



NAME *International Newsletter*

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START PREPARING TO ATTEND NAME 2020!

NAME 2020

Oct 9-13, 2020
Denver, CO

www.thename.org

Note from the editor: For those of you not familiar with the NAME International Newsletter, I would like to introduce you to an exciting publication that will carry you to various parts of the world learning of different death investigation systems, feature a different facet of NAME in each issue, update you on NAME events, and now provide a new educational piece for all readers. This newsletter also provides a list of US offices that welcome trainees and visitors as well as an application to become a NAME International Corresponding Member.

Enjoy,

Kim A. Collins, MD

Editor, NAME International Newsletter



Laura Knight, MD
NAME 2020 Program Chair

THEME “BRINGING FORENSIC PATHOLOGY TO NEW HEIGHTS”

DENVER, COLORADO
OCTOBER 9-13, 2020

**NAME is now accepting abstracts for
the NAME 2020 Annual Meeting**

Deadline May 11, 2020

We invite you to submit your abstracts online at <https://www.thename.org/2020-program>

Prospective presenters are encouraged to propose topics that encompass both personal interest and value to the death investigation community. Presentations are particularly welcome regarding new techniques, cutting edge technologies, administrative innovations, and novel partnerships in forensic pathology. We seek excellent proposals on any relevant topic. The Program Chair will organize related topics into sessions of similar content.

Please read the instructions provided online carefully. Mailed, faxed, or emailed abstracts will not be considered by the selection committee. Deadline for submission of abstracts is 11:59pm Eastern Time, May 11th.

Presentation options will be short platform (20 minutes or less), long platform (one hour or less), workshop (greater than one hour), and poster. If submitting an abstract for a platform presentation, the submitter will indicate the estimated duration of his/her program. Each abstract submission will require companion questions for self-assessment modules (SAMs). Specific directions will be available on the abstract submission site.

Awards will recognize outstanding papers and posters; specific instructions and judging criteria will be available on the abstract submission site.

The award categories are:

- Mary Fran Ernst Best Affiliate Paper/Poster Competition (one award for Paper or Poster)(MUST BE A NAME AFFILIATE MEMBER)
- John Pless Best Student Paper/Poster Competition (one award for Paper and one award for Poster)
- John Smialek Best Resident Paper/Poster Competition (one award for Paper and one award for Poster)
- Susan P. Baker Public Health Impact Award (one award for Paper)

A note on SAMs:

Completion of SAMs is a component of ABP recertification for an increasing number of NAME Fellows. Every submitted abstract will require accompanying SAMs questions and, later, supportive documentation such as a handout or a PowerPoint. The handout or PowerPoint (not necessarily the actual presentation ppt) must answer the SAMs questions. Directions will be on the abstract submission site. On behalf of NAME Fellows in the ABP Maintenance of Certification program, thank you for contributing to the NAME SAMs program – a component of NAME’s educational mission.

We look forward to an excellent NAME meeting in Denver!

Laura D. Knight, MD

Program Chair, 2020 Annual Meeting

Brian Peterson, MD

Chair, NAME Program Committee

NAME FEATURE:

THE AMERICAN JOURNAL OF FORENSIC MEDICINE AND PATHOLOGY

The American Journal of Forensic Medicine and Pathology (AJFMP), affectionately known as the “orange journal”, is happy to renew their affiliation with the National Association of Medical Examiners (NAME), a relationship which goes back over 30 years.

AJFMP HISTORY



First Issue of the AJFMP (March 1980)

The development and publication of the *American Journal of Forensic Medicine and Pathology* is largely due to the

efforts of the first Editor-in-Chief, Dr. William Eckert. Dr. Eckert ushered in a new era in Forensic Medicine with its development, being the first journal dedicated solely to the medical side of forensics. Dr. Eckert served as Editor in Chief for just over ten years before retiring. For more about Dr. Eckert's life and contributions, please see Dr. Thomas Noguchi's tribute to him in the December 1999 issue of the AJFMP (*Noguchi, T William Gamm Eckert, M.D. (1926-1999), AJFMP, 20(4): 388-389*).



Dr. William Eckert

In 1991, Dr. Vincent DiMaio followed Dr. Eckert as Editor. Under Dr. DiMaio's leadership, the journal grew from its initial readership of mainly NAME members to acceptance by foreign medical centers and libraries, increasing not only the international readership but also overseas submissions and expanding the realm of the journal. Dr. DiMaio led the journal for 25 years.



