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Independent forensic autopsies in an armed conflict: investigation of the victims from Racak, Kosovo

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Abstract

In January 1999, a team of Finnish forensic experts under the mandate of the European Union (EU forensic expert team, EU-FET) performed forensic investigations in a sovereign state, in Kosovo, the Federal Republic of Yugoslavia (FRY). The team served as a neutral participant in the forensic investigation of victims of an incident at Racak, which was receiving considerable international attention. The Finnish team performed forensic autopsies, monitored forensic autopsies performed by local experts and verified findings of earlier executed autopsies. The victims had sustained varying numbers of gunshot wounds, which were established to be the cause of death. The manner of death remained undetermined by the EU-FET, because the scene investigation and the chain of custody for the bodies from the site of the incident to the autopsy were impossible to verify by the team. The events at Racak were the first of those leading to charges by the International Criminal Tribunal for the former Yugoslavia (ICTY) against the highest authorities in power in the FRY for crimes against humanity and violations of the laws or customs of war. © 2001 Elsevier Science Ireland Ltd. All rights reserved.

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1. Introduction

During the ethnic conflict in Kosovo, the Federal Republic of Yugoslavia (FRY), the European Union (EU) had some discretion to interfere in the conflict. As one of the measures, a team of Finnish forensic experts (EU forensic expert team, EU-FET) was sent to investigate alleged mass graves in the area under the mandate of the EU. According to the protocol on cooperation between the Institute for Forensic Medicine of Belgrade University, FRY, and the Department of Forensic Medicine, University of Helsinki, Finland,

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drawn up in November 1998, the EU-FET was to investigate six locations in Kosovo. In December 1998, two of these locations were investigated, and the remaining investigations were scheduled to be performed in 1999.

On 16th January 1999 at the village of Racak, 32 km southwest of Pristina, the capital of Kosovo, the dead bodies of evidently 45 people were found. There were different versions about the course of events from different parties of the ethnic conflict. One contention was that armed persons were injured in fighting, another that civilians were killed by armed police forces. Thus, further to the earlier schedule for investigations, the EU-FET was called upon to participate in these investigations. The role of the EU-FET was to affirm the impartiality of the autopsies. The

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EU-FET was not expected to perform the scene investigation, the investigation of material belongings or the bullet investigation.

The investigations ordered by the district court of Pristina were to answer the following six questions: identification of the victims, their cause, manner and time of death, circumstances surrounding death, and any postmortem mutilation present.

2. Materials and methods

The EU-FET comprised of a team-leader, three forensic pathologists, one forensic odontologist, five forensic investigators, two X-ray technicians, two autopsy technicians, one liaison officer and a secretary. The team was supported by two Finnish diplomats. All equipment used by the EU-FET was brought from Finland, including those for X-ray, photograph and videotape documentation.

The investigations of the 40 dead bodies from Racak took place at the Department of Forensic Medicine, University of Pristina, where the corpses had been delivered by Yugoslavian authorities. Between 19 and 22 January, 16 autopsies had been performed by four Yugoslavian professors of forensic medicine from Pristina, Belgrade, Nis and Novi Sad under the observation of two Belorussian forensic pathologists. From 22 to 27 January, the remaining 24 victims were autopsied, 14 by the Yugoslavian experts and 10 by the EU-FET. Each of these autopsies was observed by either Yugoslavian or Finnish experts, and by the Belorussian forensic pathologists. On 28 and 29 January, the EU-FET performed external examinations on the 16 bodies autopsied earlier.

Before the beginning of the autopsies, Yugoslavian authorities had given the corpses examination numbers, which did not correspond to the order of the autopsies. In the 16 autopsies completed before the arrival of the EU-FET, the bodies had been numbered RA-1, RA-12, RA-13, etc. The EU-FET used the numbers RA-12-7025F—RA-13-7040F, indicating the order of its own examination. Similarly, the 24 corpses autopsied in the presence of the EU-FET were numbered RA-27-7001F–RA-3-7024F.

Documentation methods used by the EU-FET during the investigation are presented in Table 1. Both Yugoslavian and Finnish forensic investigators simultaneously executed photograph and video-film documentation of clothing, foreign material found inside the bodies, and findings made during the 24 autopsies and the 16 external examinations. Photographs taken by the EU-FET numbered approximately 3000, and video-material was about 10 h in length.

