, versus disposition of decedent's retained organs together, and develop and implement policy and procedures accordingly.

c. Conduct a comprehensive analysis of the Armed Forces Medical Examiner Tracking System requirements to determine how to modernize or replace the Armed Forces Medical Examiner Tracking System.

d. Update and implement system capabilities to allow Armed Forces Medical Examiner System officials to effectively and efficiently track the progression of retained organ (specimens) from collection through disposition.

RESPONSE TO RECOMMENDATION B.1.a: Concur. The Director, DHA will, consistent with applicable DoD procedures, identify all locations where retained specimens may be stored, and verify that all retained specimens are recovered and sent to the Armed Forces Medical Examiner System at Dover Air Force Base, Delaware.

RESPONSE TO RECOMMENDATION B.1.b: Concur. The Director, DHA will consider the impact of separate disposition for specimens in cases where different specialty consultations were needed, as opposed to disposition of decedent's retained specimens together, and develop and implement policy and procedures as necessary and appropriate.

RESPONSE TO RECOMMENDATION B.1.c: Concur. The Director, DHA will conduct a comprehensive analysis of the Armed Forces Medical Examiner Tracking System to determine how to modernize or replace such system based on identified capability and functional needs.

RESPONSE TO RECOMMENDATION B.1.d: Concur. The Director, DHA will update and implement system capabilities to allow Armed Forces Medical Examiner System officials to effectively and efficiently track the progression of retained specimens from collection through disposition.

(U) Acronyms and Abbreviations

AFB	Air Force Base
AFMAO	Air Force Mortuary Affairs Operations
AFMES	Armed Forces Medical Examiner System
AFMETS	Armed Forces Medical Examiner Tracking System
CJMAB	Central Joint Mortuary Affairs Board
CUI	Controlled Unclassified Information
DHA	Defense Health Agency
DNA	Deoxyribonucleic Acid
JPC	Joint Pathology Center
JSOP	Joint Standard Operating Procedure
MTF	Medical Treatment Facility
PADD	Person Authorized to Direct Disposition
SCO	Service Casualty Office
SOP	Standard Operating Procedure
U.S.C.	United States Code

(U) Glossary

(U) Autopsy. An examination and dissection of a decedent's body by a physician for the purpose of determining the cause, mechanism, or manner of death, confirming the clinical diagnosis, obtaining specimens for specialized testing, retrieving physical evidence, identifying the deceased, or educating medical professionals and students.

(U) Deoxyribonucleic Acid (DNA) Forensics. The process of performing DNA analysis to identify remains of decedents.

(U) Dover Port Mortuary. A port-of-entry mortuary within the continental United States where eligible remains are transported from place of death, generally overseas, to Dover AFB for final preparation.

(U) Entity Representative. Represents who is responsible for the notification of the family and disposition records. Examples of representatives include other U.S. Government employees or contractors for DoD or non-DoD agencies.

(U) Forensic Pathology. A systematic process of gathering, recording, and preserving evidence and information for purposes of positive identification of the deceased, documentation of trauma and preexisting conditions, and investigative correlations, to include an interpretation of injury patterns which are used to determine a cause and manner of death.

(U) Forensic Toxicology. The process of vitreous, urine, blood, bile, and gastric contents fluids to assist in determining the cause and manner of death.

(U) Formalin. A chemical used to preserve tissue, organs, or remains.

(U) Histology. The routine handling of specimens for tissue and slide processing and chain of custody tracking.

(U) Histology Laboratory. A laboratory that provides support to the DoD by aiding in the handling, processing, and retention of tissue specimens acquired through the mission of the AFMES.

(U) Medical Examiner. An individual who conducts medicolegal autopsies to establish cause and manner of death.

(U) Medicolegal Death Investigator. An investigator that supports the forensic pathology investigation, using skills in medicine and law, to investigate deaths that fall under the jurisdiction of the medical examiner, focusing on information developed from the decedent to determine the extent to which further investigation is necessary.

(U) Medical Mortality Surveillance. Operating a medical mortality registry to archive pertinent medical records, autopsy reports, and investigative reports on every Service member death to identify medical, circumstantial, epidemiologic, and prevention issues for military deaths.

(U) Organ. (Brain, Heart or any other) A part of the body... that performs a particular job.

(U) Retained Organ. For this report, a retained organ is any organ removed from the decedent's remains during an autopsy by the medical examiner for further examination, at any point during or after an autopsy examination.

(CUI) [REDACTED]
[REDACTED]
[REDACTED]

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U.S. DEPARTMENT OF DEFENSE

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