First issue of AJFMP with **Dr. DiMaio** as the Editor in Chief (March 1992) (Next Page)



Dr. Vincent DiMaio

Dr. DiMaio retired as Editor-in-Chief at the end of 2017. His legacy will be celebrated in the inaugural AJFMP feature *The Scalpel is Passed*, to be published later this year.

Publishing History

Shortly into Dr. DiMaio's tenure, the journal also underwent a series of publishing changes. At its inception, AJFMP was published by Raven Press which merged with Lippincott publishing in 1995, becoming Lippincott-Raven.



In 1998, Lippincott-Raven merged again, this time with Williams & Wilkins publications, and the AJFMP was published under the Lippincott, Williams & Wilkins publishing house.



Between 2007 and 2009, Wolters Kluwer, which owned LWW, published the journal under the LWW-Wolters Kluwer name before dropping LWW altogether in 2009, and publishing the journal under the parent company of Wolters Kluwer.



Also in 2009, the iconic "orange" journal saw its first cover art change, to a more modern and dynamic artistry, but without losing that traditional orange color.



First issue debuting new cover art (March 2009)

In 2018, Dr. Kimberley Molina took over as Editor-in-Chief of the AJFMP, renewing its relationship with NAME and introducing new content areas and benefits to the readers and reviewers alike. The journal remains dedicated to providing its readers with the most informative and up to date information in the field with articles like *Correctly Identifying Deaths Due to Drug Toxicity Without a Forensic Autopsy* by Dye et al (in AJFMP, 40(2):99-101. 2019) and *Applied Force During Prone Restraint: Is Officer Weight a Factor?* By Kroll et al (in AJFMP, 40(1):1-7. 2019)

FIGURE 2. Local handcuffing techniques. Double knee (



AJFMP with Dr. Molina as Editor in Chief
(March 2018)

AJFMP Now

As well as unique and educational case reports like Horticultural Homicide: Stab Wound to the Chest Masquerading as Impalement by Rose Bush by Hlavaty and Sung (In: AJFMP, 39(4):341-344. 2018) and Suicide Decapitation by a Detonating Cord by Khara and Herath (In: AJFMP, 40(2):140-143. 2019).



FIGURE 2. Local handcuffing techniques. Double knee (A) and single knee (B). (From Kroll et al)

As well as unique and educational case reports like Horticultural Homicide: Stab Wound to the Chest Masquerading as Impalement by Rose Bush by Hlavaty and Sung (In: AJFMP, 39(4):341-344. 2018) and Suicide Decapitation by a Detonating Cord by Khara and Herath (In: AJFMP, 40(2):140-143. 2019).



FIGURE 2. Close-up of detachment site.
(From Khara and Herath)

The AJFMP also now publishes Historical Reviews which offer a look at historical topics or cases through a 21st century lens. For example, the most recent issue of the AJFMP featured an article by Behera, Chauhan and Sikary discussing the various artifacts that can be seen on a body due to the various pigments used during celebrations in India.



FIGURE 1. (A) Reddish purple discoloration of face after cleaning due to the color used in Holi, (B) the worn clothes are also stained with the color. (from: Behera C, Chauhan M, Sikary AK Body Coloration Artifacts Encountered at Medicolegal Autopsy in India, AJFMP, 40(2):129-135)

The journal has also invited reviews from leading experts on topics ranging from Sudden Unexplained Deaths in Epilepsy to Gunshot Residue analysis.

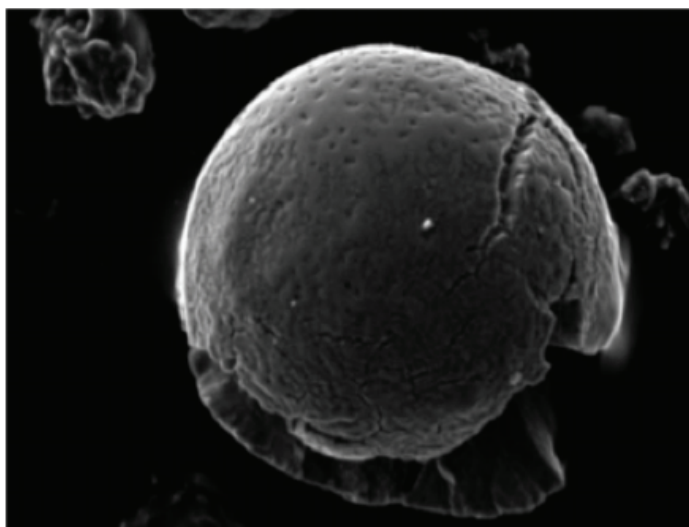


FIGURE 3. Lead, barium, and antimony GSR particle. (From: Vachon CR and Martinez MV, Understanding Gunshot Residue Evidence and Its Role in Forensic Science, AJFMP, Publish ahead of print)

