7th Caribbean Medicolegal and Forensic Symposium

“C.S.I.: Caribbean Solutions and Innovations for Regional Medicolegal and Forensic Issues”

Hilton Barbados Resort
Bridgetown, Barbados

November 16-18, 2023

https://med.uottawa.ca/pathology/news/7th-caribbean-medicolegal-and-forensic-symposium
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INTRODUCTION

This 7th Annual Caribbean Medicolegal and Forensic Symposium represents the continued regional extension of the St Vincent and the Grenadines Medical and Bar Associations Annual Forensic Symposium which was initiated in 2016 as a result of Justice Kathy Ann Waterman-Latchoo, Ms Rene Baptiste and Dr. Rosalind Ambrose. Due to the ever increasing regional participation of this extremely successful event and the record attendance of 102 regional and international participants in 2018, it was necessary to expand the initiative outside of St Vincent and the Grenadines. Saint Lucia answered the call to be the first external host and the 4th Annual Caribbean Medicolegal and Forensic Symposium was held there in 2019. The title of the event was re-branded as the Annual Caribbean Medicolegal and Forensic Symposium.

This 7th annual symposium is being hosted under the theme of “C.S. I.: Caribbean Solutions and Innovations for Regional Medicolegal and Forensic Issues.” It will provide continuing professional development/continuing medical education for practitioners of Clinical Forensic Medicine (child protection; physical/sexual assault examiners; district medical officers; police medical officers; forensic nurses), Medicolegal Death Investigation (coroners, district medical officers; police medical officers; homicide investigators, crime scene examiners) Crime Scene Examination (crime scene examiners, collision reconstructionists), Forensic Pathology, Anthropology, Forensic Odontology, all of the Forensic Sciences (bodily fluids, DNA analysis, toxicology, forensic chemistry, ballistics, etc), Quality Assurance/Quality Management, Jurisprudence, Criminal Justice System (prosecutors, criminal defence bar, magistracy, judiciary) and Civil Litigation.

The educational content of the programme was designed to address topical areas under the chosen theme. The didactic content of the programme will be delivered by a multi-disciplinary faculty of regional and international practitioners and experts of diverse backgrounds and experiences. It is hoped that the symposium participants will gain knowledge and insight on the topical issues which they will take these back to their respective jurisdictions of practice, share with their colleagues and apply them in their daily professional practice to improve the standards of medicolegal death investigation.

Dr Alfredo E Walker FRCPath, DMJ (Path), MB.BS, MFFLM, MCSFS
Conference Programme Director
**Opening Remarks**

The first time I heard the term “Butterfly Effect” used in popular culture, it had to do with people sharing funny stories on social media, such as, “I fell down a flight of stairs but landed at the feet of my future spouse” or “I changed my flight and sat next to the CEO who helped me get my dream job.”

To the list of funny, incredible and life-altering examples of the phenomenon of a single, small event triggering bigger developments, I add the story of the annual Caribbean Medicolegal and Forensic Science symposium.

Now in its seventh year, this movement traces its history much farther back, to 2012—when Trinidadian forensic pathologist Dr Alfredo Walker and a team of experts, presented at a forensic science symposium in Cayman Islands, which was organized by the Office of the Director of Public Prosecutions.

At that symposium, Dr Walker made a clarion call for greater collaboration across borders and the establishment of a Caribbean medicolegal and forensic science association.

That idea travelled to St Vincent and the Grenadines, where the medical association and the bar association said, “Let’s do this!” and organized the first two symposia.

That wave of enthusiasm never ebbed—but rather grew and grew into this robust movement, which attracts scientists, forensic pathologists, doctors, lawyers, judges, police officers, crime scene analysts, and students throughout the region as well as the United States and Canada.

Attesting to the power of the “butterfly effect” in this movement are the forensic sciences services in St Lucia and Belize, whose leaders have brilliantly embraced the peer-to-peer support which this movement celebrates.

The annual symposia allow medicolegal professionals to share best practices and to find innovative solutions to our challenges.

Where else might we get to meet such a diversity of talent—from Dr Roger Mitchell, professor of forensic pathology at Howard University, Washington, DC, USA, who is an advocate for group practice and capacity building across borders to Fernanda Henry, director of the St Lucia Forensic Science Services, whose laboratory is the first and only forensic lab in the Organization of Eastern Caribbean States to achieve accreditation status.

The symposia also provide platforms for emerging leaders to be heard and to be recognized by their peers.

Over the last seven years, it has been a joy to see how a mere idea, a quest for knowledge and excellence, has grown into something real and inspiring.

The “butterfly effect” reminds us that individuals can make a difference; that ideas come alive when we take action and do not hear the words “No” or “Cant”.

We are living proof at this three-day 7th annual Caribbean Medicolegal and Forensic Science symposium that our resources may be limited but our intelligence and resolve are not.

See you in 2024!

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**Justice Kathy Ann Waterman Latchoo LLB, LEC, MSc**  
**High Court Judge/Criminal Bench**  
**Trinidad and Tobago**
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<td>Dr Alfredo E Walker HBM (Gold), FRCPath, DMJ Path, MB.BS, MFFLM, MCFS</td>
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<td>Vice Chair and Director of Education Department of Pathology and Laboratory Medicine</td>
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<td>University of Ottawa</td>
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<td>Ms Rene Mercedes Baptiste CMG, LLB (Hon), LEC, CIArb</td>
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<td>President – Saint Vincent and the Grenadines Bar Association</td>
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<td>Youssef Nasr (Ottawa, Canada)</td>
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<td>Dr Lashorn Christian (Saint Lucia)</td>
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<td>5.1 International Medicolegal Death Investigation Systems</td>
<td>Dr Alfredo E Walker (Canada)</td>
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<td>Dr Roger A Mitchell Jnr (Washington DC, USA)</td>
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<td>Sgt Ameer Mohammed* (Trinidad and Tobago)</td>
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<td>Mr Gian Cho (Belize)</td>
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<td>Actg Sgt Bruce James (Trinidad and Tobago)</td>
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<td>Dr Michael Freeman* (Oregon, USA)</td>
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<td>Dr Shravana Jyoti (Cayman Islands)</td>
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<td>Dr Richard Thompson</td>
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<td>Dr Anton Small</td>
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<td>Dr Chantal Kamaka</td>
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<td>Dr Natasha Richards</td>
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<td>7.5 Crossing Borders: A Peek at Migrant Deaths in the Caribbean</td>
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<td>Ms Joy Quinlan</td>
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<td>Ms Fernanda Henry</td>
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**Saturday 18 November, 2023**

**Session 9: Jurisprudence 1**

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<td>Mrs Donna Babb-Agard SC</td>
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<td>Mr Oliver Thomas</td>
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<td>Ms Hasine Shaikh</td>
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<td>9.3 Expectations of Expert Witnesses in the Trial Process: An Opinion from the Bench</td>
<td>Justice Tricia Hudlin-Cooper</td>
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<td>Justice Colin Raymond Williams</td>
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<td>9.5 Pioneering Artificial Intelligence in the Caribbean Criminal Justice System: Opportunities and Challenges</td>
<td>Mrs Clydene Crevelle Medas (New York, USA)</td>
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<td>9.6 The Value of Expert Witness Training – The Recent Barbados Experience</td>
<td>Mrs Cheryl Corbin (Barbados)</td>
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<td>10.1 The Invisible Clues: Transfer, Prevalence, Persistence and Recovery of Trace DNA</td>
<td>Ms Joy Quinlan (Saint Lucia)</td>
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<td>10.2 Body Fluid Identification as a Tool to Prioritising Biological Forensic Evidence</td>
<td>Ms Fernanda Henry (Saint Lucia)</td>
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<td>10.3 Principles of Forensic Documentation Examination</td>
<td>Dr Linton Mohammed (San Diego, USA)</td>
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<td>10.4 The Forensic Examination of Paper Medical Records</td>
<td>Dr Linton Mohammed (San Diego, USA)</td>
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<td>10.5 Awareness of Forensic Odontology Amongst Undergraduate Law Students in Trinidad and Tobago</td>
<td>Dr Arlana Bisson (Trinidad and Tobago)</td>
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<td>11.1 The Knowledge, Attitudes and Practices of Emergency Physicians in treating Sexual Assault Patients presenting to the Emergency Departments in South Trinidad</td>
<td>Dr Saleem Varachhia (Trinidad and Tobago)</td>
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<td>11.2 The Role of the Emergency Medicine Physician in the Clinical Assessment of Victims of Criminally-culpable Trauma in the Caribbean: Injury Classification and Documentation</td>
<td>Dr Saleem Varachhia (Trinidad and Tobago)</td>
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Abstracts

Session 1

1.1 Complications Following Intraosseous Needle Access in the Pediatric Population: A Systematic Review
Dina El Demellawy, Megan Kennedy, Lauren Tristani, Youssef Nasr

Intraosseous (IO) access is a commonly used procedure in pediatric emergencies for establishing vascular access. It provides a fast route for infusion of medications, blood products, and fluids in emergencies. IO is generally considered safe with minimal risks. However, potential complications include compartment syndrome, infection, and bone fractures. Because of latter potential complication, in the setting of child abuse investigation and when IO insertion procedure is used, it difficult to ascertain the cause of the fracture.

This review aims to study IO access and potential complications including bone fractures reported in the English Literature to identify the incidence, risk factor, and characteristics in pediatric emergencies while acknowledging the emerging legal considerations related to fracture allegations in child abuse cases.

Methods: Following PRISMA guidelines, a comprehensive search was performed across various academic databases (PubMed, Web of Science, CINAHL, Science Direct, Scopus, Biomed Central, and Pathology) published between 1922 – 2022. Search terms “Intraosseous Infusion” OR “Intraosseous Needle” OR “Intraosseous Procedure”. Inclusion criteria: Infants and children (0 – 18 years), with a reported patients’ outcomes and procedural information. Exclusion criteria: articles published in non-English language, non-full text or/and missing outcomes following IO or procedure information.

Results: Following data synthesis (n=27 articles [n=1339 cases]), the tibia was the most frequently selected insertion site, utilized in 97% of instances. Among the 226 cases that reported laterality, a nearly equal distribution between left
and right (112) sides were observed. The majority of IO attempts were successful upon first attempt however, 23 cases required a second attempt, and 4 cases necessitated 3 or more attempts. Within 1339 participants, complications were recorded in 105 cases, producing a complication rate of 7.8%. Of the 105 complications, fracture occurred 7 times (6.67%). When isolating fracture as a complication, only 7 cases were reported, indicating a relative occurrence rate of 0.52%. 6 of the 7 fracture cases were in patients under the age of 12 months.

Conclusion: Bone fractures are rare complication following the use of an IO needle in infants. There is knowledge gap as regards the type and characteristics of bone fractures associated with IO. This review emphasizes on the need of focused studies including bone histopathological examination in the setting of IO access with and without fracture occurrence.

Objectives:
By the end of this presentation, participants will be able to:
1. Discuss the current evidence on the potential impacts of interosseous needle insertion on bone in the pediatric population through a systematic review.
2. Discuss the implications of intraosseous needle insertion in death investigations, involving infants and young children.
3. Evaluate bone fractures occurring in infants in the setting of intraosseous needle insertion.

1.2 Trends In Suicide Mortality: Is Substance Use Associated with Suicide In Trinidad and Tobago?
Rojelle Lezama, North Central Regional Health Authority

Suicide is a significant public health issue in Trinidad and Tobago. The Trinidad and Tobago Ministry of Health has stated that this country has the 3rd highest rate of suicide in the English-speaking Caribbean. According to the 4th Report of the Joint Committee on Social Services and Public Administration in Trinidad and Tobago laid in the Senate in February 2023, the incidence of suicide is on the rise; having increased by 39.1% between 2019 and 2021. The Suicide Prevention Hotline has also experienced an increase in calls from 6 per day in 2019, to up to 30 calls per day between 2020-2022.

Alcohol and substance abuse have been established, worldwide, as independent risk factors for suicidal deaths; however, there is a dearth of evidence documenting whether or not a relationship between these entities exists in this population. This paper aims to examine major trends in suicides completed in Trinidad and Tobago, with a particular emphasis on determining if there is an association between substance abuse and suicide.

A cross-sectional study was performed to determine whether persons who committed suicide in Trinidad and Tobago between 2019 and 2022 had a tendency to be involved in alcohol and substance abuse activities. Data were derived from autopsy reports of suicide victims at one major hospital in Trinidad and Tobago. Analysis showed that the most common mechanisms of suicide were due to hanging or ingestion of toxic substances; the most commonly abused substances were alcohol, marijuana, and cocaine; males were more likely to complete suicides than females; and a significant proportion of victims used alcohol, illicit substances, or both.

More qualitative and quantitative research is required to establish causation, determine the root causes, and examine the psychosocial impact of substance abuse and suicide in Trinidad and Tobago.
The intended outcome of this study is to serve as a starting point for such research, which may, in turn, encourage data-driven strategies in response to suicide and substance abuse in Trinidad and Tobago.

By the end of this presentation, participants will be able to:

- State the general trends in suicide mortality in Trinidad And Tobago
- Discuss if an association exists between suicide and substance abuse in Trinidad And Tobago
- Explain the need for further research regarding the impact of suicide in Trinidad And Tobago

1.3 Knowledge, Attitudes & Practices of Urgent Care Providers in Barbados regarding Forensic Cases and Evidence Collection

La-Toniá Arthur

Emergency room (ER) urgent care professionals (UCPs) are often the first point of contact for cases inclusive of intimate partner violence, blunt trauma, penetrating trauma and sexual assault. These are potential forensic cases which put UCPs in contact with forensic evidence. UCPs care for both victims and perpetrators of a crime. It is important for UCPs to provide healthcare and be able to take actions when they encounter evidence that can be useful in a forensic investigation. In Barbados between 2019 and 2020 there were 36,833 emergency room visits, an average of 20 cases/year (0.05%) were identified as forensic. This study explored the knowledge, behaviours, and attitudes of UCPs in ERs in Barbados regarding forensic science and evidence to put meaningful interventions in place.

Methods: UCPs were recruited from a convenience sample from public and private ERs using a set of inclusion and exclusion criteria. 105 UCPs met the inclusion criteria and were surveyed using a four-part questionnaire on demographics, knowledge, behaviours and attitudes. The highest percentage of participants were doctors and nurses.

Results: The average knowledge score of participants was 68%. The lowest knowledge score was on “what is forensic evidence”. On behaviours, 13% accurately evaluated patients as potential forensic cases, 76.5% of participants answered “never” to use of tamper evident bags and 90.6% said their ER did not have evidence kits/trolleys, 13.3% had received courtroom testimony training. Regarding attitudes, there was good agreement in responses towards equal care, that victims have a right to refuse care and that forensic evidence was important in their practice.

Conclusion: Participants showed a good perspective on what forensic evidence means and how it can be applied to practice. In Barbados the number of reported forensic evidence cases are low which may relate to how UCPs apply their knowledge and the behaviours in their practice. Absence of evidence kits in the ER impacts visibility to UCPs, the need for training in their use and what their presence implies. Low exposure to actual cases and absence of visible forensic evidence materials in the ER makes it difficult to assess how knowledge, behaviours and attitudes translate to practice.

Objectives:

By the end of the presentation, participants will be able to:

1. Discuss the knowledge, attitude and practices of evidence collection amongst Barbadian urgent care providers.
2. State the knowledge gaps on the stated topic.
3. Implement best practices as it relates to evidence collection.
Background: The Global Burden of Disease Study 2019 (GBD 2019) had classified 369 diseases as cause-specific deaths by International Classification of Disease 10th Revision (ICD-10) codes. Garbage codes were identified in the cause list mapped to ICD codes. Garbage codes are not useful for public health analysis as the true underlying cause of death is ill defined.

Objective: To assess the quality of mortality information recorded as the underlying medical cause-of-deaths in East Trinidad. To determine the proportion of garbage codes reported as medical cause of deaths.

Methods: Data of deaths occurring in the communities of East Trinidad from January 2022 to May 2023 are reported by District Medical Officers. This data was collected from the death registry at the Public Health Observatory of the Eastern Regional Health Authority. The variables collected were the address of deceased, date of birth, date of death, age at death, medical cause of death, post mortem requested and the county at which the deceased body was located. The quality of the information on the cause of death was assessed based on the proportion of garbage codes and abbreviations. The deaths recorded were coded by ICD-11 and classified as garbage codes using the cause list according to the GBD 2019 as a reference. The proportions of garbage codes were categorised according to sex and age. Data was analysed using Microsoft® Excel® version 2108, IBM® SPSS® Statistics version 27 and WHO ANACoD3®.

Results: Of the reported 135 deaths in the community of East Trinidad January 2022-May 2023, 60.9% were male and 39.1% were female. The modal age group was 80-84 years old. The most commonly reported medical causes of death in the community (n=135) were Cardiopulmonary Arrest (28.9%), Acute Myocardial Infarction (5.92%), Ischemic Heart Disease (3.7%) and COVID-19 (3.7%). Persons with medical cause of death reported as Brought in Dead (14.1%) were referred to the forensic pathologist for post mortem to determine the medical cause of death. Of the medical cause of deaths reported, 62.4% were garbage codes. There was a lack of specificity, use of intermediate cause of death and the use of abbreviations.

Conclusion: There is a need to improve the quality of data reported as medical cause of deaths so that the information yielded would be meaningful to inform on burden of diseases and population statistics in a given community.