At autopsy, forensic investigators photographed and videotaped general external views of the body, separate close-up views of each skin wound, all internal injuries, probe-assisted views indicating bullet paths

Table 1

Documentation	of	findings	during	the	investigation	by	the	EU-FET ^a
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	Autopsy $(n = 10)$	Monitoring $(n = 14)$	Verification $(n = 16)$	Total $(n = 40)$
Autopsy report	10	14 ^b	16 ^c	40
Drawing of external wounds	10	14	15 ^d	39
Drawing of bullet path directions ^e	10	0	0	10
X-ray examination	10	14	7	31
Photography	10	14	16	40
Videotape	10	14	16	40
Histological examination	10	1	3	14
Toxicological examination	10	0	0	10
DNA analysis	10	14	16	40
Forensic odontological examination	10	14	15 ^f	39

^a Does not include documentation by the Yugoslavian or the Belorussian experts.

^b A shortened version documenting autopsy methods and principal findings.

^c Documentation of external findings.

^d Prepared by the Yugoslavian forensic pathologist during autopsy before the arrival of the EU-FET.

^e Prepared during the final work in Helsinki.

^f In one case, examination not performed due to fragmentation of the head.

and the entirety of injuries from different directions. The victims autopsied in the presence of the EU-FET were brought into the autopsy room clothed. They were photographed and videotaped clothed, and again after the removal of clothing. Clothing was removed layer by layer and documented by Yugoslavian experts and Finnish forensic investigators. All victims had several layers of clothes. After the documentation, the clothing was given to the Yugoslavian investigators, who performed the investigation of material belongings. Clothing of the 16 victims autopsied earlier had been examined during the autopsy and was not documented by the EU-FET.

The X-ray machine used was the Atomscope 803, and films included the Kodak TML1, TME1, and ENB1. The developing machine was the Flat Level 365. The total number of X-ray pictures excluding odontological X-rays was 157. Each victim was examined by the Finnish forensic odontologist, who documented the postmortem dental status and recorded dental characteristics by filling in the Interpol Disaster Victim Identification Form. The odontological X-ray examination was done using the Philips Oralix 65S machine and Kodak DF50 and DF58 films. The developing machine was the Periomat 1304. Odontological radiography was performed in 37 cases; each of which included eight pictures. In two cases, the victim had no teeth, and in one case, the head was fragmented.

2.1. Autopsy

In the complete forensic autopsies performed by the EU-FET, standard methods of forensic pathology were used in accordance with the guidelines set by the United Nations [1] and Interpol [2]. During the investigation, the Interpol Disaster Victim Identification Form was filled out. The autopsies were carried out by two Finnish forensic pathologists and observed by two Belorussian and one of the Yugoslavian forensic pathologists.

During the external examination, all gunshot wounds found on the corpses were numbered with Arabic numerals, measured, and described precisely in the autopsy protocol. Signs of contact or closerange firing were noted. The wounds were examined morphologically by naked eye and under a magnifying glass. Also documented were all other external injuries, pathological findings, special identifying features, and postmortem changes. The stature of the victims was measured, and the age and the build were estimated.

After the external examination, an X-ray examination was carried out. In the autopsies conducted by the EU-FET, a total of 73 X-rays were taken. The head was X-rayed in all 10 autopsies, the thorax in nine, the abdomen in eight, the pelvis in five, the neck in three, the upper limbs or part thereof in four and the lower limbs or part thereof in four cases.

In the internal examination, bullet paths and injuries to the organs were identified (Figs. 1–3). Probes were used to assist in determination of bullet path directions. Haemorrhage and other signs of the intravital character of injuries were noted. Also recorded were other internal injuries and pathological changes. All foreign material visualised by X-rays was subsequently searched for during the autopsy. Bullets, bullet fragments and other foreign material were photographed and video-filmed, and then surrendered to the Yugoslavian authorities.

The findings were dictated during the examination and documented in the autopsy protocol. In addition, a schematic drawing of the wounds was prepared. Specimens for histological analysis were extracted from all pathological findings, and also routinely collected were two brain samples, three heart samples and lung, liver and kidney samples as well as skin sample from the margin of a gunshot wound. The histological samples were prepared in Helsinki and analysed by the same forensic pathologists.