Premiering later this year is a new series entitled *The Scalpel is Passed* where mentors in forensic pathology are interviewed by those they trained. The inaugural interview is of Dr. Vincent DiMaio as conducted by Dr. Suzanna Dana. Included with this series will be audio recordings of the interviews which will be available online.



Dr. DiMaio and Dr. Dana from
The Scalpel is Passed: A Conversation
with Dr. Vincent DiMaio

AJFMP Future

Building from its solid foundations, the AJFMP is focused on continued improvement and growth in the future. It is proud to offer Continuing Medical Education credits to its reviewers and hopes to offer CME credits to its readers in the coming year. Additionally, new features, both online and in print, are in design as well as new cover art.

Fun Facts and Quick Stats

The AJFMP:

- is indexed by Index Medicus/MedLine, Web of Science, Current Contents/ Clinical Medicine, Excerpta Medica/ EMBASE, & SCISEARCH
- is available worldwide to nearly 3,000 institutions online
- has an average of 4,500 article views each month
- is not available online to all NAME members at: <https://journals.lww.com/amjforensicmedicine/pages/default.aspx>

INTERNATIONAL DEATH INVESTIGATION FEATURE.... RUSSIA

MEDICOLEGAL DEATH INVESTIGATION SYSTEM IN RUSSIAN FEDERATION



Zhanna Georgievskaya, MD, OCME New York

Prepared by Anastasia Vorotova, MD, Medical Examiner, The Forensic Medical Examination Bureau of the Voronezh; Zhanna Georgievskaya, MD, OCME New York

The medicolegal investigation system in Russian Federation is a highly centralized Federal Medical Examiners System functioning under the Federal Ministry of Health and Social Development (except for cases that fall under the jurisdiction of the Ministry of Defense).

In 1716, Russian Tsar Peter the First signed the first order permitting autopsies in cases of violent deaths. Thirty years later, autopsies were required in all the cases of sudden and unexpected deaths. Autopsies were performed by general practitioners without training in forensic medicine and under the jurisdiction of a police office. This system existed until the Socialist Revolution in 1917. In the beginning of the last century, a modern medico-legal investigation system began to form.

The main federal institute of the medicolegal investigation system is called Russian Center for Forensic Medicine. It was established in 1931 by merging previously existing the Central Forensic Laboratory and the Departments of Forensic Medicine of the Moscow Medical Institutes. The Center is the principal state forensic institution of the Ministry of Health and Social Development of Russia and provides scientific and legal support of the medico-legal examination system. The Center issues guidelines for all the regional offices and oversees training and professional development of all the forensic medical examiners in the country.



FIGURE 1. Postgraduate education, Russian Center for

Forensic Medicine.

The Center is located in Moscow and includes 18 structural divisions (forensic research, forensic medicine and forensic laboratories). The medical staff consist of 67 researchers, 87 medical examiners, 10 PhDs, 22 PhD candidates, and 6 Merited Doctors of Russian Federation.

The local medical examiners offices in the republics, regions or large cities of Russia are called the Forensic Medical Examination Bureaus. The bureaus are united geographically in eight large federal districts: Central, North-Western, North-Caucasian, Southern, Volga, Ural, Siberian and Far Eastern.



FIGURE 2. Federal regions of Russia (Source: Quora)

The Forensic Medical Examination Bureau of the Voronezh Region serves territory of 52.4 thousand km² with a population 2.3 million and located in the Central Federal district of the Russian Federation.



FIGURE 3. Voronezh region (Source: USRBC)

The Voronezh region incorporates 15 large towns and 32 districts with capital in Voronezh city (population 1 million). The Bureau is a non-profit organization that operates and finances by the Department of Health of Voronezh Region. Currently, the Bureau oversees eight small medical examines offices located in the towns of the region. The everyday work of the medical examiners, their training and the overall organization of a forensic service is different from a typical medical-examiner office in the United States.



