



**College of Medicine**

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TO: James M. Crawford, M.D., Ph.D.  
Chair, Department of Pathology, Immunology and Laboratory Medicine

FROM: Larry R. Bedore, FEMORS Commander

SUBJECT: Hurricane Katrina DMORT Deployment Report

The dust is now settling as I recuperate for a few days before returning to Gulfport, MS so I have time to provide you with a summary of activities during my first deployment to Hurricane Katrina response. I sincerely appreciate the support you and all of our UF partners, particularly Dr. William Hamilton and the staff of the Medical Examiner's Office, have demonstrated.

In addition to my position as Commander for the State mass fatality team (FEMORS), since 1995, I have served as member of DMORT (Disaster Mortuary Operations Response Team) a branch of the National Disaster Medical System (NDMS) which falls under FEMA and, ultimately, the Department of Homeland Security.

On Sunday, August 28th, I was deployed as part of the DMORT Region IV Strike Team of 25 to Anniston, Alabama as a prestaged team ready to respond for managing victims of the storm. As the storm made landfall we monitored the situation and the storm's path moving northward to our west.

At 1:30 am on Tuesday, Aug 30th, I was selected to lead an advance assessment team of 6 DMORTs into Mississippi under austere conditions for perhaps up to 5 days. We were provisioned with water, MREs (Meals Ready to Eat), and sleeping bags. Plans were to send us in by helicopter but winds remained too strong to do that safely. Instead, we convoyed with two other FEMA teams in SUVs first to Jackson, MS where we met with the heads of the Mississippi Department of Health (MDOH) about 11:30 am.

Reports MDOH was getting from the field were sketchy due to interrupted phone services. The names of the two advance MDOH staff already enroute were provided as contacts for when we arrived in Gulfport. We learned that there were 82 independent Coroners in Mississippi and that the only coastal county with a functional Emergency Operations Center was in Harrison. The Coroner for Harrison County is Gary Hargrove. Contact with other Coroners in the area had not yet been established and the fear was that one of them had been a victim.

Harrison is the center of the three counties on the Gulf coast. From west to east they are Hancock, Harrison, and Jackson. Above these are three more counties Pearl River, Stone and George (west to east). All six took heavy damage with Hancock County as the epicenter of landfall. With the MDOH we discussed the possibility of establishing a single base of operations and assigning a single Coroner to serve as lead for the purposes of storm victim identification.

We reached Gulfport by late afternoon and arranged to meet with Coroner Gary Hargrove to explain what resources DMORT could provide if he needed them. He was enthusiastic to accept all the help he could muster. We discussed several issues including the possibility of having a single Coroner designated as the lead for Katrina victims. Through a series of contacts with the Harrison County EOC, MEMA (Mississippi Emergency Management Agency), and the Governor's office, Gary Hargrove was appointed as a "Regional Coroner" for all Katrina victims in the 6 county area.

To that point, all recovered human remains were being stored at a local funeral home near the Coroner's office which was fast exceeding capacity. One of that funeral home's staff, and a volunteer member of the Coroner's office staff, had instituted a tracking system for remains being stored. Volunteer teams at the Coroner's office were making the actual remains transports based upon notices of locations provided by Search and Rescue Teams and other agents or citizens who reported locations of deceased victims.

Together we effected the ordering of a series of refrigerated trailers and worked to coordinate procedures for the reporting of sites for remains pick ups through the night. At a minimum, the GPS coordinates were to be reported in and all remains were to be covered and tagged with any available information.

The next morning, we focused on identifying a location for a temporary morgue with the help of the EOC and the Air National Guard based at the Biloxi-Gulfport International Airport. The equipment strewn warehouse offered had its sheet metal west wall blown away by Katrina but was essentially intact. It lacked power, phone systems, water, or sewer systems but was deemed to be structurally sound by a Gulfport engineer who visited the site with us. Since it was on airport property, there was adequate space to house multiple refrigerated trucks, generators, support equipment, and access was controlled because it was also a military base.

Once this site had been selected, word was passed back to Command and the rest of the strike team which had advanced to Hattiesburg earlier that morning. The full team, now numbering 40, arrived that afternoon to continue setting up operations. Chief among these was to create a Family Assistance Missing Persons Center so residents could report lost or missing family members. Since there was no phone service and most roads remained difficult to navigate, the operation was set up at the Coroner's office as many residents would find a way to travel to that location. Provisions were also made to bring in the equipment for setting up a portable morgue at the airport.

From then on DMORT Region IV Commander Cotton Howell served as Incident Commander and asked me to fill the Planning Chief position under the Incident Management System (ICS). As Planning Chief my tasks included coordination of local contacts with military base commanders so that our Logistics Chief and Operations Chief could initiate their functions, projecting staffing needs for short and long term, and preparing daily Incident Action Plans (IAP) that document command structure, safety issues, and objectives for each operational period (typically from 0700 to 2100 each day). A copy of a typical IAP is attached as an Acrobat pdf file.

Over the course of the first few weeks we adapted to the austere conditions by slowly gaining basic amenities such as sleeping space in unused refrigerated trailers, portable toilets and showers, and eventually air cooled tents for sleeping. Daily heat index factors were well into the 100 degree range. We had a medical unit detailed to us to aid those stricken with heat exhaustion even when we limited time in Tyvek suits to 15 minute intervals.

Just before Hurricane Rita came threateningly into the Gulf, we were tasked with a new mission to recover disinterred cemetery remains. The first cemetery yielded 200 caskets or loose human remains and, as of this time, another 8 cemeteries have been identified where similar work must be done.

The initial needs of the mission were accomplished as we processed all human remains recovered to that point and continued efforts at identifying the victims by dental, fingerprint and comparison with information provided by families. More than half had been identified by the time the cemetery recovery mission was started.

Another UF member, and member of DMORT, Jason Byrd, PhD, was activated to serve as Planning Chief for a couple of weeks in my absence as I demobilized on September 25<sup>th</sup>.

Perhaps needless to say, there were countless other events that transpired over the course of these 4 weeks as DMORT struggled to overcome the challenges of the missions and the environment. The lessons learned and the field experience gained will prove to be invaluable assets for future development of the FEMORS program to aid Florida's entire emergency response system.