By the end of the presentation, participants will be able to:
1. Discuss the quality of mortality information recorded as the underlying medical cause-of-deaths in East Trinidad.
2. Discuss the proportion of garbage codes reported as medical cause of deaths.
3. Discuss the common underlying medical causes of death.
Learning Objectives:
At the end of this presentation, participants will be able to:
1. Define the role of the District Medical Officer in the investigation of Community Deaths in Trinidad and Tobago
2. Describe the trends in Community Deaths in the district of County St. Patrick Trinidad
3. Determine the prevalence of Communicable and Non-Communicable Diseases in Community Deaths in County St. Patrick Trinidad

In accordance with the Coroners Act of Trinidad and Tobago, the District Medical Officer has a significant role in the investigation of deaths in the community. For all deaths that occur outside of a medical facility, the District Medical Officer is notified by the Trinidad and Tobago Police Service to examine the body of the deceased and determine if further investigations are required to ascertain the cause of death. Unfortunately, there is a paucity of data regarding these community deaths in Trinidad and Tobago.

This presentation will highlight the findings of a retrospective analysis of community deaths in County St. Patrick Trinidad for a period of one year from January to December 2022 which include trends in demographic characteristics such as age, sex, and location as well as the proportion of community deaths that required post-mortem examinations to determine the cause of death. Additionally, this presentation will discuss the prevalence of both communicable diseases and non-communicable diseases during the COVID-19 pandemic in County St. Patrick Trinidad.

Session 2

2.1 Analysis of Paediatric Sexual Assault Cases at Owen King European Union Hospital
Lashorn Christian, A Fevrier, R Dos Santos
Owen King European Union Hospital, Millennium Highway, Coubaril, Castries, St. Lucia

Abstract

Child sexual assault (CSA) occurs at a significant rate worldwide and encompasses a plenitude of sexually abusive acts of a minor that include rape, forced sexual touching and exposure to pornographic material, commercial exploitation and non-contact assaults such as harassment and threats. A 2017 UNICEF Situation Analysis of Children in St. Lucia showed that CSA occurred mostly in females, ages 12-16 years by a known perpetrator. The care of any sexual assault (SA) victim requires specialised history taking and examination that minimises pain and trauma for the patient. For prepubertal and/or preverbal children, physical specimen and forensic evaluation may be the only reliable indicators that will identify sexual transmitted infection (STI) risk and guide appropriate care. Commonly, CSA victims with confirmed STIs, present with normal physical examination findings. In pubertal children, pregnancy prevention must also be addressed. As such, the assessment of an acute case of treatment requires a patient-centred approach by healthcare providers (HCP), law enforcement and legal agencies, child welfare and other supportive organisations.

CSA victims often delay in seeking medical care, which results in delays in reporting and evaluation of the encounter. This negatively impacts the objective indicators of CSA and the non-biased legal outcomes along the CSA pathway. A coordinated approach between physicians and experts reduces recurrence and improves healthier outcomes for CSA victims.
St. Lucia has a population of 179,652 inhabitants. The Owen King European Hospital (OKEUH) is located in the capital city of Castries and is the main referral centre. Cases of CSA under 16 years of age are seen by paediatric House Officers. The current locally available resources do not meet international medico-legal standards in appropriately evaluating CSA cases. Under reporting, Some cultural myths of male SA, and the acceptance of monetary compensation by parents to settle CSA, continue to be significant barriers to the reduction of its prevalence in Saint Lucia. Our proposed study will analyse the demographics, findings and management of the CSA cases seen at OKEUH. We will conduct a retrospective cross-sectional study reviewing 90 cases of CSA age 16 years or younger, which were seen between July 2020 to July 2023. The data will be analysed using SPSS and presented using descriptive statistics.

**Conclusions:** Specialised physicians trained to deal with CSA victims, as well as protocols are needed to improve adherence to implementation and augment prevention strategies of CSA occurrence to children at risk in Saint Lucia.

**Objectives:**
By the end of the presentation, participants will be able to:
1. Discuss the demographics of Child Sexual Assault cases presenting to the Owen King European Hospital.
2. Discuss the clinical findings of Child Sexual Assault cases presenting to the Owen King European Hospital.
3. Discuss the management of Child Sexual Assault cases presenting to the Owen King European Hospital.

### 2.2 Documenting Findings of a Case of Sexual Assault

Mona, Jamaica, Rhonda Hutson, University Hospital of the West Indies

Arguably, apart from the collection of evidence in a case of sexual assault, the most important management feature is documenting it. Unlike the clinical and investigative information physicians evaluate in non-sexual assault cases, special care and attention are needed to interpret findings of sexual assault to facilitate a court of law in determining whether or not a crime was committed. The legal fraternity has for years grappled with the reports of physicians, expressing concerns about both what is written and what is interpreted. This talk will highlight the key features of appropriate documentation of the findings of sexual assault cases to avoid presenting information that may pervert the course of justice.

By the end of the presentation, participants will be able to:
1. State the key elements of documenting the history and examination of a case of sexual assault.
2. Discuss the interpretation of the physical findings of a case of sexual assault.
3. Identify and avoid documenting potentially prejudicial statements.

### 2.3 Determination of Sex from the Mastoid Process using Discriminant Function Analysis in a series of Jamaican Crania

Carla S. Hinkson, University of the West Indies, Mona Campus

**Abstract:**

Determination of sex is critical as it assists with identification of unknown remains for various anthropological and medicolegal reasons. This identification purpose, however, has often proven to be difficult, as many times bodies or remains are found many weeks, months or even years after death, or only fragmented remains are available due to extensive damage. Numerous studies have been conducted on sex determination using the human skull and pelvis as these two parts of the human skeleton display the highest degree of sexual dimorphism. The observation from these is that the mastoid process of the temporal bone of the human skull is highly resistant to damage or fragmentation due to its location at the base of the skull, and its measurements can be used to determine the sex of unidentified human skulls.
Discriminant Function Analysis is a statistical method used to “determine which continuous variables discriminate between two or more naturally occurring groups”. It is broken down into a two-step process: 1. Testing the significance of a set of discriminant functions, and 2. Classification based on the discriminant functions. This is the statistical method that was employed because it is widely believed to be reliable, reduces the examiner’s subjective opinion, and is reproducible. Unfortunately, studies of sex determination using the mastoid process and discriminant function analysis are very uncommon worldwide, and are basically non-existent in the Caribbean, more specifically to the Jamaican population.

In this study, 5 parameters were examined by the author. These include intermastoidale distance, porion-orbitale distance, mastoid height, mastoid breadth, and mastoid length. Anthropometric techniques were employed to determine the population specific ranges for sex determination within a Jamaican population sample. Twenty-five (25) adult crania (12 male, 13 female) were obtained, with permission and, using digital sliding calipers, manual measurement taking was done in triplicate and results recorded. Discriminant Function Analysis was then applied for further statistical analysis in the determination of sex.

Results showed that discriminant function analysis accurately classified 72% of skulls in the study, and that the mastoid height was the best single parameter for determination of sex, although accuracy dropped to 68%. A discriminant function equation specific to the Jamaican population was also derived however, a larger sample size inclusive of other urban and rural areas of Jamaica would generate a more definitive database for the Jamaican population.

By the end of the presentation, participants will be able to:
1. Describe the use of the mastoid process in the determination of sex.
2. Discuss how discriminant function analysis is used to determine sex.
3. Discuss how the data provided can be utilized as reference points for future studies.

2.4 Identification of Bodies in Stages of Postmortem Decomposition, Challenges and Innovations: the Belize National Forensics Science Services Experience
Roque Blanco, Belize National Forensic Science Service

The Belize Medical Examiner’s Office under the directorate of the National Forensic Science Services performs an average of six hundred medicolegal autopsies per annum. Ten percent of the annual cases consist of bodies in different stages of postmortem decomposition. These cases vary from the elderly local and expatriates living alone, to victims of homicides buried in shallow graves. The identification of decomposing bodies encompasses the same scientific procedures as those utilized for fresh intact bodies with the exception that soft tissue features such as facial appearance, fingerprint patterns, tattoos, scars, etc., may not be present or inappropriate. One of the main shared responsibilities of the Medical Examiner and Forensic Anthropologist is to determine the identity of the individual upon which the postmortem examination is being conducted. Every possible attempt must be made to establish a positive identification. Identification must be positive and be based on objective scientific evidence. Every possible attempt must be made to establish a positive identification. Establishing the identity of the dead serves many social and legal purposes from continuity of the investigation to disposition of the remains bringing closure to families. Inability to establish a positive identification lead to dead end investigations and communities with unanswered questions and mistrust in the justice system. The challenges faced by the Medical Examiner’s Office are many and are surely not unique to our country. Like
many other regional forensic institutions, we lack human resources and adequate funding and infrastructure. Despite the many challenges faces, the Medical Examiner’s Office has made use of international and local partnerships, maximized use of resources available and used creative forensic techniques that have increased our ability to make more positive identifications of bodies in stages of postmortem decomposition possible. In addition to the established protocols for positive identification the BMEO has made use of tissue rehydration and solutions for the enhancement of tattoos and other distinguishing marks. The positive identification of the decomposing body of a fellow human is one of the most rewarding moments of this profession.

By the end of the presentation, participants will be able to:
1. Discuss the importance of the positive identification of bodies in stages of postmortem decomposition.
2. Describe and discuss the challenges faced by the NFSS in the process.
3. List the innovations adopted by the NFSS and understand how they have aided in the process.

Session 3

3.1 Called to Testify: Knowing what to Write, Say and Do. A Medicolegal Sexual Assault Management Workshop for Healthcare Professionals
Rhonda Hutson, Kathy Ann Latchoo

Sexual violence across the Caribbean has a lifetime prevalence of 8% to 14% (UN Women, 2019). Informal communication from several member countries suggests that physicians are not cognisant of the sensibilities of giving evidence in a court of law. On the supposition that a call to testify in a case of sexual assault begins with the written report and ends with the courtroom testimony, this workshop aims to provide the participant with key strategies to provide appropriate and professional testimony of documentation and courtroom etiquette, while avoiding common pitfalls. This will be done through a simulated courtroom exercise and discussion of actual sexual assault reports. It is hoped that this training will ultimately improve the care physicians give to the survivor of sexual assault.

By the end of this workshop, participants will be able to:
1. Describe the requirements for giving courtroom testimony.
2. Discuss the pitfalls of providing courtroom testimony.
3. Prepare a standard, well-written report of the examination of a case of sexual assault.

3.2 The Role of Forensic Psychiatry in the Criminal Justice System: Assessment of Criminal Responsibility
Hazel Othello

The mental state of a person accused of a criminal offense can be called into question at any time from detention through trial and sentencing to eventual release. The question of how courts should treat with mentally ill persons who commit serious offenses, is an age old one, early literature being replete with references to lunatics and criminal lunatic asylums. The Criminal Lunatics Act of 1800 (UK) provided for the special verdict of not guilty on the grounds of insanity and for the detention of such persons “in strict custody, in such place and in such manner as to the Court shall seem fit, until His Majesty’s Pleasure shall be known”. This led to state funding for accommodation of “criminal lunatics”, now more appropriately referred to as “mentally disordered offenders".
The past two centuries have produced major medical developments that have expanded psychiatrists’ understanding of Mental, Neurological and Substance use (MNS) disorders. During that time, the field of psychiatry has grown and its subspecialty, forensic psychiatry, have emerged and developed. Forensic psychiatrists now practice at the intersection between the legal and mental health systems, as experts on how MNS disorders can impact criminal responsibility.

Over the past two centuries, courts have also progressed, and continue to progress, in the development of processes for balancing fair treatment of the accused when questions of mental health arise, with safe appropriate disposal when risk of future violent offending must be considered, applying risk mitigation measures when making decisions about the possible release of mentally disordered offenders. Forensic psychiatrists play a critical role as expert witnesses in these consequential decision-making processes.

This workshop will explain how forensic psychiatrists assist the courts by providing expertise on key legal questions such as whether a defendant is fitness to plead, fitness to stand trial and/or fit to appear in court. It will also provide the psychiatric basis for determining whether a defendant possesses capacity to form intent, the availability of psychiatric defenses, the possibility that the defendant is malingering and the appropriateness of a psychiatric disposal. The assessment and management of risk for future violence, treatment recommendations, including security concerns and prognosis will also be discussed.

3.3 Police Officers Perspectives on Traumatic Experiences on the Job
WPC Tynisa Hudlin-George, Trinidad and Tobago Police Service

By the end of the presentation, participants will be able to:
1. Discuss and explain the trauma experienced by first responders such as police officers.
2. Describe the greatest “at risk” sectors for traumatic experiences within the police service.
3. Discuss the relationship between negative psychological outcomes, stress and general health.

Frontline workers experience trauma based on their high level of exposure to tragic events. This is true of the Trinidad and Tobago Police Service (TTPS) which operates in an environment of increasing violence and crime. Subsequently, there needs to be current research on psychological wellbeing within the TTPS. A cross-sectional research design was employed to investigate trauma exposure within the TTPS using Horowitz, Wilenr and Alvarez, (1979) impact of events scale (IES-R); David Goldberg (1972) general health questionnaire (GHQ-12); Wolfe and Kimerling (1997) life stressor checklist (LSC-R); and a context specific adaptation to the life events scale. Data collected from 206 officers of the TTPS found 72.8% of the sample showed moderate to severe traumatic stress which indicate the need for clinical concern. This was especially prominent within the ‘hub’ of police activity which are CID, the charge room, E999 and Guard and Emergency Branch (GEB) sections. Final analyses showed negative psychological outcomes from trauma exposure affect police officers’ general health and contribute to officers’ life stress. Subsequently, recommendation for organizational intervention through increased access to psychological services to police officers, limit extended duties, rotation of staff and periodic implementation of mandatory mental health evaluation for officers in all sections of the TTPS.

3.4 The Police Experience in Preventing, Responding to and Countering Domestic and Gender Based Violence
At the end of the presentation, participants will be able to:

1. State the government advances in domestic violence measures and current legal requirements.
2. Describe the role of the Special Victims Department, a dedicated unit within the Trinidad and Tobago Police Service with highly trained Police Officers to prevent, respond to and Countering domestic and gender – based violence.
3. Discuss the importance of a Multidisciplinary Team Approach with law enforcement's response to domestic and gender – based violence.

In Trinidad and Tobago, there is a high prevalence of Domestic and Gender –Based Violence. In 1999 the government in recognising that domestic violence continued to occur with alarming frequency and deadly consequences created an act to provide greater protection for victims of domestic violence. This act was called the Domestic Violence Act Chapter 45:56. The legislation was strengthened to ensure prompt and equitable legal remedy for victims of domestic violence. There were Amendments to this Act, the most recent being Act 18/2020.

A fundamental change in attitude with both the society and law enforcement was critical. Domestic violence traditionally was seen as acts happening in private and where the police had no place to intervene. That is no longer the case. The police will intervene swiftly, investigate, make arrest and lay charges where there is evidence beyond a reasonable doubt.

This presentation will:

1. Explain the legal framework governing Domestic and Gender-Based Violence
2. Explain the role and function of the Trinidad and Tobago Police Service and the Special Victims Department which is the Police dedicated Unit to prevent, respond, investigate and Counter Domestic and Gender-Based Violence.
3. Explain the importance of a one stop shop with a Multidisciplinary Approach to domestic and gender- based violence investigations in Trinidad and Tobago. Acts of Domestic and Gender- Based Violence is a breach of one’s human rights and should not be left alone. The ideal response is for doctors to treat injuries, social services professionals to work with the family, law enforcement officers to investigate and arrest and charge the perpetrator once there is evidence beyond a reasonable doubt.

Session 4

Alfredo E Walker

The incidence of traumatic injuries sustained by newborns during labour and delivery varies between 2 and 7 per 1000 live births. Foetal macrosomia, cephalopelvic disproportion, dystocia, prolonged labour and breech presentation are the risk factors.
Spinal Cord Birth Injury (SCBI) is rare but its true incidence is difficult to determine as the spinal cord is not routinely examined at autopsy. It most commonly occurs in the absence of bony injury. Towbin (1969) reported an incidence of 10% in still-birth and neonatal deaths and Rehan and Seshia (1993) reported an incidence of 1 in 29 000 live births. There have been a few case reports of associated fracture-dislocation of the cervical spine.

The risk factors for spinal cord birth injury consist of hyperextension of the neck in utero with vaginal delivery (25% incidence of cord transection), difficult delivery and forceps-assisted breech delivery. The mechanisms of injury include traction, hyperextension and torsion. The combination of hyperextension and traction leads to apophyseal failure and hence spinal cord injury. The majority of cases are associated with excessive longitudinal or lateral traction of spine or excessive torsion. Traction is more important in breech delivery whereas torsion is more important in cephalic delivery.

Two major sites of injury are encountered. The lower cervical/upper thoracic region is preferentially damaged in breech delivery whilst the upper to mid cervical region targeted in cephalic delivery. The cardinal features of birth-related upper cervical spinal cord injury include apnea, flaccid quadriplegia, and injuries attributable to the use of forceps. Neonatal death is unfortunately common.

Radiologically, there are two categories of cervical spinal birth injury which are classified dependent on the absence or presence of demonstrable bony injury on imaging. Spinal Cord Injury Without Radiologic Abnormality (SCIWORA) accounts for most cases of cord injury without bony injury whereas Spinal Cord Injury With Radiologic Abnormality (SCIWRA) defines cord injury with bony injury.