For toxicological analysis, peripheral venous blood, urine, vitreous humour, a piece of liver and stomach contents were taken when possible. Analysis was performed at the forensic toxicology division of the Department of Forensic Medicine, University of Helsinki between 1st and 9th February. Blood and urine alcohol concentrations were measured in duplicate with two headspace gas chromatographic methods. Basic and acidic drugs were screened in urine or liver specimens, utilising an automated thin layer chromatographic method. In parallel, drugs in blood were screened and quantitated by a dual capillary column chromatographic method. Drugs of abuse were screened in urine by an immunological method.

Blood and muscle tissue samples were collected for DNA analysis, performed at the DNA laboratory of the Department of Forensic Medicine in Helsinki between

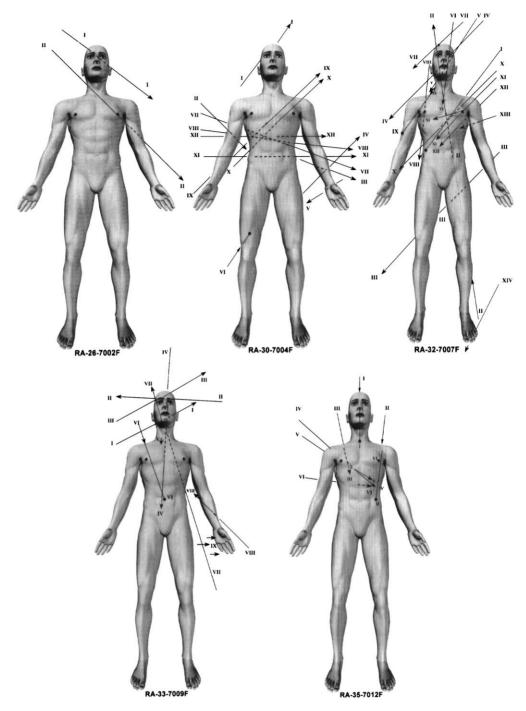


Fig. 1. Directions of the bullet paths in the victims autopsied by the EU-FET.

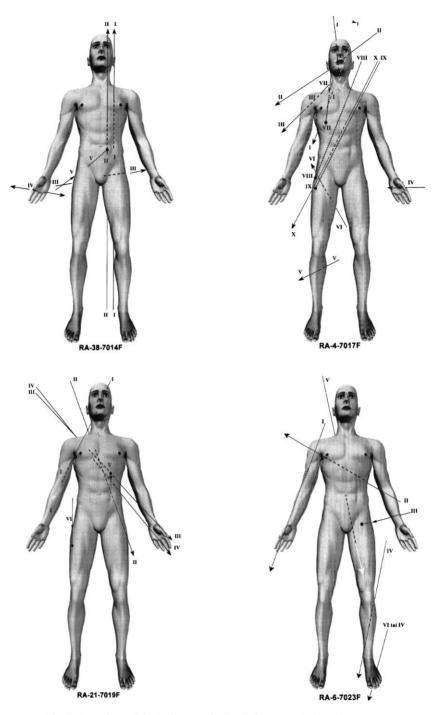


Fig. 2. Directions of the bullet paths in the victims autopsied by the EU-FET.

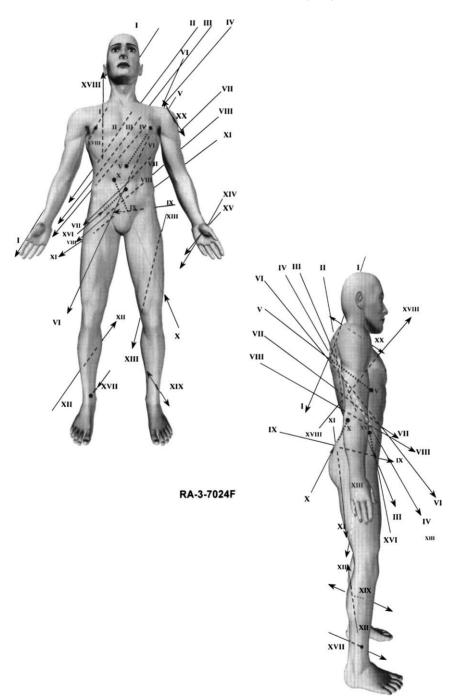


Fig. 3. Directions of the bullet paths in two projections.

