Train Collision in Balasore: Pitfalls in Disaster Victim Identification

Pooja Chakraborty

Department of Forensic Science and Criminology, Annai Fathima College of Arts and Science, Tamil Nadu, India.

INTRODUCTION

Disasters are quite unpredictable and inevitable events. It can be natural or man-made in nature or sometimes even accidental. On June 2 2023, three trains collided in a remote area of Balasore, Odisha. This event accounted for the death of over 288 passengers on record, and over 1000 injured. It called for one of the worst train disasters in the face of India. The reasons for the accident are being investigated from various angles whether it was sabotage or due to any technical glitch. The accident itself was beyond tragic but the worst was yet to follow. Numerous dead bodies were initially piled up on the railway tracks and later shifted to a makeshift mortuary in a nearby school. Most dead bodies in this case would either be mutilated or crushed, either way, visual identification would be a challenging task. In any case of disaster, the priority is always given to survivors, the second priority is to rescue the trapped or supposedly missing survivors and the last is to the identification of the dead. In the Indian disaster scenario, the majority of the task is shared by two stakeholders. First is the healthcare fraternity which has to save the injured and revive the seriously wounded patients. Second is the NDRF and SDRF teams which have the onus to rescue the maximum possible survivors and clear up the site to restore normal routine. Trains are the most frequently used mode of transportation in India with which lakhs of passengers commute from one destination to the other daily. For Identification, Disasters can be classified into 2 broad parts – 1. Closed disaster: In cases where the exact number of victims and identity of the victims are known eg Airplane Crashes. 2. Open Disasters: In cases where neither the exact number of victims nor their identity is confirmed. Train accidents in India fall in the second category as numerous passengers aboard the trains unreserved, especially the General Coaches, which were the most affected in the Balasore accident.

It is high time that the Government makes some stringent rules to handle a disaster situation. During their courses, each medical, dental and paramedical practitioner should be taught about Triage and indulged in some mock drills. Triage will help to reduce the panic at the disaster site and work more systematically. Whenever or wherever a disaster may happen, a team of local doctors can be deployed to the site to aid in triage. Usually, the first responders in disasters are the local people, whose support can be availed to transport the victims. The doctors can guide the transport of the victims to the nearby health centers based on the condition of the victim. On the other hand, makeshift tents can be made on the site itself to treat minor injuries or provide first aid. For service in the makeshift clinics, the expertise of resident doctors or Interns can also be used in the supervision of a senior doctor. A real disaster occurs when the number of victims exceeds the capacity of the healthcare facility. In such a scenario, airlift may be considered along with transport of stable patients to farther hospitals. On the site, there will always be chaos and mayhem. The different teams working on the site mustn't add to the chaos and also perform their allotted task efficiently.

A special team of experts comprising Forensic Medicine, Forensic Anthropologists, Forensic Odontologists, Forensic Nurses, Forensic Photographers, DNA experts, and Fingerprint experts should be deployed to the site at the earliest to facilitate the identification of the bodies. The fresh bodies in which visual identification is possible may be photographed along with a short description of any pocket contents, clothes or jewelry that can be converted into a digital database or uploaded to a common website accessible to the family members. For the bodies that are mutilated or beyond visual recognition, a thorough examination should be made to record all the scientific details found. The major role may be played by Forensic Odontologists, knowing the dental pattern is highly unique and an inexpensive identification method. In developing countries like India, prime concerns are due to the survivors but negligible attention is paid to the dead. Thus, inexpensive methods like Odontology or Fingerprint will help in identification as well reduce the dependency on government funds. Each body should be tagged with a unique Identification code and DNA samples to be collected to confirm the Identifications. Ideally, all the dead bodies should undergo complete post-mortem to confirm the cause of death and also record the Identification features. Each body should undergo a virtual autopsy that will be bloodless, saves time and also serves as a permanent record for the future. These disasters are apt places where the virtual autopsy utility can be used to the maximum.

Without completion of the identification, the bodies should not be handed over to the family members. Also, in some situations, the identification may take a long time. The bodies should be packed in bags neatly marked with unique identification codes (RFID tags) and buried in mass graves. Cremation should not be performed to preserve the bodies until positive confirmation is made. The family members will already be in a trauma due to the loss of their loved ones and not seeing them one last time will only make things worse. This

will have a lifelong impact on the family members and never bring closure to the families. We cannot reverse the tragedy but we can always learn lessons and be well equipped to handle it better. Saving a life is as important as giving dignity to the dead. Since both responsibilities cannot be burdened upon the medical officers the second part can be taken care of by a team of personnel with expertise in Human Identifications. Each active stakeholder during their course should be imparted some training to handle and respond to such events. Also, another aspect of a disaster is the rehabilitation of both the survivors as well as the stakeholders. A team of psychologists should be deployed to the site and a separate tent to be arranged. They can provide mental support and assurances to survivors who have survived the disaster themselves or lost a loved one. There have been reports of many deaths out of shock. Not all are strong-hearted to survive the mayhem going around. This team of experts can also support in talking to the family members of the victims and collect some ante mortem details that can aid in identification and also ease the chaos in the health centres.

The effect of disaster is very deep-rooted both for the survivors as well as for all those who work at the disaster site. We cannot stop the disasters, but the only way we can help is to be prepared to tackle it, reduce the maximum possible casualties, and rehabilitate soon. The best time to prepare for a disaster is in between the occurrence of 2 disasters. We have advanced technologies which can help in predicting natural disasters thus, we can reduce the effect of the calamity. But accidental disasters or man-made disasters cannot be predicted. Almost for a decade or two, there were no big train accidents in India, and all of a sudden, an accident of such high calibre hit.

India has a history of many big disasters Bhuj Earthquake, Indian Ocean Tsunami, the Uttaranchal Floods, Terrorist attacks, Plane crashes etc. And every time there was a big loophole in the process of human identification. All the stakeholders should be identified, trained and also notified about their roles and responsibilities. Disasters are tragic but we have to take the humanitarian approach and bring closure to the family members.

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