Spinal Cord Birth Injury with associated vertebral injuries is uncommon but can consist of vertebral fractures and or dislocations or separation of the vertebral epiphysis when it occurs. Rupture of an intervertebral disc with damage of the spinal cord at C6/7 during traumatic delivery is a recognised but rare complication which has been described during traumatic deliveries or with use of rotational forceps. It is postulated that forceful longitudinal traction during delivery (when combined with flexion and torsion of vertebral axis) is a possible cause. Cervical spine injury will result in difficult airway management with difficulty in achieving successful intubation.

The delivery and death of a term baby girl who was delivered by forceps to treat shoulder dystocia after the uneventful pregnancy of her 37 year-old G2 P0+1 mother, is presented to illustrate the severe end of the spectrum of cervical spinal injury with its attendant airway management difficulties and associated complications. Delivery was achieved after four attempts with forceps. Bahl et al (2007) had reported an increased risk of neonatal trauma and admission to the special care baby unit following excessive pulls (more than three) and sequential use of instruments in their prospective cohort study of 393 operative deliveries.

Learning Objectives
By the end of the presentation, participants will be able to:

1. Discuss the spectrum of birth trauma.
2. Discuss the categories of cervical spinal birth injury.
3. Describe the RCOG Guidelines on operative vaginal delivery.
4.2 Fatal Iatrogenic Cardiac Tamponade: An Unreported Complication of Laparoscopic Cholecystectomy

Alfredo E Walker

Cholecystectomy is the most common elective abdominal surgery, the vast majority of which are performed laparoscopically. Laparoscopic cholecystectomy (LC) is a very safe procedure with only 2% of complications which range from surgical site infection to serious morbidity and death. The experience of the surgeon plays a major role in the incidence of complications.

In a review of 233 published studies on LC, 967 complications were reported of which 204 (21%) were defined. Conversion to open cholecystectomy was most common in 135 (58%) studies, followed by bile leak in 89 (38%) and bile duct injury in 75 (32%). Mortality was reported in 89 studies (38%).

The case of a 76-year-old woman who developed cardiac tamponade from 300 mL of clotted hemopericardium secondary to traumatic perforation of the posterolateral wall of the left ventricle within 24 hrs of an elective LC for cholelithiasis is presented. There was fair bit of hemorrhage within the soft tissues overlying the inferior region of the pericardium ventrally, near its junction of the ventral and diaphragmatic pericardium which made identification and avoidance of any puncture sites in that region of the pericardium a challenge.

Formal cardiac pathology consultation of the heart and pericardial sac revealed two epicardial defects (2.0 cm and 1.3 cm) of the posterolateral and posterior walls of the left ventricle with significant tracked epicardial hemorrhage. The defects extended into the underlying myocardium, with full-thickness perforation of the wall into the ventricular cavity by one of the defects, without features of associated acute myocardial infarction.

The pattern of injury in this case is explained by iatrogenic perforation during LC. To our knowledge, this is a first reported case of fatal iatrogenic perforation of the left ventricular wall as a complication of LC and this case adds to the spectrum of published complications.

**Objectives:**

By the end of the presentation, participants will be able to:

1. Describe the indications for and procedures of a laparoscopic cholecystectomy.
2. Categorize and describe the reported complications of laparoscopic cholecystectomy.
3. Discuss the extra-abdominal complications of laparoscopic cholecystectomy.

4.3 Fatal Iatrogenic Cervical Spinal Cord Injury in an Adult Man: A Case Report

Alfredo E Walker

Spinal cord injuries (SCIs) can occur from hyperextension injury of the cervical spine in older individuals with underlying spinal stenosis from cervical spondylosis and the biomechanical mechanisms have been demonstrated from as far back as 1951.

A 68-year-old man with a history of DM, OSA, HTN and clipped cerebral aneurysm died in hospital after he had exhibited tetraplegia following general anaesthesia for insertion of a double J ureteral stent. CT scans revealed cervical stenoses at two levels (C3/4 and C4/5) with herniation of the C5/6 intervertebral disc. There was no acute bony injury. MRI was
contraindicated due to the in situ metallic clip of his cerebral aneurysm. CT myelogram confirmed impingement of the cervical segment of the spinal cord so anterior decompression with fusion of the cervical spine was performed, but his neurological status remained unchanged and death ensued.

Postmortem examination revealed the body of an obese, older man with features of recent cervical spinal surgery. There was no infection of the surgical site. Histopathology of the neurosurgically excised cervical tissue revealed fragments of degenerated intervertebral disc; no neoplastic tissue was evident.

Examination of the decalcified cervical spine revealed a bone graft held in place by a metallic plate and screws. Histological examination of whole mount sections revealed posterior displacement of the intervertebral disc with anteroposterior compression of the spinal cord with associated necrosis and fragmentation to account for the lack of neurological recovery post-operatively.

The left ureter contained an in situ double J stent and a stone. Standard histological examination of the other tissues did not identify any other pathology that contributed to death.

Clinicopathological considerations indicate that this man had died as a consequence of necrotic compression of the cervical segment of his spinal cord secondary to posterior prolapse of an intervertebral disc into the cervical spinal canal, on a background of chronic changes. Clinicopathological considerations made it reasonable to postulate that hyperextension of the neck during intubation had precipitated compression of the cervical spinal cord in this older man in the context of underlying narrowing of his cervical spinal canal, which is a reported, well-recognized complication in the medical literature.

By the end of the presentation, participants will be able to:
1. Define and categorize spinal cord injury (SCI).
2. Describe the common mechanisms of iatrogenic SCI and the possible sequelae of SCI.
3. Discuss a mechanism of iatrogenic SCI that can occur under general anaesthesia.

Session 5
5.1 International Medicolegal Death Investigation Systems
Alfredo E Walker

By the end of the presentation, participants will be able to:
1. Describe the two types of medicolegal death investigation systems used internationally.
2. Compare and contrast their advantages and disadvantages.
3. Describe the evolution of medicolegal death investigation from the English coroner’s system.
5.2 Demystifying the Role of Coroner in the Commonwealth Caribbean (with a special focus on Barbados)
Alliston G. Seale SC, Deputy Director of Public Prosecutions (Barbados)

Over the years there has been confusion surrounding the role and function of the Coroner in Barbados. Many of our citizens are oblivious as to what this individual does. The purpose of this discourse is to enlighten participants on the duties and scope of the Coroner whilst seeking to address some common perceptions and misconceptions about this official, with reference to the relevant legislation. We shall discover whether the term Coroner and the Medical Examiner are exclusive or if there is a divergence in functions. We shall consider the systems of enquiry into the unnatural death of a person to determine what benefits if any can be derived from choosing one over another. In the final analysis it is hoped that through your participation and feedback, we can derive valuable solutions at improving the present system.

By the end of the presentation, participants will be able to:
1. Explain the role of the Coroner.
2. Describe the systems of enquiry into the unnatural death of a person.
3. State and discuss the differences between a Coroner and a Medical Examiner.

5.3 Medicolegal Investigations in Barbados and the Role of the Stakeholders
Cheryl Corbin, Barbados Forensic Science Laboratory

Medicolegal investigations in Barbados are conducted under the purview of the Coroner who has legal authority over all parties that are engaged to facilitate the determination of the circumstances surrounding the demise of the deceased. This short paper describes the duty and responsibilities of the stakeholders and seeks to clarify the flow of operations thus ensuring that activities are conducted efficiently whilst adhering to all legislative requirements.

Objectives:
By the end of the presentation, participants will be able to:
1. Describe national medicolegal investigations.
2. State and explain the roles of all key players and their interactions via flow diagrams.
3. Discuss the process of medicolegal death investigation in Barbados (from the Coroner’s order for conducting of a postmortem, to the burial/cremation and the requisite documents and permissions legally required).

5.4 Medicolegal Death Investigation International Community of Practice
A Path Forward for Improved Post-Mortem Data Collection
Roger A. Mitchell Jr. MD, Professor and Chair, Department of Pathology, Howard University College of Medicine

The Medicolegal Death Investigation International Community of Practice (MLDI ICoP) was established in 2019 by Dr. Roger Mitchell and Dr. Olga Joos with the primary mission of supporting best practices in medicolegal death investigation globally. While evaluating civil registration and vital statistics, the lack of proper cause of death reporting became apparent and the need for a MLDI ICoP was identified.

In-person technical workshop was held in Washington, D.C (District of Columbia) in 2019. The workshop was attended by 18 participants from 14 countries, including forensic pathologists, pathologists, public health officials, and lawmakers, and was the platform that launched the MLDI ICoP initiative. The three-day discussion revealed a need for intentional and regular communication between the forensic pathologists from the member countries.

Between 2019 and 2023, the MLDI-ICoP grew from just forensic pathologist to members from law enforcement, law, forensic science, administration, and the judiciary. The MLDI-ICoP was institutionalized at Howard University Department of Pathology in 2021-2022 and now, through a newly developed website www.mldi-icop.org the MLDI
ICoP engages with approximately 126 members from 46 countries.

The program includes Monthly Morning Educational Rounds that occurs the third Monday of every month with topics including management, difficult cases, death certification and the role of MLDI in public health; Peer To Peer Mentoring 23 participants from 14 countries in 13 pairs; Annual Scientific Symposium where in 2022 we covered “Global Child Health Considerations: Prevalence, Investigation, Death Certification and Prevention.”; and Technical Support and Development, Case Consultation, Legislative framework, SOP development.

The future of the MLDI-ICoP is to develop a tool for Readiness Assessment that can be applied to systems to assess stage of maturation with recommendation for infusion at different opportunity stages.

The experiences of impactful strategies to improve the performance of MLDI systems include Governance, Finance, Operations, Human Resources, Monitoring/Evaluation, and Equity.

Objectives:
By the end of the presentation, participants will be able to:

1. Describe the maturation of the MLDI-ICoP
2. Discuss the Importance of a Global Network for MLDI.
3. Define Parameters for MLDI Readiness in any given jurisdiction.

5.5 Homicide Investigations In Trinidad and Tobago.
Sgt. Ameer Mohammed, Trinidad and Tobago Police Service

In Trinidad and Tobago, Homicide is the unlawful killing of a human being by another human being, within a year and a day. According to the World of Statistics, Trinidad and Tobago is ranked 6th in the list of “Most Criminal Countries” in the world. The number of Homicides has fluctuated in the last couple of years. Factors contributing to this high rate includes gang violence, drug trafficking and the explosion of gun violence. There is an increase of double and triple murders for this current year.

The most common motives are Gang, Drugs and Robbery. Public opinion is divided on whether hanging is a deterrent to committing a Homicide/Murder. Persons charged with murder can now apply for bail and have a chance of it being granted. Law enforcement has been adapting to the shifts in criminality by identifying trends and training personnel to investigate these crimes. The fear of crime saturates some communities and several community outreach programs have been developed and been successful in diminishing the levels of, the fear of crime.

The investigation includes interviewing witnesses, collecting evidence starting by searching the scene for DNA, fingerprint and scientific evidence inclusive but not limited to trace evidence, projectiles, shell casings, gunshot residue, blood samples and thereafter a forensic autopsy. These can aid investigators and Judicial officers to identify a suspect/s, accused and determine culpability.

The solve rate is an average of 14 per cent with an even lower conviction rate. This presentation will take into consideration all legal, administrative and constitutional processes adopted in a Homicide investigation. It is also geared towards educating and sourcing best practices to assist in solving Homicides and increasing the conviction rates.
Objectives:

By the end of the presentation, participants will be able to:

1. Describe and discuss the role of the Homicide Investigator in Trinidad and Tobago.
2. Describe the roles of the supporting partners and agencies in the conduct of homicide investigations.
3. Describe the process engaged from the report to the arrest of a suspect, until the final determination of the investigation.

Session 6

6.1 Modernizing Belize’s Medicolegal Death Investigation System Through Stakeholder Engagement and Legislative Reform

Gian Cho, Executive Director, Belize National Forensic Science Service

In December 2020, the Belize National Forensic Science Service (NFSS) initiated a proposal for modernizing the country’s legislation governing medicolegal death investigations (MLDI), which received the support of the Executive Branch of Government. Over the ensuing two and half years, the NFSS spearheaded a structured review of the country’s existing Coronial MLDI system, supported by external grant funding. As part of that review, multiple and extensive stakeholder consultations were convened and expert legal consultants were hired to conduct a comprehensive assessment of the existing MLDI legal framework including its structure, processes, procedures and practices. Among the major outcomes of this assessment, it was highlighted that in recent years the involvement of Coroners in MLDIs have lessened to the point that they no longer provide substantive guidance on the deaths that require MLDIs and on those that require inquests or inquiries. Moreover, the critical role that the NFSS Medical Examiners fulfil in MLDIs, i.e. determining whether MLDI is required and the extent of examinations and ancillary testing needed to certify cause and manner of death, is not institutionalized in existing law. This talk will address the need to amend Belize’s current MLDI legal framework, outline steps taken towards modernizing the MLDI system while institutionalizing good practices that enable the system to meet current demands, and discuss policy recommendations geared towards ensuring that Belize’s MLDI system will be able to respond to the country’s evolving needs.

By the end of the presentation participants will be able to:

1. Describe the factors that led to a systematic review of the existing MLDI legal framework in Belize.
2. List the steps undertaken by Belize’s MLDI stakeholders to propose legislative amendments for modernizing the MLDI system.
3. Summarize the recommendations put forward by Belize’s MLDI stakeholders for modernizing the MLDI system.

6.2 Crime Scene Examination in Child Abuse- Physical/Sexual Assault cases.

Bruce James, ag Sergeant of Police, Trinidad and Tobago Police Service

At the end of this presentation, participants will be able to:

1. Explain what constitutes a crime scene.
2. Describe the sequence of procedure in approaching a Crime Scene of child abuse-physical/sexual
3. Describe and explain the effective need for proper Crime Scene Investigation in child abuse cases- physical/sexual.

In Trinidad and Tobago and the world generally, child abuse offences more particularly physical/sexual offences will have taken place at a location and that area will be deemed the crime scene where the offence(s) may have occurred. Special
and significant interest is focused on that area by the police, other entities/organisation and more specifically the Crime Scene Investigators [CSI] involved in solving the crime and ensuring 'justice is served'. The analysing of this area usually yields the most reliable data for unravelling the crime. Sometimes, clues and evidence gathered provides insight into other similar crimes, which in turn contribute to the detection, prosecution and implementation of preventative measures with the aim to further reduce child abuse be it physical/sexual or otherwise.

This presentation therefore seeks to:

(i) Increase awareness of what constitutes of a crime scene.
(ii) Provide a guideline of the Standard Operating Procedure [SoP] as to the methodologies taken by CSI in approaching child abuse [physical/sexual] crimes
(iii) Outline the need for effectiveness and the appropriate investigatory skills in a child abuse crime scene.
(iv) Provide the rationale for the thorough analysis of child abuse- [physical/sexual] crimes, capturing of quality evidence and its role in crime control, detection and prosecution.

6.3 Oh My, How Did They Die? Prosecutable Homicides or Not? Four Cases of a Medicolegal Conundrum.
Alfredo E. Walker

By the end of the presentation, participants will be able to:

1. Discuss the causes of sudden neurological death.
2. Describe a rare forensic entity.
3. Discuss the common medicolegal issue in each case.

Most causes of death in forensic pathology are associated with either observable anatomical findings (gross and/or microscopic) and/or demonstrable biochemical or toxicological findings, as a result of the performance of a postmortem examination with supportive results from the appropriate ancillary investigation(s). However, for a few entities, the cause of death can only be accurately provided from correlation of the postmortem examination findings with the independently described, witnessed or captured clinical scenario of death (i.e. clinicopathological correlation), to the exclusion of other causes. This true for entities such as plastic bag asphyxia, positional asphyxia, inhalation of inert gases and commotio cordis.

This presentation will provide an overview of a specific sudden neurological death syndrome that typifies the above described scenario. When death results from an assault, establishing any criminal liability by the assailant will rest on the medical evidence to establish a causal link between the assault and the death. Four different case examples will be used to illustrate the common medicolegal issues that run through each of these four cases and how each was certified.

Many forensic pathologists may not ever encounter this entity in their routine practice but identification of this phenomenon is usually straightforward, once it is considered in the appropriate context, and other possible causes of death in that context have been excluded. It is hoped that sensitization about this rare entity will guide pathologists appropriately in the diagnostic work up of such cases at autopsy.

6.4 Research integrity in Forensic Medicine: Should we be concerned?
Michael D Freeman, Faculty of Health, Medicine, and Life Sciences, Maastricht University
Department of Psychiatry, Oregon Health and Science University, School of Medicine
There is an increasing trend toward transparency in biomedical research, both in revealing potential author biases through conflict of interest disclosures, and in providing reviewers and readers the opportunity to examine the data and methods that results and conclusions are based on. In contrast with this trend, a large proportion of published research in forensic medicine (FM) consists of case studies and case series, often based on the authors’ presentation of personally held information that cannot be externally scrutinized, much less validated against larger data sets. Using the facts from a pediatric murder investigation, this presentation will describe the fact pattern surrounding a case of research misconduct in the FM community and describe the most pressing threats to research integrity in the FM literature, as well as how to identify them.

Objectives:
By the end of the presentation, participants will be able to:
1. Discuss the various realms of threats to research integrity in forensic medicine.
2. Describe the fact pattern of a recent example of research misconduct in a pediatric murder investigation.
3. Describe the approaches for improving research integrity.