FIGURE 4. Administrative building of The Forensic Medical Examination Bureau of the Voronezh region



FIGURE 5. Central morgue and garage of The Forensic Medical Examination Bureau of the Voronezh region

The Forensic Medical Examination Bureau of the Voronezh region has the following Departments:

- 1 Department of Forensic Medicine of Deceased: medical examiners working in this department are responsible for medico-legal scene investigations, postmortem examinations of corpses, death certifications and court testimonies. Thirty medical examiners work in this department (the main office and the small regional offices) performing approximately seven thousands full autopsies a year.

- 2 Department of Forensic Medical Examination of Victims, Accused and Others: medical examiners working in this department are responsible for medico-legal examinations of survived victims of crime, classification and certification of injuries, collection of the sexual assault kits and other procedures required for documentation of injuries for the medico-legal or health insurances purpose.
- 3 Department of Forensic Histology: medical examiners in Russia are not routinely trained to performed microscopic examinations of postmortem tissue. Scientists trained in clinical pathology, histology and biology perform histopathologic examination of tissues submitted during autopsies and issue a separate report.
- 4 Department of forensic examination of material evidence: Scientists in this department responsible for evidence storage and collection of DNA and other trace evidences.
- 5 Department of Forensic Chemistry: Performs chemical, basic toxicological and biochemical analyses of the postmortem fluids and tissues. It also functions as a central police laboratory.
- 6 Department of “comprehensive examinations”. Medical examiners of this department perform evaluation of the hospital medical records and autopsy reports in cases of suspected therapeutic or surgical complications, accidental deaths in hospitals, or suspected cases of medical neglect.
- 7 Department of Education: This department functions as a liaison between the regional and the federal governments, medical universities and the Bureau.

Chief of the Bureau is a physician trained in forensic medicine and appointed by the regional Department of Health. The chief appoints the first deputy and the heads of the departments. The Bureau employs sixty-seven medical examiners and scientists in chemistry and biology.

Graduate medical education in the State Medical Universities in Russia takes 6 year. Rotations in departments of Forensic medicine are required for all the medical students. In general, medical examiners in Russia do not receive postgraduate training in Anatomical or Clinical Pathology. Training in subspecialty consists

of a 2-year program in forensic medicine at the regional Forensic Medical Examination Bureau.

Current challenges of the medicolegal investigation system in Russia include adequate state financing and a countrywide shortage of well-trained medical examiners.

NEW! SPECIAL NAME INTERNATIONAL NEWSLETTER EDUCATION FEATURE:



Dr. Cara Rolfe



Dr. Abraham Philip

CHANGING PERSPECTIVES ON SUICIDES BY WOMEN IN INDIA

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Note from the authors

This article was provoked by an issue raised on the NAME LISTSERV, where a medical examiner described an incident involving the scene of a woman's death by hanging. While the evaluation was consistent with the victim's suicidal intent, the scene had been altered by the decedent's husband. The autopsy evaluation was reportedly performed by a non-forensically trained pathologist, who interpreted the findings as homicide. This led the husband to be charged with the crime. In response, there were a few comments on the LISTSERV regarding what could have motivated the husband to alter the scene, especially in the context of suicide by women in India. This article reviews the sub text behind these deaths and also briefly discusses the ritualistic mode of suicide by women in India, i.e. Sati, and its relatively more recent incarnation, "Bride Burning". This article also briefly explores the changes in the laws that have been made to combat what at one time appeared to be an epidemic of deaths amongst recently married women in India. This article is neither a treatise on the judicial issues raised by these legal changes, nor is it about the effectiveness in the administration of justice in these types of cases. It is designed to review the cultural context regarding the evaluation of the death of a young woman of Indian origin. Considering the world wide spread of Indian expatriates, the insights shared are critical to any modern death investigation system. One never knows when a medical examiner or coroner could be called upon to evaluate one of these cases, and should be able to properly interpret the significance of the findings.