1st and 19th February. DNA was extracted from the specimens using standard laboratory methods. Nine autosomal microsatellite regions (D3S1358, vWA, FGA, TH01, TPOX, CSF1PO, D5S818, D13S317, D7S820) and the amelogenin locus were amplified with polymerase chain reaction.

The official documents were completed and final conclusions were drawn in Helsinki between 8th February and 5th March. The documents comprised autopsy protocols with conclusive statements, results of histological, toxicological and DNA analyses, summaries, drawings of external wounds, drawings of bullet path directions, X-rays, photographs, videofilm, forensic odontological reports and Interpol Disaster Victim Identification Forms.

2.2. Monitoring

Fourteen autopsies were performed by one of the four Yugoslavian professors and observed by one of the Finnish pathologists and the two Belorussian forensic pathologists. The findings and primary conclusions were discussed with pathologists present at the autopsy. The autopsies were done using standard methods of forensic pathology, and the documentation was similar to that described above.

In one case the EU-FET took a skin sample for microscopic examination from the edge of a tissueloss area suspected to be postmortem damage. X-ray filming was carried out by the Finnish technicians after the external examination of the bodies. The region to be X-rayed was specified by the forensic pathologist who performed the autopsy. In this group, the total number of X-rays taken was 60. These included the head in seven cases, thorax in ten, abdomen in six, pelvis in three, neck in two, upper limb in one and lower limbs or part thereof in four cases.

The Finnish forensic odontologist performed the forensic dental examination. Dental X-rays were taken in all cases, except one where the victim had dentures. The EU-FET took samples for DNA analysis. The official documents completed by the EU-FET comprised of a short autopsy report and conclusions with the same appendices as those for the autopsies performed by the Finnish team, excluding the drawing of bullet path directions, results of histological and toxicological analyses, and the Interpol Disaster Victim Identification Form.

2.3. Verification

For the 16 victims autopsied before the team's arrival, an external examination was performed by the EU-FET. All skin wounds were examined, and intact entrance and exit wounds were identified. Signs of contact or close-range firing were recorded (Fig. 5). Any other injuries or postmortem changes were documented. The findings were discussed with the Yugoslavian forensic pathologist who had performed the autopsy. The schematic drawing, prepared during the autopsy, was reviewed. On the basis of this examination, the total number of gunshot wounds was determined. Bullet path directions were estimated, when possible. In two cases the EU-FET took a skin sample for microscopic examination from the edge of a tissueloss area suspected to be postmortem damage. In one case the EU-FET received a skin sample, which had been excised from the edge of an entry wound during the autopsy.

All external injuries were photographed and videofilmed. X-ray examination was carried out in seven cases, and the total number of X-rays taken was 24. The X-ray examination was performed after the external examination of the corpses, and it was based on the external findings. The head was X-rayed in four cases, the thorax in six, pelvis and neck in one, and lower limbs in two cases. X-ray examination could not be performed in nine cases due to the breakdown of the X-ray machine.

The Finnish forensic odontologist performed a forensic dental examination for each cadaver, excluding one, in which the head of the victim was fragmented. Dental X-rays were taken in all cases, except one where the head was fragmented and another where the victim had no teeth. The EU-FET extracted blood and muscle samples for DNA analysis. The official documents of the EU-FET were similar to those of the monitored autopsies, but the appendices also included drawings of external wounds made during the autopsy.

3. Results

Of the 40 investigated bodies, 39 were male and one was female. The average estimated age was 43 years. The principal physical characteristics of the victims are presented in Table 2. All 40 victims had a variable

	Autopsy $(n = 10)$	Monitoring $(n = 14)$	Verification $(n = 16)$	Total $(n = 40)$
Sex				
Male	10	14	15	39
Female	0	0	1	1
Age (years) ^a				
<15	0	0	1	1
16–25	3	3	2	8
26–35	4	1	3	8
36–45	0	2	1	3
46–55	2	6	3	11
56–65	0	2	3	5
>65	1	0	2	3
Middle-aged ^b	0	0	1	1
Stature (cm)				
150-160	0	0	2	2
161–170	1	1	6	8
171–180	5	6	3	14
181–190	4	0	3	7
Not measured	0	7	2	9
Physique				
Slender build	5	8	7	20
Average build	4	5	6	15
Solid build	1	1	3	5
Special identifying marks	3	2	3	8

Table 2Physical characteristics of the victims

^a Counted from the middle of the age range estimated during the investigation.