Session 7
7.1 Silent Chylopericardium after Rapid Deceleration Injury: A Case Review
Shravana Kumar Jyoti*, Samal Nauhria**
*Consultant Pathologist and Head of Diagnostics, Department of laboratory and Forensic Pathology, Health Services Authority Hospital, Georgetown, Cayman Islands, British West Indies
**Associate Professor, Department of Pathology, St Matthew’s University Cayman Islands, British West Indies

Introduction: Chylopericardium is a rare pathologic condition consisting of the accumulation of excessive amounts of chylous fluid within the pericardial cavity. Literature on chylopericardium can be found dating back to the 19th century. The mechanism by which chyle accumulates within the pericardium is believed to be secondary to abnormal or damaged lymphatics or due to elevated pressure within the thoracic duct that results in chyle reflux into the pericardium. This could result from congenital defects, iatrogenic injuries, trauma, infections or pulmonary hypertension. The diagnosis is only definitively confirmed with pericardiocentesis and fluid analysis.

Case report: We present a case of 25-year-old man who was involved in a high-speed motor vehicle collision during the early morning hours. The accident resulted in blunt injuries to his head, face, extremities, abdomen and chest. After initial stabilization measures by the emergency department, the patient showed recovery and an overall improvement. The patient suffered a sudden cardiac arrest on his eighth day of hospital care. Despite 30 minutes of resuscitative measures, the patient died. An autopsy was performed, which revealed a tense pericardium with the presence of a white and chalky fluid on dissection.

Conclusion: The patient’s cause of death was determined to be cardiac tamponade resulting from a massive chylous pericardial effusion. The possible mechanism involved rapid fluid accumulation, which exerts pressure on the heart leading to cardiac tamponade, which can impede heart filling during diastole.

By the end of the presentation, participants will be able to:
1. Describe a rare condition.
2. Describe the unique underlying pathology of chylopericardium in sudden death post-trauma.
3. Apply diagnostic modalities to rule out chylopericardium.
7.2 A Missed Zebra: A Case Report of the Postmortem Diagnosis of Vascular Ehlers-Danlos Syndrome (vEDS)

Julian Samuel, B.MedSci., MBBS (Hons.), Office of Chief Medical Examiner, Brooklyn, NY

A young black man of Hispanic heritage with a recent medical history of a recent inflamed throat, right shoulder pain with documented right shoulder dislocation, and a fall with minor abrasions of the face and arm on the day of death, was found unresponsive at home. He was taken to the emergency room by EMS, despite resuscitation was pronounced dead. On the day prior to death, he went to another hospital for treatment of shortness of breath and worsening throat inflammation with loss of his voice. He was imaged by x-ray and found to have a large abdominal soft tissue mass and right particular region measuring up to 5 cm in greatest dimensions. However, the x-ray was not reviewed by the clinician, and he was discharged home with treatment of esophageal reflux with antihistamines, acetaminophen for musculoskeletal chest pain, and lozenges for laryngitis. He had a remote embolization of the right cavernous internal carotid artery, for presumed arteriovenous fistula in 2020. There was no emergency follow-up for the x-ray finding, although there was recommendation for follow-up CT scan.

At autopsy, a ruptured aneurysm of the right brachiocephalic artery was identified. The aneurysm rupture site abutted the right pleural dome, perforated the upper lobe of the right lung, and subsequent subsequently produced a two liter right hemothorax. No other additional arterial aneurysms were seen. Microscopy confirmed the ruptured arterial aneurysm with adherent acute thrombus, acute and chronic inflammation, and hemorrhage in the tunica media of the arterial wall. There are no tumor cells in the artery or right lung. Postmortem genetic testing was performed for aortopathy analysis, which was positive for a COL3A1 heterozygous pathogenic gene variant. This pathogenic variant is known to cause autosomal dominant vascular Ehlers-Danlos syndrome (vEDS). After genetic counseling was initiated, a family history of symptomatology consistent with vascular Ehlers-Danlos syndrome was discovered in one full sibling, her children and the decedent’s child. Follow up care and genetic testing is currently underway.

This case highlights a missed diagnosis of vascular Ehlers-Danlos syndrome in a young man who had a very subtle signs of the disease, that were missed previously including prominent eyes, an arteriovenous fistula, and joint dislocation. The postmortem testing was critical in arriving at the right diagnosis, not only for decedent, but also for the decedent’s immediate family who were having symptoms of Ehlers-Danlos syndrome for some time.

Objectives:

By the end of the presentation, participants will be able to:

1. Define vascular Ehlers-Danlos Syndrome.
2. Highlight the role of postmortem molecular testing in the diagnosis of vascular Ehlers-Danlos Syndrome.

7.3 The Postmortem Diagnosis of Mechanical Asphyxia

Richard Thompson, Ministry of Health, Guyana

Abstract:

Although self-suspension (hanging) is a relatively common method of suicide and the The Postmortem Diagnosis can be somewhat straightforward. However mechanical Asphyxia can also be due to manual or ligature strangulation. Hence it is crucial to make the right postmortem diagnosis by differentiating between hanging from ligature strangulation. Since the determination of the correct modus operandi will in fact bring clarity to cause of death and increase the probability of a successful prosecution. Therefore, it is imperative to look for some specific hallmark as a competent Forensic Pathologist must in order to differentiate hanging from ligature strangulation, which is the focus of this presentation.
Although common materials used in hanging include rope, canvas, electric cords and belts. Other instrumentation are employed in both hanging and ligature strangulation. Conclusion asphyxia deaths remains a very serious problem throughout the world. And according to a systematic analysis carried out for the Global Burden of Disease Study in 2015 approximately 9.8 million cases of unintentional suffocation resulted.

By the end of the presentation, participants will be able to:
1. Different techniques employed to induce asphyxia.
2. Describe the postmortem features of mechanical asphyxial deaths.
3. Differentiate hanging from ligature strangulation.

7.4 The Autopsy of the Autopsy
Hubert Anton Small, Chantal Kamaka, Natasha Richards

Globally there has been a decline in the number of hospital postmortem examinations over the years. Increased diagnostic testing and radiographic imaging has made a significant contribution to this decline. However, postmortem examinations are still crucial not just for diagnosis of illnesses leading to death but also furthering education. The decline has a major impact on the physicians in postgraduate anatomical pathology programs, who are required to perform postmortems independently upon completion of the program.

The University of the West Indies’ (UWI) Anatomical Pathology program in Kingston, Jamaica is the oldest Anatomical Pathology program in the English-speaking Caribbean. Hospital autopsies are conducted by residents in the program, under supervision of a consultant anatomical pathologist. Medicolegal cases are also conducted by residents, but under the supervision of a forensic pathologist. Postmortem examination for deaths that occur in the University Hospital of the West Indies are conducted by the UWI Pathology Department. Between 2018 and 2022, 552 autopsies were conducted at the UWI.

This study highlights the importance of the hospital postmortem examinations and identifies factors that can improve the postmortem examination service at teaching institutions.

By the end of the presentation the participants should be able to:
1. List the common indications for postmortems worldwide.
2. List the importance of hospital postmortem examinations.
3. Discuss the indications for postmortem examinations done at the UWI.
4. Discuss the challenges faced with hospital postmortem examinations at the UWI.
5. Discuss ways to improve postmortem examinations at teaching hospitals.

7.5 Crossing borders: A Peek at Migrant Deaths in the Caribbean
Ken Obenson, UNCAP

Background: Undocumented immigrants will seek access to destination countries through any avenues that are available to them. The adverse environmental circumstances that exist along these routes as well as harm inflicted by human traffickers make these journeys perilous. Since 2014 at least 50000 people worldwide have been reported as dead or missing. Although migrant deaths in the Mediterranean Sea have captured the media's attention, less well publicised are the migrant deaths that occur in the Caribbean. This abstract describes the nature and contexts of these fatalities of victims in the Caribbean.
Methods: Data from the Missing Migrants Project of the International Organization for Migration was examined for immigrant deaths for victims either travelling into or out of the Caribbean. The project derives its data from a variety of sources including coast guard and border authorities, social and traditional media reports and migrant surveys.

Results: Of the 7814 reported deceased or missing in the Americas since 2014, 963 (12%) have been recorded as occurring in voyages to/from the Caribbean. More than 40% (442) died trying to the US from the Caribbean, 303 from the Dominican Republic to Puerto Rico, 154 from Venezuela to the Caribbean (especially to Trinidad and Tobago and the Dutch Caribbean due to geographic proximity), 64 from Haiti to the Dominican Republic and 17 from the Caribbean to Central America. Since many maritime routes are involved, most deaths (889) were due to drownings (92%), 40 (4%) were due to a combination of factors or unknown factors, while 34 (2.6%) were due to adverse environmental conditions or other mishaps. Manner of death for most would be accidents. Victims included 250 males, 158 females and the remainder were of undetermined gender. Children (individuals less than 18 years old), comprised 38 (4%) of the victims. At a global level, up to 60% of victims are unidentified. In 2022 of 321 Caribbean victims there were 103 Cubans; 80 Haitians, 56 from the Dominican Republic, 25 Venezuelans, 7 are from other countries and 50 unidentified. The extent to which postmortem examinations were performed is unknown.

Conclusion: The estimate of Caribbean migrant fatalities is best considered a minimum due to challenges in data collection. The very nature of irregular travel means that many migrants who undertake such clandestine journeys (especially over water), can vanish without a trace. Regional governments have to do more to prevent such voyages.

By the end of the presentation, participants will be able to:

1. Describe the forensic epidemiology of migrant deaths in the Caribbean.
2. Describe the main routes of migration and understand how these deaths may occur.
3. Advocate that better data collection systems and government action are required to reduce the occurrence of migrant deaths.

7.6 Fatal Poisonings in The Anglophone Caribbean

Ken Obenson, UNCAP

Background: Fatal poisonings vary in incidence around the Anglophone Caribbean (AC) and vary with cultural practices. A literature review was performed to study the forensic epidemiology of poisonings in order to understand the risk profile and associated factors.

Methods: Systematic review conducted with PRISMA guidelines. Pubmed, Google databases were searched up to December 2022. Articles which included the analysis of poisonings in the anglophone Caribbean, Guyana and the Virgin Islands were eligible for inclusion. Mass suicides were excluded.

Results: The search resulted in 6 which met inclusion criteria. All except 2 were quantitative studies. Three were country specific, the rest multinational. In Jamaica in a 20 year period, 22 cases were reported. Nine cases (41%) implicated pesticides (herbicides/insecticides) mostly due to paraquat in six (27%) cases. Prescription drugs were the next most prevalent group with 10 (45%) cases, 4 (18%) of which involved anti-psychotic drugs. Two cases each (9%) were attributed to cocaine and ackee. Suicides were the commonest manner of death (14 or 64%) and 7 (36%) had a history of psychiatric illness. Autopsy findings were reported as generally non specific. In Trinidad 2 studies revealed
107 deaths and the following chemicals were implicated: paraquat in cases (76.6%), organophosphate/carbamate insecticides in 10 (9.3%) and anti-psychotic drugs in 6 (5.6%). Ingestion of battery acid was far less frequently involved. More than 99% were classified as suicides of which 44% occurred in the 10 to 29 year age group. Homicides by paraquat poisoning were reported in 2 children (aged >11 years). In Guyana most suicides 73 out of 92 (79%) in one study are due to pesticide poisoning. The 15-24 age group has the highest rate of suicide (per 100,000) for female Guyanese with another peak at the 35-44 age bracket after which the suicide rate decreases with age. For Guyanese males, the suicide rate is consistently high across all age groups. In both Trinidad and Guyana, victims are predominantly of East Indian descent. In Antigua and Barbuda there was 1 fatality in a 10 year study of 255 accidental poisonings in children. Studies for other jurisdictions are lacking. This may be due to low incidence or to the lack of reporting on fatalities.

Conclusion:
Studies of fatal poisonings in parts of the AC show that most are due to ingestion of pesticides. Deaths due to poisons are rare in Jamaica and may be under reported in other parts of the AC.

By the end of the presentation, participants will be able to:
1. Describe the general forensic epidemiology of fatal poisonings in the Anglophone Caribbean.
2. List which substances are most commonly implicated in fatal poisonings in the Anglophone Caribbean
3. Describe the commonest manners of death associated with fatal poisoning.

Session 8
8.1 Process Thinking: A Blueprint
Joy Quinlan, Saint Lucia Forensic Science Laboratory

Forensic investigations involve multiple agencies from the crime scene to the courtroom that collect, test, and evaluate evidence that are often working in silos. Decisions that are made in one agency typically has ripple effects for others, and this can be a major challenge. Process thinking is a powerful methodology that helps us understand how processes work and how to improve them. It helps us to visualize the big picture, illustrating how information and outputs flow between each agency and how an investigation progresses. Process thinking help stakeholders to:

- Identify key decision points
- Diagnose bottlenecks
- Estimate capacity and throughput
- Anticipate potential failures
- Prioritize resources
- Clarify roles and responsibilities
- Communicate with media and stakeholders
- Identify the root causes of problems
- Design better solutions.

In this workshop, participants will be presented with the basic principles, tools and a framework for process thinking. Participants will also apply these concepts to real-world examples and challenges, and learn how to use process thinking for innovation, efficiency, and quality.
By the end of the presentation, participants will be able to:

1. Describe the principles and tools of process thinking and how they can be applied to various domains and contexts.
2. Discuss how process thinking can be used to facilitate collaboration, coordination, and communication among stakeholders, and to support evidence-based decision making.
3. Use process thinking for innovation, decision making, and change management in forensic investigations.

Fernanda Henry

When a crime occurs, the two best witnesses are the victim/survivor and the perpetrator. However, the testimony of either of these witnesses can be influenced by memory bias and is often considered susceptible to errors. Physical evidence, conversely, is the silent witness that is deposited or exchanged during an incident and remains after to tell the story of what transpired. The key therefore is in identifying that evidence so that it can tell the story.

This is largely the role of a crime scene investigator, whose responsibility it is to identify, document, collect, and preserve any physical evidence found at the crime scene to allow for downstream scientific analysis. The main types of physical evidence encountered at a crime scene are biological, trace, and comparative in nature. It is therefore important to understand how each evidence type should be handled to maintain its identity, integrity, and individuality so that when put together, the evidence can paint a picture of the events of a crime as objectively and accurately as possible. Evidence storage can take on many forms depending on the evidence type. Typically we assume that large storage spaces, possibly warehouses are needed, with countless refrigerators and freezers especially for biological evidence storage, and large servers for comparative evidence are essential. However, Caribbean law enforcement agencies are often under-financed and under-resourced, so Management needs to be innovative in endeavors towards proper evidence storage so that exhibits remain useful to criminal investigations. This workshop seeks to engage participants in a process-based approach to identified challenges with evidence handling and preservation. It will identify concrete solutions to establishing up-to-standard, quality-based evidence storage units in a constrained fiscal environment.

1. This workshop will discuss the types of physical evidence and the individual evidence storage requirements for each evidence type.
2. This workshop will guide participants through the process of evidence collection, packaging, and preservation to ensure the integrity is maintained.
3. This workshop will discuss innovative solutions to implementing international best practices for evidence collection and storage based on the identified gaps that currently exist.

Session 9
9.1 Medical and Forensic Issues Hindering the Prosecution of Criminal Matters
Donna C. B. Babb-Agard, SC; Oliver Thomas, Senior State Counsel

It is well accepted that a successful prosecution requires cogent evidence which satisfies the tribunal of fact in a criminal trial, that the defendant is guilty. According to the dominant view, greater emphasis must be placed on medical and forensic evidence in the prosecution of cases.
The first part of this presentation will examine the various aspects of medical and forensic evidence. In the second part, the methods used to obtain and present this evidence will be examined; deficiencies and shortcomings of current methods used will be uncovered, and assessed.

By reviewing a number of criminal cases, the third part will seek to elucidate the consequential effects of these deficiencies on the outcome of criminal cases.

It is suggested that greater collaboration must take place amongst the various stakeholders within the criminal justice system namely, the police, forensic scientists, and members of the medical fraternity in order to secure crucial evidence which supports a successful prosecution.

**Objectives:**
By the end of the presentation, participants will be able to:
1. Describe the different types of forensic evidence which can support successful prosecutions.
2. List the issues hampering the proper presentation of forensic and medical evidence in court.
3. Discuss the techniques and methods required to ensure the sanctity of medical and forensic evidence.

9.2 “Trial By Ambush”: The Effect of Disclosure on a Trial – A Discussion
Ms Hasine Shaikh, Chief Public Defender- Trinidad and Tobago

By the end of the presentation, participants will be able to:
1. Describe the importance of disclosure.
2. Discuss the challenges currently faced by prosecution and defence counsel in the provision of disclosure and the need for early disclosure.
3. Discuss proposals to facilitate the effecting of disclosure to the benefit of the criminal justice system.

Disclosure is the provision of all relevant evidence to the Accused person before his trial. The provision of the material is to allow the Accused person to know what evidence the State has so he can properly prepare his/her defence. This evidence includes witness statements, certificates of analysis, pictures and sketches. Currently, not all evidence in a case is disclosable, but rather the prosecution decides what evidence is disclosable to the Accused.

This presentation attempts to show the benefits to early disclosure and challenges that currently surround the provision of disclosure and its impact on the criminal justice system.

9.3 Expert Witness Expectations: Your Role in the Trial process
Honourable Madam Justice Tricia Hudlin-Cooper
Supreme Court Judge- Trinidad and Tobago (Criminal Division)

At end of the presentation, participants will be able to:
1. Demonstrate a better understanding of the role of expert witness in the criminal trial process.
2. Display a deeper understanding of the importance of expert witness properly preparing to give evidence which may be of assistance to the court and jurors.
3. Discuss the need for more effective use of forensic science in evidence gathering and fair trial process.