CHANGING PERSPECTIVES ON SUICIDES BY WOMEN IN INDIA

In October 2017, a medical examiner reported findings on a case that was brought to her attention for review. It was with regards to the death of a woman, who on being found hanging by her husband, was cut down from suspension, transported to the hospital and pronounced deceased after failure of resuscitation. The husband reportedly altered the scene, which raised suspicions, and a non-forensically trained pathologist opined the case as a homicide, completely misreading the signs on the body. The medical examiner asked to review the case posed a question on the NAME LISTSERV regarding the possible reasons why the husband would attempt to alter the scene, and thereby have the culpability transferred on to himself. There were several responses from forensic pathologists, with background knowledge of the circumstances regarding suicides of women in India, about the context that had to be considered in evaluating the situation. One of the posts cited the changes in the laws in India regarding dowry deaths which the person writing felt might have had relevance on the circumstances.¹ This prompted a discussion, in the Medical Examiner's Office where authors of this paper work, regarding dowry deaths in general and specifically about the rationale for altering the scene. The rationale for this wider dissemination of the discussion is to bring awareness to the readers of the Journal of Forensic Sciences an understanding of the context, should a similar episode happen in their own jurisdiction.

HISTORY FROM BEFORE OUR COMMON ERA AS A SOURCE FOR CONTEXT

India. Exotic India. A land where there are many versions of every legend and as many contradictions as there are controversies. One contradiction, maybe even the biggest contradiction, is the attitude of most men to women in India. For example, India was only the second country, after Sri Lanka, to elect a woman as Head of Government. Ms. Indira Gandhi became the Prime Minister of India in January 1966, several years before Golda Meir, Isabela Peron or Margaret Thatcher ascended to their positions of power in their own countries. On a more spiritual level, Goddesses in India are worshiped with the same reverential intensity as the gods. On the other hand, the majority of women in India are ordinarily treated in a

highly paternalistic way, if not worse, as second class citizens of the country only slightly higher than chattel. One needs to go no further than to look at two burning (no pun intended) issues of contentious debate regarding suicides by women in India, Sati (the so called self-immolation by women) and Dowry Deaths (which in common parlance has also been called Bride Burning).

Most of the debate in India centers about the rationale for the act of Sati, which remains one of the most tenacious of religious customs. This heated debates extends even in to the present century, focusing on the issue of whether Sati is a religiously sanctioned worship ritual or a perverse form of subjugation of women unfortunate enough to have lost their husband. The act of Sati is named after Sati, the goddess. She was a consort of Lord Shiva, who along with Brahma and Vishnu form the divine trinity of Hindus. Sati opted to self-immolate herself after her husband was abused by her father at a "yagna" or power prayer event. It is in this context that in India, the practice of Sati took on the veneer of being sanctioned by the scriptures. Proponents of Sati quote religious text, the Rig Veda and the Artha Veda, written between 1500 to 1000 BCE, as recommending that a widow throw herself on her dead husband's funeral pyre as a personal sacrifice to her husband. In India, as the general population holds strong beliefs in life after death, by following their husbands in death, the widows were fulfilling their dharma (or duty) with an act of supreme devotion, with the added bonus of honor, enshrinement and deification. Another argument made by these proponents is that fire is a sacred form of energy and a woman participating in self-immolation is being purified and thus gains merit in the afterlife.^{2, 3}

Opposed to these views are the scholarly critics of the scriptural verses who claim the appearance of the endorsement is due to a misreading or mistranslation of the text. Those holding the opposing view maintain that even if the Sati is done as a purely voluntary act, done as it were "out of sorrow at the death of a beloved spouse" or "in anticipation of the difficulties of life as a widow" it still remains a suicide, hence an act against the Gods. Widows in India would be shaved of their head hair, allowed to be draped in white clothes only, made to abhor food like onion and garlic which were considered erogenous, and prohibited from all social functions, including participating in the weddings of her children, as the widow's presence at these events is believed to be highly inauspicious.⁴ Thus opponents of Sati, especially

in those cases where the act might not have been purely voluntary, believe the act was likely forced on the woman by unscrupulous neighbors and relatives as a means to annex the property of the deceased husband. Moreover, the argument is made that if Sati was a means of escape for a woman with no means or hope of survival, then it should be that Indian society needs to change, not the widow be made to give up her life. To add fury to the flames are the documented cases where the widows were drugged and led to the funeral pyre or placed there, held down by rods as they attempted to escape from the fire or had been beaten senseless, preventing their escape from an excruciating death.