^b The head was fragmented.

number of gunshot injuries, which were established to be the cause of death. The main findings are presented in Tables 3 and 4.

The number of gunshot wounds varied between one and twenty. One wound was found in six cases and over sixteen wounds in two cases. Single craniocerebral and thoracic injuries were noted in three and three cases, respectively. Combinations of craniocerebral injuries with thoracic injuries were found in eight cases, with abdominal injuries in three cases, and with thoraco-abdominal injuries in 10 cases. Thoracic and abdominal injuries were combined in eight cases. Other combinations of injuries were found in five cases: injuries of the spinal medulla or arteries with abdominal or thoraco-abdominal wounds.

In the 10 autopsies performed by the EU-FET, seven victims had a skull fracture, seven had fractures of the vertebral column, eight had rib fractures, two had pelvic fractures, two had scapular fractures, and four had fractures of the long bones. In the other two groups of victims, the injuries also included destruction of some of the more substantial bones.

In the 10 autopsies carried out by the EU-FET, the victims had altogether 82 gunshot entrance wounds and eight tangential gunshot wounds. Of the entrance wounds, 47 were circular and 35 were irregularly formed. The maximum diameter was 15 mm in 58 wounds, 15–25 mm in 17 wounds and 25 mm or more in seven wounds. A total of 62 exit wounds were present. Of these, 50 were regular and 12 were irregular in form. The margins of 14 exit wounds were ruptured. The maximum diameter was 15 mm in 10 wounds, 15–30 mm in 29 wounds, 30–50 mm in 17 wounds, and more than 50 mm in six wounds (Figs. 4 and 5).

In the microscopic examination of the skin samples was not seen foreign material, except the sample, received by the EU-FET during the external examination of the bodies, autopsied earlier. In this sample was seen haemorrhage and black, granular material. In the

Table 3	
Principal	findings

	Autopsy $(n = 10)$	Monitoring $(n = 14)$	Verification $(n = 16)$	Total $(n = 40)$
Total number of gunshot wounds ^a				
1	1	2	3	6
2–5	2	6	7	15
6–10	4	5	5	14
11–15	2	1	0	3
16–20	1	0	1	2
Number of penetrating wounds ^b				
1	1	3	3	7
2–5	2	5	9	16
6–10	6	5	3	14
11–15	0	1	1	2
16–20	1	0	0	1
Suspected sustained fire	8	0	3	11
Close-range or contact discharge	0	0	1 ^c	1
Bullets or bullet fragments inside the body	9	11 ^d	_e	20
Other injuries ^f	0	0^{g}	0^{h}	0
Pathological changes	5	0	3 ⁱ	8
Postmortem damage	0	2	4	6

^a In 11 cases, one bullet could have caused two or more entrance wounds.

^b In nine cases, one bullet could have caused two or more wounds.

^c A probable close-range discharge.

^d In four cases, X-ray-positive material not found in autopsy.

^e X-ray examination could not be performed for technical reasons in nine out of the 16 external examinations.

^f Excluding superficial skin lesions.

^g One lesion on an arm could be resultant of something other than a gunshot wound.

^h In one case, a gunshot resulting in fragmentation of the head could not be entirely excluded.

ⁱ Information, derived from autopsy performed before arrival of the EU-FET.

Table 4			
Combinations	of	gunshot	injuries ^a

	Autopsy $(n = 10)$	Monitoring $(n = 14)$	Verification $(n = 16)$	Total $(n = 40)$
Craniocerebral	1	1	1 ^b	3
Thoracic	0	1	2	3
Craniocerebro-thoracic	0	2^{c}	6^{d}	8
Craniocerebro-abdominal	0	0	3	3
Craniocerebro-thoraco-abdominal	6	2	2	10
Thoraco-abdominal	3	4	1	8
Other combinations	0	4 ^e	1^{f}	5

^a Excluding soft tissue injuries.

^b Very probable.

^c In one case, including injury of the cervical vertebra.

^d In one case, very probable cranial injury.