Within the Criminal Justice System, jurors often need the help of science to better understand the way a particular crime may have occurred. That is the role of the Expert witness in the Trial process. Expert evidence is relied on by the prosecution and the defence to better articulate their version of the facts. The expert as a witness must understand the
pivotal role they play in the trial process. The Expert witness who is most helpful to the trial process is well prepared to testify, comes armed with a sound knowledge of the science which they have used in their various assessments of certain pieces of evidence and is able to explain their findings in simple and useful terms for the jurors and the judge.

Despite the various challenges which may be laid to their assessments in court, an expert witness must be unafraid to disagree with either side by giving clear and reasonable explanations, while having paramount in their consideration, that their role is to demonstrate how the science was used to arrive at their conclusions. Science has no favourites.

9.4 Judge-Only Trials as Criminal Justice Reform: A Caribbean Perspective
Justice Colin Williams, Eastern Caribbean Supreme Court

There are many identifiable challenges with the criminal justice system in the Caribbean, including a significant backlog of cases, a large number of accused persons on remand awaiting trial and the slow rate of disposal of cases. The system is in need of radical reform. Some reformative measures have been implemented, including the introduction of criminal case management, implementing Criminal Procedure Rules and adopting paper committals. However, Judge-Only Trials, JOT’s, are an important and useful tool that is available but under-utilized in the Caribbean.

Internationally, there are jurisdictions where JOT’s have been in place for a long time. In the Caribbean, there appears to be the perception that jury trials in criminal matters are a fundamental right and that JOT’s will somehow infringe that “right.” What is guaranteed however in Commonwealth Caribbean Constitutions is the “right to a fair trial in a reasonable time.” The records show that trial “in a reasonable time” has however been honoured in its breach.

It ought to be noted that all civil trials and all matters in the Magistrates court (where 90% of all cases are heard), are in fact JOT’s.

Some Caribbean jurisdictions have crafted JOT regimes to address specific challenges, such as the Gun Court in Jamaica, for homicides in Belize, a list of non-capital matters in Antigua and Barbuda, and at the instance of the defendant in Trinidad and Tobago. There is no uniform regional approach to JOT’s and the countries that have it, enacted their unique and distinct JOT legislation.

JOT’s provide significant opportunities for enhancing the criminal justice system compared to jury trials. Among the advantages of JOT’s are:

- The giving of reasons for decision.
- Enhancing the fairness and access to the justice system.
- More efficacious use of judicial time.
- Greater consistency and impartiality from a professional judge.

JOT’s are not a panacea. But JOT’s provide significant solutions to many of the existing challenges.

By the end of the presentation, participants will be able to:

1. State that judge-only trials are a valuable tool for criminal justice reform and can be crafted to meet the needs of any country.
2. Discuss that jury trials are not a fundamental right, and the right is to a fair trial in a reasonable time.
3. Discuss that judge-only trials place adjudication in the hands of professionals, who must show reasons for decisions and therefore enables greater fairness, impartiality and consistency.
The use of artificial intelligence (AI) in the criminal justice system of the Caribbean presents both enticing opportunities and daunting challenges. The possibility that AI will one day supplement attorneys, and magistrates is being thoroughly investigated. Although it is unlikely that AI will completely replace legal professionals, it may enhance their abilities by automating tasks like legal research, document analysis, and case management. AI may assist courts and magistrates in making decisions by analyzing past legal cases, identifying trends, and making recommendations based on well-established legal principles. Nonetheless, there is cause for concern regarding the possibility of bias in AI algorithms which could contribute to the perpetuation of existing inequalities in society. We will need a plan that incorporates humans into the AI development process that is transparent and accountable.

When AI plays a significant role in a judicial system, the accused’s liberty may be restricted. AI may not be able to account for the complexities and broader context of a situation. To ensure that the accused are afforded their constitutional rights to a fair trial and an effective legal defense, it is essential to establish a balance between the use of artificial intelligence and human participation. The autonomy of AI systems within the framework of Caribbean criminal justice raises questions of accountability and transparency. Implementing AI systems requires the establishment of regulatory frameworks and independent oversight authorities to assure dependability, the error rate of artificial intelligence (AI) systems in the field of forensics must be subjected to rigorous testing, validation, and ongoing evaluation.

Several Caribbean countries, particularly Guyana and Jamaica, have been at the forefront of pioneering the use of artificial intelligence (AI) for law enforcement. Nonetheless, introducing AI into the criminal justice system includes several challenges, such as protecting individuals’ privacy, eliminating bias, and ensuring ethical use. We will need to create relationships along with investing in training programs between academic institutions, technology providers, and legal professionals to understand and successfully navigate AI systems; and encouraging partnerships between legal professionals and technology suppliers are all possibilities for the future. To fully achieve the potential of AI in transforming the criminal justice environment in the Caribbean, providing justice, fairness, and improved outcomes for all parties engaged in the system, a multidisciplinary strategy is necessary.

By the end of the presentation, participants will be able to:

1. Describe the changes and implications of the use of AI in the Criminal Justice system.

2. Differentiate the different functionalities of AI and how they may be used in the Criminal Justice Context.

3. Discuss the ethical considerations of the use of AI for criminal justice leaders and decision makers and how it will impact the community and stakeholders.

Cheryl Corbin, Barbados Forensic Science Laboratory

The Forensic Sciences Centre (FSC), Office of the Attorney General, is the national forensic laboratory in Barbados and as an integral arm of the judicial system, provides the much-needed objective scientific evidence in the adjudication of cases before the courts. This information is relayed via expert witness testimony and must be delivered with clarity, objectivity, and accuracy as it relates to the facts of the case. FSC recently benefited from Expert Witness Testimony Training as part of the Barbados Medical Association of Professionals (BAMP) continuing education program and shares in this paper the value of such an exercise to its operations.
By the end of the presentation, participants will be able to:

1. Describe and discuss the dynamics and mechanism used for EWTT.
2. Describe and discuss best practices in the delivery of testimony.
3. Describe the adoption of said best practices by the FSC towards continued delivery of a quality service.

Session 10

10.1 The Invisible Clues: Transfer, Prevalence, Persistence and Recovery of Trace DNA.
Joy Quinlan, Saint Lucia Forensic Science Laboratory

Trace DNA is DNA that is transferred from one person or object to another through direct or indirect contact. It can be found in various types of forensic evidence, such as fingerprints, clothing, weapons, and crime scenes. However, there are many factors that affect the transfer, prevalence, persistence, and recovery of trace DNA, such as the amount and quality of DNA, the type and duration of contact, the environmental conditions, and the collection and analysis methods. Understanding these factors is paramount to the interpretation and reliability of trace DNA evidence. This knowledge can assist forensic scientists as well as the court determine whether a suspect was present at a crime scene or whether an object was used in the commission of a crime. It can also help them identify potential sources of contamination and develop strategies for minimizing contamination.

This presentation will traverse what we know about DNA transfer and the associated elements of DNA persistence, prevalence, and recovery. It will consider the factors impacting transfer during different types of contact and the background prevalence. It will also consider the mechanisms governing persistence and recovery of trace evidence and discuss the implications and reliability of trace DNA evidence.

By the end of the presentation, participants will be able to:

1. Define transfer, prevalence, persistence, and recovery of trace DNA.
2. Explain the current state of knowledge and research on these topics.
3. Discuss the implications and challenges for forensic science and practice.

10.2 Body Fluid Identification as a Tool to Prioritizing Biological Forensic Evidence
Fernanda Henry, Saint Lucia Forensic Science Laboratory

Body fluid analysis or serology, according to the Oxford Dictionary is “the scientific study or diagnostic examination of blood serum, especially with regard to the response of the immune system to pathogens or introduced substances”. In a forensic context, the main body fluids analyzed are blood, semen, saliva, and less commonly urine. These body fluids are tested in an effort to connect a victim to a crime scene, to another individual, or to an item of evidence found in a specific location related to a criminal investigation. While it is important to ascertain the human origin of any fluid that is indicated as stated above, not all body fluid tests are created equal. Further, as in the case of most territories in the Caribbean region, DNA analysis is referred to overseas forensic laboratories. It is in these situations that body fluid testing can be a useful tool in prioritizing forensic evidence for further DNA testing. Therefore, to maximize efforts and finances, using body fluid identification as a tool to prioritize biological forensic evidence is strategic to getting the best results and “bang for your buck”. It is therefore necessary for Police or small-scale forensic facilities to invest in the necessary equipment, infrastructure, and training to achieve a level of examinations of evidence to achieve effective triaging of biological evidence. This presentation will explore innovative ways in which this can be achieved and leveraged to bolster criminal investigations in the Caribbean region.
By the end of the presentation, participants will be able to:
1. Discuss the various types of body fluid tests available for forensic analysis.
2. Discuss the capabilities and limitations of body fluid tests in a forensic context.
3. Discuss innovative ways to implement body fluid testing as a tool to prioritize biological forensic evidence.

10.3 Principles of Forensic Documentation Examination
Linton Mohammed Linton, PhD, D-ABFDE, Forensic Science Consultants, Inc.

Forensic Document Examiners (FDEs) examine documents to determine their authenticity, source, content, or age. The training of an FDE takes from 2 to 3 years full-time.

FDEs examine a wide range of casework ranging from fraud to homicide. Typical examinations include signatures, handwriting, anonymous letters, suicide notes, bank robbery notes, and threatening notes. In the civil arena, FDEs examine wills, deeds, trusts, business contracts, and other fiduciary instruments. The examiner uses low power stereo microscopes, and other instrumentation to process documents for indented impressions, and the non-destructive examination of inks and paper. However, the examiner is considered to be the main instrument.

The principles of Forensic Documentation are based on neuroscience, motor control, physics, and chemistry.

By the end of the presentation, participants will be able to:
1. Define forensic document examination.
2. Describe the training and certification criteria of forensic document examiners.
3. Discuss the principles of forensic document examination and the range of applications.

10.4 The Forensic Examination of Paper Medical Records
Linton Mohammed Linton, Forensic Science Consultants, Inc.

Forensic Document Examiners (FDEs) conduct examinations of documents to determine their authenticity, source, content, or age. FDEs examine a wide gamut of casework ranging from signatures to complex multi-faceted cases that require the use of several examination techniques.

The examination of paper medical records often include the examination of signatures and handwriting to determine whether medical staff or patients completed entries in the file. For example, did the patient sign a particular record, or did a member of the medical staff sign and complete entries in the record. Other questions about the signatures or handwriting are when these handwritten entries were placed in the record. Other examinations involve the sequencing of entries, ink comparisons, and indented impressions to determine whether or not entries in the file have been altered by adding or removing entries, and page substitution.

While the examination may be about a certain entry in a file, the examiner usually has to examine the entire file, including the back and front covers. Limited examinations can be made using copies of the file, but ideally, the original file should be made available to the examiner. The examinations are considered to be non-destructive. Examinations involving chemical ink analysis and ink dating do involve some destruction of the file as ink and paper samples have to be punched out. However, the entries are usually legible after, and good quality copies are made of the file before any examination is conducted. These latter examinations are conducted by an ink chemist and are not normally conducted by FDEs.
This presentation will walk the attendees through the process by which a paper medical record is examined, and the instrumentation that is required. Answers that the FDE can and cannot provide will be discussed. It is important to note that although there may be alterations in the record, these may not necessarily be evidence of malpractice, as there may be a perfectly sound explanation for why and when the changes were made. Precautions that the medical staff should take will be suggested.

By the end of the presentation, participants will be able to:

4. Describe the methods used to examine a medical record.
5. Discuss what can and cannot be reported by the Forensic Document Examiner.
6. State the precautions medical staff can make to avoid allegations of illegally altering a medical record.

10.5 Awareness of Forensic Odontology among Undergraduate Law Students in Trinidad and Tobago

Arlana Bisson, The University of the West Indies, St Augustine

Dentistry has much to offer law enforcement in the detection and solution of crime or in civil proceedings. The aim of our study was to identify the extent of awareness of forensic odontology among lawyers in training with a possible view to improving their knowledge on the subject given the current state of crime in Trinidad and Tobago. A cross-sectional study using a self-administered, previously tested, structured questionnaire was conducted for 118 second year undergraduate law students. An overwhelming majority (97%) viewed forensic dentistry as a discipline that plays a role in criminal identification and the identification of the victim/deceased however, more than three-quarters (83%) responded that forensic dentistry did not comprise any part of their law school curriculum. Almost half (45%) of the respondents indicated that dental enamel was the hardest substance in the human body. Most participants (68%) were aware that a dentist can be used as an expert witness in civil and criminal cases, however more than half (54%) were unsure of the definition of dental jurisprudence. This study concluded that although the majority undergraduate law students in this cohort in Trinidad were aware of several aspects of forensic odontology, their knowledge of some of the basic aspects of the subject was lacking and more specifically forensic odontology is not included as part of their undergraduate curriculum.

By the end of the presentation, participants will be able to:

1. Define the term dental jurisprudence.
2. Describe the extent of awareness of undergraduate law students on aspects of forensic odontology in Trinidad and Tobago.
3. Describe roles of forensic odontology in crime investigations.
Session 11
11.1 The Knowledge, Attitudes and Practices of Emergency Physicians in treating Sexual Assault Patients presenting to the Emergency Departments in South Trinidad.
Saleem Varachhia, Juliet Kissoon, Melissa Craigwell, Nathan Williams, Amber Hasanali

Understanding that the emergency physician (EP) is the first point of contact for many sexual assault (SA) patients, this study sets out to evaluate the knowledge, attitudes and practices of EPs in South Trinidad when managing SA patients as well as to suggest recommendations for any gaps in care.

Methods
A cross sectional survey was conducted between July 10th to July 24th, 2023 and was made available to 106 EPs employed at five (5) different emergency departments (EDs) in South Trinidad. A 20 point questionnaire was used to explore participants’ profile, knowledge, attitudes, practices and recommendations for improved care.

Results
One hundred and two (102), EPs participated, with a 99% response rate. The results reflected that 81.2% of EPs were not formally exposed to training and 73.3% were unaware of policies guiding management of SA victims. It was also shown that none of the EPs felt very prepared while 6.9% felt very competent when dealing with a SA victim unsupervised. Most (99%) of EPs felt as though more could be done to help SA victims. The top 3 recommendations from respondents were training (25%), protocols (23%) and specified physicians for the assessment of the sexual assault patient (20%). Ninety six percent (96%) agreed to accept training if offered while 98% believed that a specialized sexual assault examiner would provide best care to SA victims.

Conclusion
This study revealed that there is room for improvement in the knowledge of EPs when dealing with SA victims. It also highlighted EPs willingness to improve practices. These findings can be used to advocate for specialist training, standardized protocols and specialized sexual assault examiners for the improvement of care of SA victims in South Trinidad.

By the end of the presentation, participants will be able to:
1. Discuss the knowledge, attitudes and practices of EPs in South Trinidad when managing SA patients.
2. Suggest recommendations for any gaps in care.
3. Advocate for specialist training, standardized protocols and specialized sexual assault examiners for the improvement of care of SA victims.

11.2 The Role of the Emergency Medicine Physician in the Clinical Assessment of Victims of Criminally-culpable Trauma in the Caribbean: Injury Classification and Documentation
Saleem Varachhia, San Fernando General Hospital

Over the last two (2) decades there has been an increase in crime in the Caribbean. This has led to serious economic, social and personal loss. Victims of crime related injuries often present to the Emergency department on a daily basis. Trauma associated with wounds are not uncommon in this setting. Thus, the Emergency Physician should be knowledgeable on varying patterns of injury, related causes and mechanisms.
Lacerations can be defined as a tear in tissue caused by blunt force trauma. This is different from an incised wound which is caused by a sharp edged object. Puncture wounds are usually deeper than they are longer when compared to an incised wound.

Characteristically, lacerations have irregular edges, bruising and abrasions with variable depths and the presence of bridging tissue. In contrast, incised wounds carry evenly divided edges not associated with bruising.

Brusing is caused by blunt force trauma, generally seen with subcutaneous haemorrhaging. The age of bruising cannot be determined by its colour. Another aspect to note is that the amount of force experienced is not positively related to its area and dimensions.

Medicolegally proper documentation is crucial. It is of utmost importance for the Emergency Physician to make the correct distinction when presented with traumatic wounds as these can legally impact outcomes in a court of law. Apart from being tasked with these presentations, Emergency Physicians should be able to astutely apply knowledge of these distinctions when identifying, treating, managing and documenting such injuries.

By the end of the presentation, participants will be able to:

1. Describe the spectrum of blunt force injuries that EPs encounter.
2. Discuss the differentiating features of lacerations and incised wounds.
3. Discuss the limitations of inference in the assessment of bruises.

Session 12

12.1 Practical Applications of Advanced Postmortem Cross-sectional Imaging & Angiography in Medicolegal Death Investigations

Andrew Williams, Department of Laboratory Medicine & Pathobiology, Forensic Services and Coroner’s Complex, Toronto, Ontario, Canada

The field of postmortem radiography as applied to medicolegal cases dates back to the discovery of X-rays and their very first medical applications. As clinical medicine rapidly adopted advances in cross-sectional imaging techniques, forensic applications were slower to evolve – but that is no longer the case! The previous two decades have seen a worldwide expansion of forensic applications of cross-sectional imaging and an eruption of dedicated postmortem imaging facilities.