One would tend to believe that Sati is a uniquely Indian cultural or religious tradition. However, research indicates self-immolation was a practice followed in ancient Bali, Burma, Cambodia, China, Fiji Island, Greece, Indonesia, Java, the Korean peninsula, Nepal, Philippines, Russia, Sumatra, Tonga and Vietnam.^{2, 3}

HISTORY FROM OUR COMMON ERA AS A SOURCE FOR CONTEXT

The practice of Sati, whether or not recommended in the scriptures, was discontinued around 1000 BCE and was replaced by symbolic Sati, where the widow would lie down by her dead husband, but then would be induced to rise again and enjoy her children and wealth. The controversial ritual of Sati began to rear its inhuman head once again in India coinciding with Muslim conquests of India beginning at the country's northwestern border in the 8th century with major wars of expansion in the 10th century onwards. The warrior tribes of the northwest area, the Rajputs, practiced a distinct variant of Sati, Jauhar, in response to the invaders.³ The essential difference between Jauhar and Sati is that the former was often conducted on a mass scale, i.e. the queen of the defeated emperor and all the women courtiers and wives of senior military officers would be consumed in ritual funeral pyres. The generally accepted theory was that Hindu women feared becoming the "booty for the captor" and committed Jauhar/Sati to avoid "rape, torture and other ignominies" by the Muslim invaders.³

Sati continued while India was ruled by the Mughals, despite an occasional edict from the Emperor banning it. After the demise of the Mughal Empire it was the British who held sway over almost the entire subcontinent from

the 17th century onwards. And it was the British who in incremental stages banned the practice of Sati. British Governor Generals, prompted by progressive Indian organizations and Christian missionaries, introduced laws banning Sati. The laws were first enforced in Calcutta city only, then in the rest of the Bengal Presidency, and ultimately parts of the entire county under British rule in 1829.⁴ The passage of these laws and their enforcement were not without controversy. The ban was challenged by a petition signed by "several thousand... Hindoo inhabitants of Bihar, Bengal, Orissa, etc." The matter went up to the Privy Council in London, which in 1832 rejected the petition and upheld the ban.³

There have been about 30 cases of Sati, or attempted Sati, documented between 1947 to 1987 or after India embarked on a quest for modernization. In 1987, reports regarding an 18 year old, Roop Kanwar, who committed Sati sparked an uproar. Pro-Sati lobbyists, organized under the banner of "Sati Dharma Raksha Samiti" (Committee or Organization for the Defense of the Religion of Sati), claimed Sati was a fundamental part of their traditions, and that refusal to legitimize Sati was a deliberate attempt to marginalize them.⁵ Following the outcry over Roop Kanwar's death, the Indian Government enacted the Commission of Sati (Prevention) Act in 1987. Since then there have been at least four cases, one each in 2002 and 2008 and two cases in 2006.

This perverse past practice imparted a veneer of cultural acceptability in a more modern issue, that of "Bride Burning" or "Dowry Deaths".⁶ To highlight the magnitude of this problem, in 2007 the total number of Dowry Deaths and dowry related suicides in India totaled 8093 and 3148, respectively. There was a 74% increase in dowry related deaths from 1995 to 2007, while there was a 31% increase in reporting dowry-related suicides and included Hindus (70.6%), Muslims (17.6%) and Christians (11.8%).^{7,8,9}

DOWRY DEATHS

Dowry for the uninitiated, is the custom of payment by the bride's family to the prospective bridegroom's family as a form of compensation for sheltering the woman for life, or as it is sometimes called "varadakshina" or the making a gift to the bridegroom to honor him, or as "streedhan" a one-time payment from the bride's family to the groom's family in lieu of her share of her family's wealth.¹⁰ The Hindu Succession Act, which even after its most recent

amendment in 2005, confers less than equal property rights on a female child compared to her male counterpart. Given the low employment prospects, ergo the lower earning capacity of the average woman (at least in India), dowry becomes a rational investment in the groom's prospects and his higher future earnings.⁹

What might have been at one time the means of economically empowering a woman at the time of marriage, it has metamorphosed in many cases into an instrument of exploitation of the bride's family by the groom and or his family.¹⁰ When demands for cash, jewelry or goods remain unfulfilled in arranged marriages or when the dowry is deemed inadequate, the resulting tensions lead the husband or his extended family to harass the woman, by taunts, physical violence or mental abuse, sometimes to the extent of killing her or creating such intolerable conditions that she takes her own life.¹¹ Besides the purely economic incentives, young brides have also been forced to their death because of inability to give birth to a male child. Such deaths are termed as "Dowry Deaths" which by definition of the India Penal Code includes both homicides and suicides.¹¹