^c One injury of the left carotid artery combined with thoraco-abdominal injury. One arterial injury of the left femur. One injury of the pelvis with haemorrhaging. In one case, injuries of the cervical medulla, thorax and abdomen.

^f Injury of the right carotid artery combined with abdominal injury.



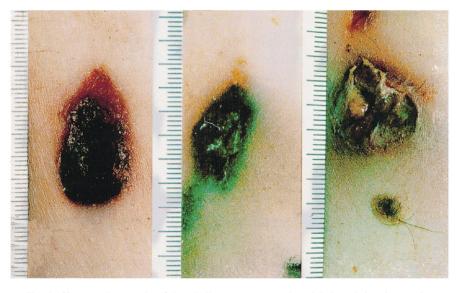


Fig. 4. Close-up photographs of three bullet entrance wounds and, below, their exit wounds.

investigation of all 40 victims, 12 of the wounds documented were estimated to be secondary wounds either inflicted by pieces of a fragmented bullet or of a fractured bone, or caused by pressure (Figs. 6 and 7).

In autopsies performed in the presence of or by the EU-FET (n = 24), bullets or bullet fragments were indicated inside the body in 20 cases during X-ray examination. In 16 cases, these were confirmed during autopsy. The small amount of X-ray-positive material

in the other four cases could not be detected in the autopsy due to fragmentation. X-ray examination was possible in seven out of the sixteen cases autopsied earlier. X-ray positive material was seen in five of these cases. In nine cases, X-ray examination could not be performed for technical reasons.

Bullet path directions were mostly variable, but in 11 cases a considerable uniformity consistent with sustained firing was detected (see Figs. 1–3).



Fig. 5. Close-up photographs of bullet entrance and exit wounds.

Minor excoriations or other superficial skin lesions were found in 14 cases. Of these, eight were present on areas of unclothed skin. In one autopsy monitored by the EU-FET, a lesion located on an arm was estimated to be a gunshot wound, but the possibility of another trauma mechanism could not be entirely excluded. Moreover, in one case autopsied before the arrival of the EU-FET, the cause of skull fragmentation could not be defined and, therefore, other than gunshot injury could not be excluded.

In six cases, lesions were noted, which were assessed to be postmortem damage. One of these appeared to be a superficial skin excoriation on the neck. In five other cases, the loss of soft tissue was estimated to be caused by animals. In two cases the



Fig. 6. Close-up photograph of an exit wound with a secondary wound (arrow).

loss of an auricle and the surrounding soft tissue without signs of vitality was recorded. Loss of soft tissue in the face and neck regions was present in one case. In two cases from the verification group, decapitation had occurred. In both of these, the neck and head structures were entirely missing upwards of the lower part of the cervical region. After the autopsy, the fractured skull from one case and 10 skull fragments and a portion of the cervical vertebrae from another case were cleaned of soft tissues. In DNA analysis



Fig. 7. Microscopic view of the edge of the only entrance wound in which black granular material was seen.

executed by the EU-FET, the torso and the skull fragments proved to be a match. Gnaw marks were presented on the vertebrae and the base of the fractured skull. The margins along the skin lesions, surrounding the tissue loss region in both cases were ragged-edged. No haemorrhaging was visible. Microscopically, no haemorrhaging, reactive changes or foreign material were noted in the skin specimen taken from the margin.

The results of the forensic toxicological analysis of the samples taken in the autopsies performed by the EU-FET were negative for alcohol, drugs, including drugs of abuse, and solvents. The time elapsed since death could not be specifically estimated because the temperature and other circumstances in which the corpses had been stored prior to investigation were unknown. According to the preliminary information the time elapsed since death was approximately 10 days; the postmortem changes were proportional to that. Because there were no major differences in the postmortem changes of the victims, the time elapsed since death was judged to be similar in all cases.

4. Discussion

The investigation of the 40 bodies consisted of complete forensic autopsies with photograph and videotape documentation, X-ray examination, histological and forensic odontological examination, DNA analysis and, in 10 cases, forensic toxicological analysis. The EU-FET had no opportunity to take samples for the gun powder analysis before the removal of the victims from the site of the finding. When the contamination is already probable, the results are unreliable and open to various interpretations.