Participants in this workshop will be taken on a journey starting from standard single projection radiographs through development of postmortem computed tomography (CT), including discussion of costs and various models of service delivery, and arriving at state-of-the-art applications of advanced techniques, such as postmortem CT angiography, generation of 3D printed models, and augmented reality in the postmortem suite. Participants will be left with a thorough understanding of the top eleven (11) applications of postmortem CT in medicolegal cases and how this imaging modality can positively impact on death investigations, from identification of the deceased through to enabling accurate and effective presentation of evidence and opinions in courtroom testimony. Reflecting on years of experience and review of thousands of postmortem CTs while working at the high-volume Provincial Forensic Pathology Unit in Toronto, Ontario, Canada, Dr. Andrew Williams will bring his perspective on the highest yield medicolegal case types that benefit from postmortem CT, the strongest points to fortify a business case for implementation of a postmortem CT program, and resource sensitive approaches for building in the extended capacity for postmortem CT angiography.
Objectives:
By the end of the presentation, participants will be able to:

1. Describe the evolution of postmortem radiographic imaging as it applies to medicolegal cases.
2. List eleven (11) distinct applications of advanced postmortem cross-sectional imaging to medicolegal cases and describe the positive impacts these applications can have in death investigations systems.
3. Describe a simple approach to achieving high quality contrast-enhanced postmortem images using low-cost and readily available materials.

12.2 Advancements in Science and Standards for Canine Detection of Forensic Evidence and its Potential Value to the Caribbean
Kelvin J. Frank, PhD
Global Forensic and Justice Center, Department of Chemistry and Biochemistry
Florida International University, Miami, FL 33199

Due to their heightened sense of smell, canines continue to be extensively utilized for the detection of targets such as drugs, explosives, firearms, currency, accelerants, human scent, cadavers etc. Despite a well-established understanding of the mammalian olfactory system and the excellent olfactory capacity of canines, the use of canines for odor detection has often been labeled “black box technology” as the exact chemical compounds of the target to which a canine is responding, are often unknown. In the United States, this has contributed to numerous legal challenges and scrutiny of canine evidence. However, the use of analytical chemistry, in conjunction with olfactory testing, has now allowed for a better understanding of which chemical compounds canines may be responding to. Knowledge of these compounds has aided in improved training regimens, the development of safe, reliable training mimics that can closely replicate the odors of targets and consensus-based national guidelines for training and certifying canines for their respective disciplines.

As a response to the need for improved canine reliability in the US, national standards have been under development for more than 19 years beginning in 2004 with the Scientific Working Group on Dogs and Orthogonal Detector Guidelines (SWGDOG) who approved 24 best practice guidelines containing 436 pages of resources by 2014. Since 2014, SWGDOG guidelines have been revised into the Organization of Scientific Area Committees (OSAC) Dogs and Sensors guidance materials for consideration by a standards development organization (SDO) and approval for placement on a federal registry. From 2016 to present these OSAC guidance materials have been used to craft American National Standards (ANS) and technical reports by the SDO American Standards Board (ASB) of the American Academy of Forensic Sciences (AAFS). These guidelines are not limited to training and certification but also include selection of dogs and handlers, kenneling, healthcare and presentation of evidence in court.

As the Caribbean region continues to be plagued by crime and the illegal trafficking of guns and drugs, the value of highly trained canines as a tool for combating crime on the streets and borders, cannot be overstated. This presentation will delve into many of the scientific advances in canine detection and explain why they are critical in enhancing canine performance. Additionally, some of the current and proposed national standards in the United States will be discussed along with an emerging International Commission on Detector Dogs (ICODD), whose mission is to globally improve the performance of canine teams via information sharing and implementation of standards through expanded adoption of existing scientific guidelines.
Objectives
By the end of the presentation, participants will be able to:

1. Describe and discuss the shortcomings with traditional methods of training canines for odor detection
2. Describe how implementing science-based training can significantly impact canine performance.
3. Explain the adoption of guidelines and standards via the International Commission on Detector Dogs (ICODD)

Stephen deRoux, M.D.

Learning Objectives:
At the end of the workshop, participants will be able to:

1. Discuss the component parts of the ammunition utilized in small arms weapons.
2. Discuss the wounding characteristics of low velocity rifled weapons, high velocity rifled weapons and shotguns.
3. Determine the range of fire (distance from muzzle to target) of gunshot and shotgun wounds.

Firearms and ammunition encompass a wide range of configurations. In this workshop, the component parts of the ammunition utilized in handguns, rifles and shotguns will be considered. The contrast between low velocity (handgun) and high velocity (rifle) projectiles and the characteristic wounds caused by each and the reasons for the differences discerned will be emphasized. The wounding characteristics of slugs, birdshot, and buckshot will likewise be underscored. Substantial time will be devoted to wound analysis in determination of the range of fire (muzzle to target distance) and what factors may affect such interpretation. Atypical entry wounds, exit wounds and shored exit wounds will also be considered.

SPEAKERS’ PROFILES

Dr La Tonia Arthur BSc, MB.BS, DM Emergency Medicine
Police Medical Officer, Barbados

Dr. La-Toniá Arthur is the proud Barbadian emergency physician and serial entrepreneur. She earned her undergraduate medical degrees (B. Sc; MB.BS) from the University of the West Indies, Mona campus, Jamaica in 2008 & 2010 respectively. Post internship she worked in the haematology and accident & emergency departments of the Queen Elizabeth Hospital, Barbados. In 2022, she successfully completed postgraduate training in Emergency Medicine with the University of the West Indies, Cave Hill campus, Barbados and is currently pursuing a Masters in Clinical Forensic Medicine with the Victoria Institute of Forensic Medicine through Monash University, Melbourne, Australia.

She is currently employed as the Public Medical Officer (PMO) with the Barbados Police Service, does weekly clinics at both the Barbados Prison Service and the Barbados Defence Force and is the founder of Mobile Doctors Inc. She is also a sessional senior registrar in the Accident & Emergency Department of the Queen Elizabeth Hospital.

Dr Arthur’s passion is for effective communication and quality care to be the mainstay of service delivery in Barbados. She would like to see the creation and implementation of various clinical forensic protocols; including that for sexual assault.
Donna C.B. Babb-Agard, SC  
Director of Public Prosecutions, Barbados

Mrs. Donna C. B. Babb-Agard, SC pursued her Bachelor of Laws Degree (LLB) at the University of the West Indies, Cave Hill Campus, in Barbados; and the Legal Education Certificate (LEC) at the Norman Manley Law School in Jamaica.

She was admitted to the Barbados Bar in October 1991, and spent her first year in private practice specializing in Family Law; Personal Injury and Wrongful Dismissal Cases. She appeared in a few criminal trials as a Junior Defence Attorney, and this reignited her passion for the Criminal Law.

In July 1992, Mrs. Babb-Agard joined the Office of the Director of Public Prosecutions as a Crown Counsel, and was later appointed as a Magistrate, presiding over the Criminal and Traffic Courts.

Over the past thirty-one (31) years, Mrs. Babb-Agard, SC has prosecuted a wide range of criminal cases primarily: Money Laundering, Murders, Fraud, Sexual Offences and Drugs. She was successful in arguing Barbados’ first two Criminal Appeals before its Final Court of Appeal - the Caribbean Court of Justice (CCJ), Trinidad and Tobago.

In 2005, Mrs. Babb-Agard, SC became the first female to be appointed Deputy Director of Public Prosecutions in Barbados. Four years later she “took silk” and was called to the Inner Bar and elevated to the honour of Queen’s Counsel.

Mrs. Babb-Agard SC has delivered presentations at a number of regional and international conferences, most notable among them: “Delays in the Criminal Justice System”; “Criminal Justice Reform in Barbados”; “Keys to Successful Prosecutions”; “Trial by Judge Alone or Jury”, “The Impact of Alternatives to Prosecution on International Co-operation”; “Challenges and Opportunities of Prosecuting in a Digital Age”; “Sentencing”; “End-to-End Investigations and Prosecutions”; and “Social Media and The Law”.

In 2018, Mrs. Babb-Agard, SC was appointed Director of Public Prosecutions, becoming the first female in Barbados to hold that post.

Dr Arlana Bissoon DDS (Dist), MSc Dental & Maxillofacial Radiology  
Lecturer, School of Dentistry, UWI St Augustine

Dr. Arlana Bissoon is a Dental and Maxillofacial radiologist and lecturer in Oral Radiology at The University of the West Indies, School of Dentistry, St. Augustine, Trinidad. She gained her DDS degree with distinction from the UWI School of Dentistry, St. Augustine in 2005 and her MSc in Dental and Maxillofacial Radiology with distinction from King’s College London in 2010 and has had certification in cone beam computed tomography interpretation from both the University of British Columbia, Vancouver and the University of California, Los Angeles (UCLA).

She has been the UWI representative on the National Working Group on Radiation Regulations in Dental Services for Trinidad and Tobago, dental representative on the National Infection Prevention and Control technical working group and an elected floor member of the Dental Council of Trinidad and Tobago. She is also a Fellow of the International Congress of Oral Implantologists and a Member of the International Association of DentoMaxillofacial Radiologists.

She has a passion for Dental and Maxillofacial radiology education and research and is involved in
undergraduate dental education both locally in Trinidad and Tobago and regionally at the Mona campus in Jamaica. She lectures to both pre-clinical and clinical undergraduate dental students on radiation physics and the acquisition and interpretation of radiographic images of the head and neck. Her research interests include dental panoramic radiography technique errors, dental radiation protection in the Caribbean and the radiographic aspects of forensic odontology.

**Roque I. Blanco, MD**  
Medical Examiner/Forensic Anthropologist  
Belize National Forensic Science Service

Dr. Blanco serves the Medical Examiner’s Office of the National Forensic Science Service in the capacity of Medical Examiner and Forensic Anthropologist. He had previously served as Coroner’s assistant for six years working on medicolegal death investigations from the death scene to dissections in the autopsy room. Dr Blanco has served his country as a lieutenant in Belize Defense Force Medical Center. He is a practicing registered medical practitioner and holds a Diploma in Forensic Medicine and a Masters Degree in Forensic Anthropology.

Dr Blanco is a proud member of the MLDI Cop, Belize Medical and Dental Association, Latin American Association of Forensic Anthropology (ALAF) and an adjunct lecturer at Central America Health Sciences University and Galen university in Forensic Medicine and Forensic Anthropology respectively.

**Dr. Artee Bridgelal**  
M.B.B.S., MSc Epidemiology; PG Dip, MSc, DM Family Medicine  
Specialist Family Physician, Medical Epidemiologist  
Eastern Regional Health Authority, Trinidad and Tobago  
Artee.bridgelal@gmail.com

Dr. Artee Bridgelal graduated from the University of the West Indies with Bachelor of Medicine, Bachelor of Surgery (St. Augustine, 2009). After completing internship at the Eric Williams Medical Sciences Complex, Trinidad, she pursued a full time MSc Epidemiology (Mona, 2011) at the University of the West Indies. When she returned to Trinidad, she worked for two years in the Internal Medicine department at the Sangre Grande Hospital, Eastern Regional Health Authority (ERHA). During her period of acting in the post of Medical Registrar, she soon appreciated that the majority of persons presenting to the hospital were experiencing the complications of lifestyle diseases. She transferred to the communities of County St. Andrews/St. David as a House Officer in 2013. In 2016, she completed the Postgraduate Diploma in Family Medicine with Distinctions and was subsequently promoted to Medical Officer-1.

As the District Medical Officer, she was responsible for attending to both clinical and medicolegal duties. Medicolegal duties involved the examination of alleged sexual assault cases, sudden deaths including those due to unnatural causes motor vehicular accidents, self-inflicted/suicide, decomposing bodies, skeletal remains, remains from fire, and violent deaths such as due to gunshot wounds and chop wounds.

In 2018, she was promoted to Primary Care Physician-II, providing clinical, medicolegal and administrative leadership for the clusters of health centers: ensuring the effective delivery of quality health care by managing all health care and ancillary staff in collaboration with the County Medical Office of Health and other heads of departments/clusters to ensure that the services provided meet the health needs of the community. For the
COVID-19 pandemic, she was responsible for the surveillance and clinical management of COVID positive persons in home quarantine of County St. Andrews/St. David, ERHA. She completed the MSc Family Medicine (St. Augustine, 2020) and DM Family Medicine (St. Augustine, 2022).

For the past two years, she has headed the Department of the Public Health Observatory, ERHA where she performs duty as a Medical Epidemiologist. Some of her duties include measuring and monitoring relevant epidemiological and health indicators in support of the strategic direction of the Authority; Assisting in the preparation of protocols, procedural manuals and policies relevant to public health. She is the Vice Chairperson of the Research Ethics Committee, ERHA.

Her research work has covered various areas, including Non-Communicable Diseases, COVID-19 and Gestational Diabetes Mellitus which was presented at the National Health Research Conference, 2022 and 2023; CARPHA Health Research Conference 2023, and the Trinidad and Tobago Medical Association’s Research Day 2023. She has collaborated with the University of the West Indies, St. Augustine, Faculty of Medical Sciences as a judge for the oral and poster presentations for their Year 2 Medical Students Research Day 2022 and 2023. Currently, she is the Principal Investigator/Supervisor for a group of Year 2 medical students who shall present in 2024.

**Dr. Lashorn Christian M.D, DM Paediatric Medicine (UWI Mona)**

**Head of Paediatrics, Millennium Medical Heights Complex, Saint Lucia**

Dr. Lashorn Christian was born in the twin island state of Antigua and Barbuda. She completed her medical training in the Republic of Cuba. She graduated with a Medical Doctor degree in 2010. Shortly after graduation, she migrated to Jamaica where she spent 10 years in Kingston working with the South East Regional Health Authority. She completed her post graduate training at the University of the West Indies (UWI), Mona campus in June 2019. She was awarded the Doctor of Medicine degree in Paediatrics.

Dr. Christian also completed a Post Graduate Diploma in Adolescent Health and Advocacy with the Mona campus, UWI in 2022. She holds a certificate in Leadership & Management in Health offered by the University of Washington. In 2022, Dr. Christian joined the Millennium Heights Medical Complex in the capacity as consultant Paediatrician. She was subsequently appointed as Head of the Paediatric Department in 2023. Under her leadership, the department has restarted free outreach clinic for adults and children living with Sickle Cell Disease at the Sickle Cell Association. The Paediatric department is also organising a month of activities to celebrate Prematurity Awareness in November.

Dr. Christian is a member of the Paediatric Association of Jamaica. She also appraised articles for revision of the Purple Book of Child Sexual Assault by the Royal College of Paediatrics and Child Health. She strongly believes in advocacy for children and adolescents. She enjoys reading and exploring new places in her spare time. Dr. Christian believes that education is essential for self-elevation.
Cheryl A. Corbin
BSc. (Hons Chem. UWI) MSc. (Forensic Science Kings London)

Cheryl A. Corbin is presently the Director of the Forensic Sciences Centre, Office of the Attorney General and has held this post for fifteen of the thirty plus years she has been within the Civil Service. A graduate of the University of the West Indies (UWI) and the founding President of the Natural Sciences Society, she holds a BSc (Hons) Degree in Chemistry (1985).

On leaving UWI, Cheryl joined the Sugar Technology Research Unit as a Technologist before embarking on her Civil Service career. From 1986 she was attached to Government Analytical Services and gained promotion to Assistant Director before departing in 1997 when the Attorney General created the department of the Forensic Sciences Centre, and she was promoted to Head of that Department. During this time period, the Government of Barbados sponsored her training in Forensic Science, and this culminated in a Masters of Science in the discipline from Kings College, University of London in 1990. On returning to Barbados Cheryl became the island’s first Forensic Scientist.

As Director she is presently the recognised Analyst for eight Caribbean territories and has also successfully completed coordinating two forensic projects under the United Nations Drug Control Programme and the European Union Development Program as well as technical assistance to both St. Lucia and Guyana through the International Development Bank.

Cher-Antoinette (as she prefers to be called) has a creative side and is a writer, visual artist, and actress. Her artistic journey started in earnest in 2014 where she decided to let her work speak to her life. A self-taught artist, the process included finding what media she was most comfortable with and resulted in works of Watercolour, Pen & Ink, Charcoal and Acrylic Fluid Art and Mixed Media.

Cher is a silver and bronze award winner in Photography, Fine Arts and Literary Arts at the National Independence Festival of Creative Arts (NIFCA).

Mrs Clydene Crevelle-Medas LLB, LPC, MFS

Mrs. Clydene Crevelle-Medas hails from Trinidad and Tobago, She received her Bachelor of Law Degree (LLB) from the University of Wolverhampton, England (2006) and called to the Trinidad and Tobago Bar in the year 2011 since then she has practiced as a defense attorney for several years in cases of differing magnitudes during which, she observed several deficiencies. As a result of her observation, she acquired her Master’s in Forensic Science (MFS) Specialization in Investigations (2019) from National University San Diego California. Mrs. Crevelle-Medas presently devotes the bulk of her time to a non-profit organization namely TCA Social Justice Solutions in the US of which she is the CEO and Founder.
Dr Stephen deRoux MD
Forensic Pathologist

Dr. Stephen deRoux obtained his medical degree at the University of the West Indies (Mona). Prior to his residency training in Anatomic Pathology, he did several years of training in General Surgery. He completed his fellowship in Forensic Pathology at the New York City Medical Examiner’s Office where he remained on staff for 26 years. Eighteen of those years he served as Deputy Chief Medical Examiner. He is board certified in Anatomic and Forensic Pathology. Following his retirement from New York City in 2018 Dr. deRoux joined the faculty of Rutgers University, New Jersey where he is an Assistant Professor in the Department of Pathology, Immunology, and Laboratory Medicine. Dr. deRoux continues to work as a Forensic Pathologist for several counties in New Jersey. Dr. deRoux has authored more than 25 peer reviewed medical journal publications.