The term "Bride Burning" originates from increases in incidents of death due to bursting of stoves. These incidents led to the first mass protests by women's groups, and contributed to the enactment of the 1961 Dowry Prevention Act. With modernization and promotion of indigenous industrialization, the mode of cooking changed in the 1960s, at least in the urban and semi urban parts of the country, from the cantankerous coal or wood fired "chulha" to the more fashionable kerosene stove. The intensity of the open flames on these kerosene stoves could be controlled by pumping air in to the brass container that holds the kerosene. This action or refueling the container while the stove is lit or not complete shut off could result in its bursting or spread the fire from the stove to the person. It was conceivable that a woman could accidentally be ignited while cooking. What also did not help was the habit of women wrapping themselves in five to seven yards of flammable material, nylon or polyester, the sari, or other loose fitting garb like the lehenga or salwar kurta or the long dupatta (scarf).^{12,13,14,15} The point being, the bursting of a stove was a conceivable excuse offered up by the victim's in laws, who could very well have poured the flammable liquid and struck the match to ensure a fiery termination of her life. A pertinent issue regarding this is raised in an editorial which asks the relevant question: Why do so many young women die of accidental burns in kitchens after

marriage, when they are initiated into cooking at an early age? When they could cook safely in their natal homes, what could be the possible reasons for this "carelessness" in their marital homes? ¹⁶

To complicate matters further, never mind the previous harassment, the victim would often admit under pressure from the in laws that the reason for the thermal injury was indeed an accident. And the police, like most of their colleagues everywhere, were happy to conclude the case closed. One study found that the number of actual fire related deaths were up to 6 times more than what had been documented by the police.¹⁷ For a long time law enforcement authorities in India held the erroneous belief in what was called the dying declaration or that a person on one's death bed utters only the truth. It is easy to understand the kinds of pressures, preservation of progeny and that mistaken appreciations of the issues could be utilized by the offending relatives on the victims to admit an accidental etiology for the fire. While the accidents, as confessed to by the woman under pressure from her in laws, could easily be debunked by efficient police investigation, the performance of such was often delayed or just not done. Nor were doctors trained to recognize thermal injuries sought to corroborate the pattern and spread of the burnt areas of the skin. These, along with a myriad of other factors, ensured high acquittal rates estimated at over 80%.¹⁸

What is it that still motivates most Indians to give their daughters in marriage, which at best seems like a very hazardous occupation? The answer to that is again rooted in the traditional values of Indian society. To have an unmarried girl in the family was a social dishonor. Thus societal pressures forced the customs of arranged marriage, and what is still at times shamefully practiced, child marriage, as an older man, compared to a youthful contemporary, may waive excessive dowry demands if offered a nubile young woman. It should be reiterated that Dowry Deaths are not uniquely an Indian phenomenon but have been reported from Australia, Bangladesh, Iran and Pakistan.¹¹ Self immolations have also been documented in Iran and other countries in the Middle East and Sri Lanka, as well as among Indian expatriates in Malaysia and Fiji.^{19,20} Neither are the rates of dowry deaths highest in India. In 2010, there were 8391 Dowry Deaths reported from India at a mortality rate of 1.4 per 100,000 women while Pakistan in the same year had 2000 deaths, a rate of 2.45 per 100,000 women.¹¹

ATTEMPTS AT CONTROL PUT IN CONTEXT

Legislation has been enacted in response to Sati and Dowry Deaths, with mixed success at reducing the number of suicides committed by woman. The Indian Constitution, drafted in the early 1950s, initially granted equal rights to men and women as human beings. This has progressively been whittled down by a predominantly male dominated legislature and a worse male dominated police force. The Dowry Prevention Act introduced in 1961 prohibited the request, payment, or acceptance of a dowry as a consideration for marriage. Later legislative approaches in India to curb this near epidemic were instituted in 1973, with changes to India's Code of Criminal Procedures. Section 174 of this code outlined the approach to the death of a woman within seven years of her marriage, whether it was suicide, homicide, accident, or death under suspicious conditions or when an investigation was requested by one of the decedent's relatives. It mandated a magisterial inquest with at least two individuals from the decedent's side to attend and develop information regarding the circumstances of the death, the appearance of the body, and apparent cause of death.¹