The victims had varying numbers of gunshot injuries and no other significant injuries. Thus, gunshot injuries were determined to be the cause of death in all cases. The determination of the manner of death by the EU-FET was based entirely upon autopsy findings. According to the criteria recommended by the World Health Organization [3], the applicable alternatives were homicide, war, or uncertain. Insofar as information related to the circumstances surrounding death is supplemented or confirmed, the determination of the manner of death can be modified. Most of the entrance wounds had diameters of under 15 mm. Internal injuries included damage to some of the more substantial bones. In 11 cases, sustained firing was probable. Bullets or bullet fragments were present in some of the bodies. Therefore, the weapon used had been powerful, of relatively small calibre, and capable of sustained firing, most likely an assault rifle, although detailed ballistic analyses could not be carried out by the EU-FET.

Six of the victims had sustained postmortem damage, most likely inflicted by animals. In addition, the postmortem decapitation of two of the victims was likely caused by animals after a severe trauma to the head [4,5]. No signs of postmortem mutilation were present. The time elapsed since death was estimated to be the same in all cases. The EU-FET recorded data for identification of the victims. However, the local authorities were responsible for confirmation of identity and for delivery of the victims to their relatives.

According to initial information about the events at Racak, the number of the victims was 45. Nevertheless, only 40 bodies were delivered to the Institute of Forensic Medicine, University of Pristina. The EU-FET was unable to confirm the chain of custody, concerning the localisation of the victims at the site of the incident and their transportation to the Institute of Forensic Medicine in Pristina. Thus, the Finnish team could not confirm that the victims were from Racak. The course of events prior to victims being brought to the autopsy was also not confirmed by the EU-FET. However, a detailed investigation of 40 individuals with large numbers of gunshot wounds is reasonable, independently of where or how they were injured.

The forensic investigation of victims with gunshot injuries should include an X-ray examination [1,6–9], thus enabling bullets or bullet fragments to be located, which might otherwise not be found. In the case of multiple gunshot injuries, it can be difficult to assess which wounds are penetrating if the bullets are not found inside the victim. X-rays also serve as an illustrative document.

The function of forensic investigation is the detailed and skilled documentation of biological facts. It is partly on the basis of these objective documents thathe responsible authorities can draw their conclusions. Besides the documentation of findings, the forensic investigation of victims in political or ethnic conflict is reasonable because the investigation defines the probabilities and can eliminate certain versions of events. The definition of the course of events consists of many elements. Speculation about different possibilities can be directed more justifiably when certain limits are imposed, including those circumscribed by medical data.

The mandate of the forensic experts should be specified exactly to avoid unrealistic expectations and uncertainty as to their role. Forensic pathologists can determine the cause and manner of death and note other injuries, pathological changes and facts for identification. Determination of reasons for events, their political and moral meanings, or the connection of victims to political or other organisations are questions which lie beyond the scope of forensic science. This should be realised by the authorities and also by the forensic scientists themselves. The forensic pathologists of the EU-FET have not submitted any opinions concerning aspects of international law.

Investigation of a large number of victims within a short period of time may not be feasible in many places. Even when investigation is materially and professionally possible to carry out with local experts, the presence or participation of independent specialists often raises the credibility of the investigation. Forensic experts from Yugoslavia, Finland and Belorussia participated in the investigation of the victims from Racak. This double-checking was fruitful because forensic pathologists seldom work under the pressure of such international publicity. Having some differences in practical questions between different schools complemented the end result. The autopsy findings were discussed in full professional consensus.

In the investigation of the victims from Racak, 60% were autopsied either by ourselves or in our presence, and for 40% we performed an external examination. For the latter, complete autopsies had been performed earlier. In both groups, the final conclusions were equally strong. When the number of victims is large and similar injuries are sustained, the significance of separate injuries is not always as great as it is in the investigation of homicide, suicide or accident in a single case; more important is the entirety. Therefore, some of the victims can be investigated in less detail following a thorough investigation of some of the others.

Subsequent to the investigation, Yugoslavian authorities have informed the media that no grounds exist for bringing charges against any Serbian police regarding the Racak incident. The International Criminal Tribunal for the former Yugoslavia (ICTY), however, has charged five Yugoslavian officials, including the President of the FRY, with crimes against humanity and violations of the laws or customs of war. The first of the seven charges is based upon events at Racak [10].

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