Kelvin J. Frank, Ph.D.
https://www.linkedin.com/in/kelvin-j-frank

Dr. Kelvin J. Frank is a native of the twin island republic of Trinidad and Tobago. He earned his Bachelor of Science degree in Forensic Chemistry from the University of Central Missouri followed by a Master of Science in Forensic Science and a Doctor of Philosophy in Chemistry from Florida International University (FIU). He currently serves as a forensic science lecturer, research associate, and canine program manager at Florida International University’s Global Forensic and Justice Center (GFJC) and department of Chemistry and Biochemistry.

Part of Dr Frank’s expertise involves science and standards for training and certifying canines. His research has focused primarily on the odor chemistry of canine targets of interest such as drugs, explosives, firearms, mass storage devices and biological samples. He speaks at law enforcement K9 seminars and conferences, explaining how the understanding of odor chemistry can significantly impact canine performance and proficiency. His research has been presented at national and international conferences including the American Academy of Forensic Sciences annual meeting, International Working Dog Conference, HITS K9 Seminar, and is the lead author of the book chapter, “Explosive Detection by Dogs” in Counterterrorist Detection Techniques of Explosives 2nd edition.

In addition to managing FIU GFJC’s canine program, Dr Frank also serves as a certifying official for the program’s canine team certification where he has certified and provided technical support for numerous law enforcement canine departments locally in the state of Florida as well as the wider United States.
Michael D Freeman MedDr, PhD, MScFMS, MPH, FRCPath, FFFLM, FRSPH, FACE, DLM
Consultant in Forensic Medicine
Faculty of Health, Medicine, and Life Sciences
Maastricht University, Maastricht, Netherlands

Michael Freeman divides his time between work as a tenured associate professor of forensic medicine and epidemiology at Maastricht University Medical Center (NL) and clinical professor of forensic psychiatry at Oregon Health & Science University School of Medicine, and as a forensic medical consultant. Over the past 25 years he has given sworn testimony over 1,600 times in a wide variety of criminal and civil venues in the US, Canada, Europe, and Australia.

Prof. Freeman has published around 230 scientific papers, books, and book chapters, primarily focusing on issues relating to forensic applications of epidemiology to the evaluations of general and specific causation, with a particular focus on cause of death investigations. He is the co-editor of the authoritative text on forensic applications of epidemiology; *Forensic Epidemiology: Principles and Practice*, published in 2016 (Elsevier).

Dr. Freeman holds a doctor of medicine degree from Umeå University in Sweden (where he also completed a fellowship in forensic pathology), a Ph.D. and master’s in public health in epidemiology from Oregon State University, and a master’s of forensic medical sciences with the University of Verona (IT), i.a. He is a fellow of the FFLM, the Royal College of Pathologists, the Royal Society for Public Health, and the American College of Epidemiology, among others. Dr. Freeman is a past US Fulbright Fellow with the U.S. Department of State in the area of forensic medicine.

Carla S. Hinkson, BBMS (Hons.), MSc.
MSc. Forensic Science (Pathology) Graduate
Barbados

Carla Hinkson is a recent graduate of the University of the West Indies, Mona Campus, where she pursued undergraduate studies in Anatomy and postgraduate studies in Forensic Science, specialty area in Pathology. She is passionate about Forensic Pathology, and how it is used to determine cause, manner, and mechanism of death, with keen interest in advancing the field of forensic science in the Caribbean, and especially in her home country of Barbados.

Carla’s thesis, “Determination of Sex from the Mastoid Process using Discriminant Function Analysis in a series of Jamaican Crania” is a pilot study and the first of its type to be ever conducted in the Caribbean. Her hope is that ranges and indices generated from her study can be used to pilot other research in forensic anthropology and pathology.

In her free time, Carla enjoys working out, singing, relaxing at the beach and plaiting kids’ hair.
Woman Police Corporal Tynisa Hudlin-George, BSc., MSc.
Trinidad and Tobago Police Service

Tynisa Hudlin-George is a serving member of the Trinidad and Tobago Police Service for the past fourteen (14) years. She was recently elevated to the rank of corporal of police within the organization. She is also a member of the Trinidad and Tobago Police Social and Welfare Association. During her tenure as a police officer, she obtained a certificate of merit as a crime scene technician, official police photographer and fingerprint expert. She served in this capacity for seven years. Mrs. Hudlin-George was also attached to the Criminal Investigations Department for two (2) years. She is also the chairman for sexual offences investigations in the Faculty of Advanced Law Enforcement and education and training, which has the responsibility for curriculum development for police recruits. Mrs. Hudlin-George is currently attached to one of the elite units, the Special Victims Department in the Trinidad and Tobago police service, which specializes in dealing with gender based violence and sexual offences.

Woman police corporal Hudlin-George, holds a Bachelor’s of Science degree in Behavioural Sciences, with a combined emphasis in sociology and psychology and was also a recipient of Dean’s list award from the University of the Southern Caribbean. Corporal Hudlin-George, also attained a Master of Science degree in counselling psychology also from the University of the Southern Caribbean, with specialization for marriage and family, crisis intervention, child psychotherapy, psychological testing and assessment, developmental issues and groups among others. She also assisted in a research in a qualitative study titled “Family conflict as a result of COVID-19 pandemic” and also “COVID-19, its effects on marital relationships of couples in Trinidad and Tobago. She also did her research geared towards fulfilling the requirements for her Master’s degree titled “Police officers perspective on traumatic experiences on the job”. She is also a full member of the Trinidad and Tobago Psychology Association.

Dr Rhonda Lauren Hutson BSc., MBBS, MSc., DM, SAE
Emergency Medicine Physician and Sexual Assault Examiner
UHWI, Mona, Jamaica

Dr Rhonda Hutson is a native of Georgetown, Guyana. She received the Bachelors of Medicine, Bachelor of Surgery (MB.BS) degree from the University of the West Indies (1996) and later the Master of Science (2001) and the Doctor of Medicine degrees in Emergency Medicine (2002). In 2009 she received a Master of Science in Sports Medicine.

She is currently employed as a Consultant Emergency Physician at the University Hospital of the West Indies (UHWI) and Associate Lecturer at the University of the West Indies (UWI), Mona, Jamaica. She is the co-ordinator of the Emergency Medicine Clerkship for medical students and the Stage 2 (Years 4 and 5) coordinator of the MBBS programme at Mona, Jamaica.

Dr Hutson was the team physician to the Jamaican athletes for local and international games (Central and American Games (Puerto Rico 2010), Pan American Games (Guadalajara 2011, Toronto 2015 and Lima 2019), Commonwealth Games (Glasgow 2014)

Having received training as a Sexual Assault Examiner (adult and child) at the University of California Riverside and Nanticoke Hospital (Salisbury, Maryland) in 2006, Dr Hutson worked as both an examiner and
a trainer of sexual assault management in Jamaica, Trinidad (under invitation of the Children’s Authority of Trinidad and Tobago) and Grand Cayman (under contract from PAHO). She was instrumental in the training of health care workers in sexual assault management in Jamaica since 2009 and the development of the University Hospital of the West Indies’ (Mona) protocol for the management of sexual assault. She served as part of a team of professionals to re-structure and standardise the management of sexual assault in Jamaica and works closely with the Office of the Director of Public Prosecutions in this regard. Professionally, her areas of interest consist of the management of sexual assault cases, ECGs and toxicology.

Bruce James Sgt Actg
Member of Trinidad and Tobago Police Service, Crime Scene Investigator/Facilitator; Investigator/Supervisor in Child Protection Unit.

A Police Officer with over twenty-seven (27) years of service, he presently holds the rank of Sergeant ag and currently attached to Child Protection Unit under the Special Victims Department. He supervises junior officers overseeing the effective investigation of matters from inception of report to arrest and charge of suspects. Such matters as child abuse, child pornography/sexual offences against children and others. He has also individually investigated and charged suspects in serious matters assigned to him. He joined that Unit in 2018 and is currently based in the Western Division.

Prior to enrolment into that CPU, ag Sgt Bruce James was attached to Crime Scene Investigation Unit [CSI] of Criminal Investigation Department/Criminal Records Office [CID/CRO], Port of Spain. He graduated in 2001 and performed CSI role to various investigations: like wounding, firearm related offences, fatal accidents, Narcotic Seizures, Homicides and other serious offences.

Also, at the then Special Anti-Crime Unit of Trinidad and Tobago [SAUTT] he underwent further development as a CSI officer. Subsequently, in 2010 officer Bruce James was recognised for his in-depth knowledge and experience and was given the opportunity to lecture to new CSI’s. With a desire to do better, he further qualified himself to be a facilitator/trainer and thenceforth continued to lecture/motivate CSI officers. His training also expanded to include external participants in the security field to like Estate Police Officers. This continued even after his departure from Crime Scene Department where he was recalled on numerous occasions to lead the training of new of CSI’s, recently as this year 2023. His passion and determination have played a major role in numerous matters before the court where persons were convicted. In his current position, he unwaveringly shares his knowledge and guidance to junior/senior officers and other interest groups for better and safer Trinidad and Tobago. Providing lectures to schools, religious groups and other stakeholders involve in the life of children is also an integral segment of his portfolio.

Officer Bruce James has a passion for reading and is very patriotic enjoying his culture of carnival and soca whenever time permits.
Dr Shravana Kumar Jyoti  
MBBS MD (Pathology, JIPMER, Pondicherry, India)  
Consultant pathologist and Head of department of Diagnostics  
Health Services Authority Hospital (HSA)  
Georgetown Cayman Islands, British West Indies.

Dr Shravana Kumar Jyoti is currently working as a Consultant Pathologist and Head of diagnostics at HSA hospital, Georgetown Cayman Islands since 2009. He has received postgraduate training in General and Surgical Pathology and obtained MD degree from India (JIPMER Pondicherry). Prior to working in Cayman Islands, he worked in Jamaica as a consultant Pathologist at St Ann’s Bay Hospital for five years 2004-2009. He was the first Pathologist at St Ann’s Bay Hospital. His work experience also includes working as Clinical Pathologist at Riyadh Saudi Arabia.

He got training in Mayo clinic Rochester Minnesota in Head and Neck Pathology. Baptist Hospital Miami USA in Breast Pathology. In addition, Miami Dade Medical examiner’s office Miami in Forensic Pathology. He has been active in Cayman Islands Cancer Registry. He has several research publications and has been editor in many international journals.

His skills include Histopathology, Cytology and Hematology; and special skills include Forensic pathology. His interests include Cardiovascular pathology, Gynecological Pathology, SCUBA related death investigations.

He is one of the founders and manages systematic crowd funding organization for the treatment of poor and needy kids run by the doctors and other professionals called PG care foundation in India, which funds treatment of poor and needy kids in serious but treatable conditions.

Dr Chantal Kamaka BSc., MBBS  
Anatomical Pathology Resident, PGY3  
University Hospital of the West Indies, Mona, Jamaica

Dr. Chantal Kamaka is a third-year Pathology Resident in the Anatomical Pathology Program at the University of the West Indies, Mona, Jamaica. She has a Bachelor of Forensic Science from Kingston University in London (2013), and a Bachelor of Medicine, Bachelor of Surgery (MBBS) from the University of the West Indies Mona Jamaica (2018). She is a budding Forensic Pathologist and would like to use her training to aid in the development of Forensic Pathology in Jamaica and the Caribbean.

Dr. Rojelle Lezama, B.Sc (Biology); MBBS; Pg.Dip. (Acute Medicine)  
House Officer – Anatomical Pathology  
North Central Regional Health Authority (NCRHA)

Dr. Rojelle Lezama, from Trinidad and Tobago, received her Bachelor’s degree in Biology in 2008, and completed her Bachelor of Medicine, Bachelor of Surgery (MB. BS) at the University of the West Indies in 2013. In 2023, she received a Postgraduate Diploma in Acute Medicine from the University of South Wales.

Within the Eric Williams Medical Sciences Complex (EWMSC) Dr. Lezama has worked as a house officer in the Department of Surgery and as a registrar in the
Dr. Lezama has a keen interest in Forensic Medicine, and currently works in the Department of Pathology at the EWMSC, where she regularly does surgical pathology, performs autopsies, teaches medical students, and is involved in multiple research projects.

Ms Sejill Mc Dowall LLB (Hons), LEC

Director of Prosecutions, SVG National Prosecution Service

Miss Sejilla Mc Dowall is the Director of Public Prosecutions of Saint Vincent and the Grenadines. She holds a Bachelor of Laws Degree (LL.B) with Honours from The University of the West Indies (UWI) Cave Hill Campus in Barbados, Legal Education Certificate from the Hugh Wooding Law School, St. Augustine Trinidad and Tobago and Masters of Law in Legislative Drafting from UWI Cave Hill Campus. She is called to the Bar of Saint Vincent and the Grenadines and has been practising as a barrister-at-law and solicitor for over thirteen (13) years; almost exclusively with the Office of the Director of Public Prosecutions - National Prosecution Service of Saint Vincent and the Grenadines (ODPP-NPS SVG).

Miss Mc Dowall has prosecuted numerous offences of various classifications at the Magisterial, High Court and Court of Appeal level. She advises the police, government agencies and other entities on Criminal law, Practice and Procedure. She currently manages a staff of thirty-four (34) and provides tutelage to interns from various law schools, university students and pre-university candidates.

At various forums, locally and abroad, Miss Mc Dowall represents the ODPP-NPS (SVG) as participant and/or facilitator. She has received extensive training on matters related to Criminal Justice. She coordinates with the assistance of staff, a biennial ODPP-NPS (SVG) Conference dubbed “ALRIGHT – Applying Legal Responses to Intercepting Gangsters Hustlers and Transgressors” where criminal justice stakeholders are drawn together to discuss key issues and devise solutions. This year’s ALRIGHT 2023 is themed ‘UNLTD - Uniting LEADERS for Transformative Decision-making.’ A Sexual Assault Symposium (S.A.S) 2022 and Webinar 2023 were also spearheaded by the ODPP-NPS under her leadership.

Her other passions are dance, drama, music, poetry and visual arts.

Roger A. Mitchell Jr. MD
Chief Medical Officer|Faculty Practice Plan
Director|Center of Excellence for Trauma and Violence Prevention
Professor |Department of Pathology
Anatomic and Forensic Pathology
Howard University College of Medicine

Roger A. Mitchell, Jr. MD FCAP - Dr. Mitchell is board certified in Anatomic and Forensic Pathology by the American Board of Pathology and serves as Chief Medical Officer of Ambulatory Care and Professor of Pathology at Howard University College of Medicine. He is the immediate past Chief Medical Examiner for Washington, DC where he served from 2014 to 2021. Dr. Mitchell is the co-author of the book entitled
Death in Custody: *How America Ignores the Truth and What We Can Do About It* and the associated podcast *Official Ignorance*.

Dr. Mitchell currently works with the CDC Foundation supporting the Medicolegal Death Investigation International Community of Practice where he provides technical support to numerous international medical examiners and coroners from over forty-six countries. During his international work he has lectured and supported MLDI globally including countries such as England, Egypt, Bangladesh, India, Belize, Rwanda, and Zambia. Mitchell currently supports the Autopsy Initiative for Colin Kaepernick's *Know Your Rights Camp* that provides second autopsy examinations for cases of Death in Custody. He is the current Speaker to the House of Delegates for the National Medical Association and sits on several additional Boards, including Mentoring in Medicine, Hip Hop Caucus, the Young Doctors Project, and Peace 4 DC.

Ameer Mohammed
Detective Police Sergeant
Professional Standards Bureau
Trinidad and Tobago Police Service

Ameer Mohammed is a Police Sergeant regimental number 13422. He has been a Police Officer for over twenty-seven years. He currently holds the position of an investigator at the Professional Standards Bureau and was an investigator at the Homicide Bureau of Investigations for just over eleven years.

Aside from being an Investigator who imparts the basis of Homicide Investigations through lectures, Sgt Mohammed has been trained in Forensic Awareness, Crime Scene Management, Interviewing and Interrogation by the Federal Bureau of Investigations. He has attended several symposiums on Homicide Investigations and offers a wealth of experience through his involvement in the successful detection of several high-profile cases on both the islands of Trinidad and Tobago.

Dr. Hazel Othello MB.BS (1991) DM Psychiatry (1999),
Consultant Forensic Psychiatrist
Director of Mental Health, Ministry of Health, Trinidad and Tobago

Doctor Hazel Othello is a Forensic Psychiatrist, currently employed as the Director, Mental Health, at the Ministry of Health in Trinidad and Tobago. She is responsible for overseeing the implementation of the Trinidad and Tobago National Mental Health Policy (2019 to 2029). She is also the Chair of the Mental Health and Psychosocial Support (MHPSS) Technical Working Group (TWG) of Trinidad and Tobago, established in 2020 to respond to the mental health implications of the COVID-19 pandemic.

Dr. Othello began her medical career in 1991, when she attained the Batchelor of Medicine, Batchelor of Surgery (MBBS) degree from the University of the West Indies and she subsequently pursued postgraduate training in Psychiatry, completing the Doctor of Medicine (DM) degree in 1999.