The Indian Penal Code was amended in 1986 specifically to deal with dowry related violence and cruelty and introduced penalties for any kind of harassment of a woman by her marital family (Section 498A) as well as any unnatural death of a woman whether she was harassed related to dowry (Section 304B) or non-dowry related issues (Section 306). The India Evidence Act through Sections 113A and 113B gave the courts the power to presume abetment of suicide on the part of the husband or his relatives if a woman commits suicide within seven years of marriage if she was subjected to cruelty.^{2, 10} The most recent variation on this theme was in 2005 with the passing of the laws regarding Protection of Women from Domestic Violence, by which a woman could put a stop to the dowry harassment by approaching a domestic violence protection officer. More comprehensive reviews on how the victim, their families, the medical establishment, laws and the police interact are available.^{2, 4, 9, 21} The process of incorporating a psychiatric or psychological autopsy to supplement the Medical Examiner's routine evaluation has also been suggested.²⁰

Additional legal context was provided by Dr. George Paul, an Indian Expat and Forensic Pathologist in Singapore who trained and worked in Delhi. In his letter on the LISTSERV he stated that a complaint could be registered

regarding an Indian family living abroad, say in the US, of the death of a woman within seven years of her marriage. That is, the bride's family can file a complaint against the husband's family in India. Therefore, if the husband or his parents were to travel to India, they could be charged under the laws regarding Dowry Deaths.²² This would apply both moral and legal blocks against the husband and his relatives from remarrying, and starting the cycle again. One of the authors of this review had known about it being enforced in the case of a young doctor. This is no small matter, as it has potential to affect many young Indian men who migrate to or are issued H1B visas or use other mechanisms to reach the western world.

In the North American context, this understanding of Indian laws and cultural practices should provide a greater understanding as to why the spouse or family of a recently deceased young bride would try to alter the scene or thwart the possibility of suspicions being raised or complaints being generated regarding the demise of an Indian woman. Medical examiners and coroners, especially those serving areas of high Indian populations, now aware of this practice should investigate the death of a newly married Indian woman with this perspective in mind.

The inclusion of Dowry Deaths as a formal offense category in India reflects both an acknowledgement of and means of trying to deal with violence against women. This and the other legislation is reportedly having an effect. There has been a small dip in the number of cases, by approximately 9.7% considering there were 8,455 Dowry Deaths in 2014 and 7634 reported in 2015. The factors for this change could well be the change in the laws, or enhanced awareness about the issues, better training and knowledge base of the investigating authorities, and also a change in the cooking platform used.

A CONUNDRUM IN SEARCH OF A CONCLUSION OR IN LIEU THEREOF

According to WHO estimates for the year 2020, and based on current trends, approximately 1.53 million people will die from suicide and 10- 20 times more will attempt suicide worldwide. This translates to an average of one death every 20 seconds and one attempt every 1-2 seconds,²³ which prompted WHO to initiate a suicide prevention action plan.²⁴ Suicides represented 1.8% of the global burden of disease in 1998 and is expected to increase to 2.4% in 2020.

India has long been described as a developing country, at least by the (developed) Western Nations. For most Indians, the feeling is that they are on the very cusp of being included among the developed nations of the world. To this end it still boasts of being a democracy, having nuclear power, a very big industrial and manufacturing base and a burgeoning information technology infrastructure. Yet there are several negatives, a complete list of which is beyond the scope of this article, but in brief the medicolegal death evaluation system has miles and miles to go before it can claim to be up to modern standards.

Suicide is nearing being the leading cause of death in young women in India in the next few years.²⁵ The issues of Sati and Dowry Deaths as discussed above and the treatment of women in an overarching context is only one facet of the myriads of problems that plague the country. Above all there are two relevant questions to contemplate and attempt to answer:

- 1) Are young women, and sometimes mere girls, being married only to be harassed into suicide or homicide to meet the demands of dowry, which itself is an illegal act?
- 2) And what about those women who were not forced into suicide or homicide. Have they won their survival by trading their lives by paying off the dowry demands, and thus overtly or covertly participating in an illegal act?

And for us who may be called on to investigate the death of a young Indian woman, could a cultural practice be hiding behind what is seen at the scene and reported by family members?

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APPLICATION FOR INTERNATIONAL CORRESPONDING MEMBER

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