Dr. Othello worked as a Specialist Medical Officer in Psychiatry at the St. Ann’s Psychiatric Hospital in Port of Spain, and later accepted the challenge of being responsible, both clinically and administratively, for mental health services in St. Lucia (2000 to 2002) followed by the Cayman Islands (2002 to 2004).
Upon her return to the St. Ann’s Hospital in 2004, Dr. Othello was assigned to that hospital’s Forensic Unit. This motivated her to obtain a Master’s degree in Forensic Psychiatry in 2008 from the Institute of Psychiatry, King’s College, London. Having also received “Report Writing and Expert Witness Training” as well as “Violence Risk Assessment Training” in London, she became the lead psychiatrist for the Forensic Unit at the St. Ann’s Hospital in 2009 and served in that capacity until 2013 when she was promoted to Acting Medical Director. She served as Medical Director of the St. Ann’s Hospital until November 2019.

Dr. Hazel Othello is an Associate Clinical Instructor in Psychiatry at the University of the West Indies, St. Augustine and she has been an International Fellow of the American Psychiatric Association since 2014.

Joy Quinlan
Forensic DNA Analyst & Quality Manager
BSc. Biochemistry and Molecular Biology
Saint Lucia Forensic Science Laboratory
Castries, Saint Lucia

Joy Quinlan née Matty, is a Forensic Scientist who has been employed with the Saint Lucia Forensic Science Laboratory since 2010. She specializes in DNA Analysis and Quality Management.

Mrs. Quinlan, a former Miss World Saint Lucia, possesses a Bachelor of Science degree in Biochemistry and Molecular Biology from the University of Franche-Comté, France and is currently pursuing an Executive MBA with Arden University. Her unique blend of skills coupled with a healthy obsession with quality and efficiency, (her colleagues have even given her the moniker of “Ms. ISO”), has enabled her to take up the role of the laboratory’s Quality Manager. She has successfully implemented the ISO 17025 Standard and the laboratory’s Quality Management System, and lead the Saint Lucia Forensic Science Laboratory to accreditation status making it the first forensic laboratory within the OECS to do so.

She values curiosity, creativity, continuous improvement; this has led to a perpetual improvement of her lab’s quality management system.

Her DNA casework and quality management experience has fueled an unrelenting desire to contribute to the judicial landscape of Saint Lucia by finding ways to improve the laboratory’s processes and to make them more efficient to meet the goal of justice for everyone involved in a manner that is timely, and objective. In 2022, she was awarded with a Caribbean leadership award in Forensic Sciences by the Caribbean Medico-legal Society.

By night this multipassionate dabbles in paper engineering, creating customized, interactive cards, she balances all this with being a wife and mother to two energetic boys.

Dr. Sara Krystal Ramjit, BSc., MBBS, PG Dip., MSc., DM
Primary Care Physician
South-West Regional Health Authority, Trinidad and Tobago

Dr. Sara K. Ramjit received the Bachelor of Medicine, Bachelor of Surgery (MBBS) degree from the University of the West Indies in 2013 and specialised in Family Medicine by completing the Postgraduate Diploma (2018), Master of Science (2021) and Doctor of Medicine degrees in Family Medicine (2022). She also completed a Nutrition Coaching Certification in 2019.
Dr. Ramjit has over eight years’ experience in Primary Health Care in the public sector of Trinidad and Tobago including medicolegal duties as a District Medical Officer and acting in senior positions. She is currently a Primary Care Physician II at the South-West Regional Health Authority. She has a special interest in health care management and strategic planning as well as research in primary care and public health. She conducted research on the quality of primary health care during the COVID-19 pandemic and presented her findings in national and regional conferences including the Trinidad and Tobago Medical Association (TTMA) 29th Annual Medical Research Conference and Caribbean Public Health Agency (CARPHA) 67th Annual Health Research Conference in Bahamas, in addition to winning Best Poster Awards at the Trinidad and Tobago 3rd Annual National Health Research Conference and North-West Regional Health Authority 5th Annual Research Day.

Alliston Seale SC, B.A. (Hons.), LLB (Hons.), L.E.C
Deputy Director of Public Prosecutions

Mr. Seale’s affiliation with the criminal justice system began at the age of 19 years when in July 1983 enlisted in the Royal Barbados Police Force and served for 20 years. In 1992 he was promoted to the rank of Sergeant and after completing para-legal studies at the Barbados Community College he transferred to the Court Prosecutors Office. There he spent several years prosecuting in the Magistrates’ Court, and it was there that he developed a predilection for the criminal law this provided the impetus which propelled him to read for the Batchelor of Laws before qualifying as an attorney at law in 2003. He subsequently transitioned to the Department of Public Prosecutions in the post of Acting Crown Counsel and thereafter, was swiftly promoted to Senior Crown Counsel and then to Principal Crown Counsel. He was elevated to his present post of Deputy Director of Public Prosecutions on 15th February 2020. He has acted in the offices of Magistrate and Director of Public Prosecutions on several occasions and served as a part time lecturer at the Barbados Community College and the U.W.I Open Campus. He is the holder of a B.A (Hon.) History from the University of the West Indies Cave Hill Campus and he is a certified online tutor with a Certificate in Managing and Facilitating Online Instruction from U.W.I. He has prosecuted several local cases of notoriety inclusive of R v Peter Agard, in which the accused had sexual intercourse with a corpse in the mortuary of the Queen Elizabeth Hospital (QEH) and was found guilty of Outraging Public Decency the first case of its kind in Barbados and R v Jamar Bynoe, which was popularly referred to as “The Campus Trendz Case”, where the accused was found guilty of the murder of six (6) young ladies who perished in a Bridgetown fire. He has testified before the Inter-American Court on Human Rights as an expert witness and in September 2023 he was called to the inner bar and was elevated to the honour of Senior Counsel.

Hasine Shaikh LLB, LEC, LLM.
Chief Public Defender
Public Defenders’ Department,
Legal Aid and Advisory Authority of Trinidad and Tobago.

Ms. Shaikh assumed the role of Trinidad and Tobago’s first Chief Public Defender in March 2020. Prior to this role, Ms. Shaikh was a member of the private Criminal Bar as Defence Counsel since being called to the Bar of Trinidad and Tobago in 2008. She graduated from the University of the West Indies and Hugh Woodying Law School. She has always had a passion for criminal law and has practiced in Magisterial, High Court and Appellate matters. She also went on to complete her Master of Laws in Criminology and Criminal Justice in 2016 from the University of London. Prior to her embarking on the legal
profession, Ms. Shaikh graduated from St. Augustine Girls' High School in 2003 with an Additional Scholarship. Ms. Shaikh has always been an active participant in the continued development of the Criminal Justice system and contributes as a serving member of the Criminal Justice Reform Committee and the Criminal Legislative Review Committee of the Law Association of Trinidad and Tobago. She also serves on the Criminal Justice Committee chaired by the Chief Justice of Trinidad and Tobago in addition to the Plea Discussion and Plea Agreement Committee chaired by the Office of Attorney General and Ministry of Legal Affairs. She has also participated in multiple Joint-Select Committees and Special Select Committees of Parliament which are geared to criminal justice reform.

She also strongly believes in the shaping of young minds in the profession and to this end, tutors in the University of the West Indies, Law Faculty for Criminal Law and in the Hugh Wooding Law School, for Criminal Practice and Procedure.

Dr H. Anton Small BSc., MSc., MBBS
Anatomical Pathology Resident, PGY3
University Hospital of the West Indies, Mona, Jamaica

Dr. H. Anton Small is a third-year Pathology Resident in the Anatomical Pathology Program at the University of the West Indies, Mona, Jamaica. Dr. Small has a Bachelor’s degree in Biology from Andrew’s University (2009), Berrien Springs, Michigan, a Masters in Forensic Science from the University of the West Indies, Mona Jamaica (2012), and a Bachelor of Medicine, Bachelor of Surgery from the same university (2019). He aspires to be a Forensic Pathologist and would like to contribute to the development of the practice of Forensic Pathology in the Caribbean.

Dr Richard Emanuel Thompson MD (2004), Dip Pharm (1993), Post Grad Diploma in Forensic Medicine and Toxicology (New Delhi 2023)
Government Medical Officer (Pathology), New Amsterdam Regional Hospital, Berbice, Guyana.

Dr Richard Thompson is a native of Berbice, Guyana. Having completed a Diploma in Pharmacy from the University of Guyana in 1993. Dr Thompson was recruited by the Bahamas Government and served as a Pharmacist at the Rand Memorial Hospital Freeport Bahamas 1996-2000.

Having completed his contract in the Bahamas, Dr Thompson went on to further his studies in the United States at the Western Kentucky University Bowling Green Kentucky in Pre-Medicine with a major in Biology.

Dr Thompson attended medical school in the Cayman Islands and graduated with the Doctor of Medicine from St Matthews University in May 2004.

Dr Thompson then embarked on completing all his clinical core rotations and electives at Barnsley District General Hospital NHS Trust UK (2003), and the Plab 1 & 2 examinations in (2007).

Dr Thompson completed Foundation year one training at the Aberdeen Royal Infirmary in Aberdeen Scotland (2009).

After returning to his home country Dr Thompson worked at the Georgetown Public Hospital Corporation as
Government Medical Officer (2013-2016). He was then recruited by the Ministry of Health Guyana in (2017) and has been working as a Government Medical Officer in Pathology from (2019-2023) at the New Amsterdam Regional Hospital Berbice.

In 2022 Dr Thompson secured a (GOAL) Scholarship from the Government of Guyana and completed the Post Graduate Diploma in Forensic Medicine and Toxicology Delhi India January 2023.

Dr Thompson has also successfully completed the Post Graduate Diploma in Crime Scene Investigation at the University of the West Indies, Mona 2023. Dr Thompson participated in a systematic review assignment from the Johns Hopkins University. Which can be viewed in a google search as “Evidence -Based Toxicology Assignment 2018 “Dr Thompson is listed as number 4 out of approximately 300 participants for the most articles reviewed.

Dr Thompson enjoys working in the field of Forensic Pathology and is committed to the core values of life : caring, honesty and integrity.

Dr. Saleem Adam Varachhia MBBS, DM (EM)
Specialist Emergency Medicine Consultant
UWI Lecturer in Emergency Medicine, St Augustine, Trinidad
Trinidad and Tobago

Dr. Saleem Varachhia is a Consultant Emergency Physician employed with the South-West Regional Health Authority and a Lecturer in Emergency Medicine at the University of the West Indies (UWI), St Augustine, Trinidad.

Having attained the Bachelors of Medicine and Bachelor of Surgery (MBBS) degree from the University of the West Indies (2004), he later pursued post graduate qualifications in the Doctor of Emergency Medicine degree. He currently teaches DM Part 1 and Part 2 students in the Doctor of Emergency Medicine Programme.

Dr. Varachhia is also an instructor for the Advanced Cardiac Life Support (ACLS), Advanced Trauma Life Support (ATLS), and the Advanced Paediatric Life Support Courses (APLS) as well as an Executive Member of the Trinidad and Tobago Emergency Medicine Association (TTEMA). In 2018, he was appointed as the coordinator for the Continuous Professional Development (CPD) sessions which encompasses Emergency Physicians, Emergency Nurses and Pre-Hospital Personnel. His areas of interest consists of medical education, academia, research, improvements in quality for patient care and Health Care systems, trauma and myocardial infraction.

Justice Kathy Ann Waterman Latchoo LLB, LEC, MSc
High Court Judge/Criminal Bench
Trinidad and Tobago

Justice Waterman Latchoo was called to the Bar in 1998 in Trinidad and Tobago and three years later became a prosecutor, rising to the rank of Deputy Director of Public Prosecutions.

She retired from that post in 2014 to become a judge of the Eastern Caribbean Supreme Court, where she served in St Vincent and the Grenadines as the criminal bench judge. In June 2017, she returned home to Trinidad and Tobago to serve as a High Court judge in the criminal division.
Justice Latchoo is also a Fellow of the Commonwealth Judicial Education Institute, based in in Halifax, Canada.

She also holds a Master of Science degree in Legal and Forensic Psychology from the University of Leicester, England.

Law is Justice Latchoo’s second career. Before being called to the Bar, she was a newspaper journalist and editor and in 1996, she was named Journalist of the Year. She has written several books, including “Newsroom Law: a legal guidebook for Commonwealth Caribbean Journalists,” published by UWI Press.

One thing about her which you may not know is that she is fan of the original Star Trek series.

Andrew S. Williams, MD FRCPC (AP & FP)
Forensic Pathologist, Provincial Forensic Pathology Unit, Toronto, Ontario, Canada.
Program Director, PGY6 Residency in Forensic Pathology Residency Program.
Assistant Professor, Department of Laboratory Medicine & Pathobiology, University of Toronto, Toronto, Ontario, Canada.

Dr. Williams completed his BMSc with an Honors Specialization in Pharmacology and Toxicology (2007) prior to obtaining his MD (2011) from The University of Western Ontario in London, Ontario, Canada. He has completed residencies in Anatomical Pathology (Dalhousie University, 2016) and Forensic Pathology (University of Toronto, 2017). He joined the Provincial Forensic Pathology Unit in Toronto as a Category A Forensic Pathologist in 2017 and is an Assistant Professor in the Department of Laboratory Medicine and Pathobiology at the University of Toronto. In 2020, he completed a post-graduate Certificate of Advanced Studies in Forensic Imaging & Virtopsy at the University of Zürich in Zürich, Switzerland. Dr. Williams is actively involved in the postmortem imaging program and resident and fellow education where he is the current Program Director of the Forensic Pathology Residency Training Program.

Justice Colin Williams LLB, LEC
Eastern Caribbean Supreme Court Circuit (Dominica)

Justice Colin Williams was appointed to the Office of High Court Judge of the Eastern Caribbean Supreme Court, ECSC, in March 2021.

Justice Williams is assigned to the Commonwealth of Dominica from September 2023. He did a brief stint as a judge in the Territory of the Virgin Islands (Tortola) in 2022, and prior to his current posting he was assigned to Antigua and Barbuda where he presides over judge alone trials for persons charged with a range of offence.

Prior to joining the bench of the ECSC, Justice Williams served as a judge with what was then the Supreme Court of Belize and presided over many judge-alone trials of persons charged for the offences of murder and attempted murder.

Justice Williams is a former Director of Public Prosecutions in Saint Vincent and the Grenadines, an office that he held for almost fourteen years.

Justice Williams has done presentations to various fora on topics relating to judge alone trials including “Challenges With Judge Alone (trier of fact) Trials”, at a seminar for regional judicial officers organized by the
Judicial Education Institute of Trinidad and Tobago and the British High Commission; and “A Case for Judge Alone Trials – Trial by Peer versus Trial by Professional” at the law enforcement seminar Applying Lawful Responses to Intercepting Gangsters Hustlers and Traffickers (ALRIGHT) organized the National Prosecution Service/Office of the Director of Public Prosecutions of Saint Vincent and the Grenadines.

Ms Harmoni Hayes

Harmoni Haynes was born to sing! Coming from a family of singers and musicians, Harmoni has a natural talent and tact for music. Having her first solo at 3, she continued to develop a love and passion for singing. A finalist in Baje to the World Season 2, Harmoni was able to learn about and grow in her talent. With influences such as Ch’an, H.E.R and Jazmine Sullivan, Harmoni aspires to become a full-time international song writer and recording artist. She hopes to win a Grammy like her producer uncle Jimmy ‘Senyah’ Haynes and inspire the youth to chase their dreams. Under the watchful eye of her parents, and her tutors in the music program at the Barbados Community College, she is sure to reach her highest vocal and performing potential. Creative, passionate and selfless, here is HARMONI HAYNES!

CONFERENCE REGISTRANTS

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<td>Mr. Wendel Alexander</td>
<td>Criminal Defence Lawyer</td>
<td>W.G. Alexander &amp; Associates</td>
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<td>Dr. Kamesha Jackson</td>
<td>Medical Doctor</td>
<td>Sir Lester Bird Medical Centre</td>
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<td>Criminal Defence Barrister</td>
<td>OMO Law, Saint John's, Saint John</td>
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<td>Dr. Jashika Williams</td>
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<td>Dr. Caryn Sands</td>
<td>Forensic Pathologist</td>
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<td>Mrs. Donna Babb-Agard SC</td>
<td>Prosecutor/Crown Counsel</td>
<td>Office of the Director of Public Prosecutions Barbados</td>
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<td>Magistrate &amp; Coroner</td>
<td>Sir David Simmons and Henry Forde Judicial Services Complex</td>
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<td>Nurse</td>
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<td>Medical Doctor</td>
<td>University of the West Indies Cave Hill</td>
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<td>Mrs. Cheryl Corbin</td>
<td>Director of the Forensic Sciences Centre</td>
<td>Forensic Sciences Centre, Office of the Attorney General</td>
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<td>Dr. Corinthia Dupuis</td>
<td>Anatomical Pathologist</td>
<td>Queen Elizabeth Hospital</td>
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<td>Dr. Sahle Griffith</td>
<td>General Surgeon</td>
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**APPRECIATION**
The planning committee would like to extend its heartfelt gratitude to the following organizations for their support without which this event would not have been possible:

- All Speakers and Moderators
- St Lucia Forensic Science Services
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- Eastern Ontario Regional Laboratory Association
- The Printing Department, Ottawa Hospital General Campus