

Genocide in East Timor

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Abstract

East Timor, the newest independent nation of the world, and the 191st member of the United Nations, was invaded by the Indonesian armed forces in 1999. The Indonesian army massacred a majority of the population. Subsequently, the United Nations established an interim government called United Nations Temporary Administration for East Timor (UNTAET), and internationally renowned forensic pathologists, including the author, were invited to inquire into the causes of genocide. Several main medico-legal objectives for the postmortem examinations were identified. Among them were the identification of the dead body, causes of death, documentation of pathological changes and old injuries present, and the detection, documentation and preservation (as appropriate) of items of material evidence associated with the bodies. The results of these postmortem examinations are presented in this paper.

Introduction

East Timor, the world's newest independent nation has become the 191st member of the United Nations. It is a major achievement that this tiny impoverished nation after a bloody struggle for nearly 30 years finally received its independence. After centuries of Portuguese rule in East Timor, in 1975 declared its independence. The Portuguese rulers then left East Timor.

The Indonesian armed forces then invaded East Timor in 1975 when the former colonial rulers Portugal withdrew from East Timor. On May 20th 1999, at a referendum, 70% voted to separate from Indonesia. Nine days later the Indonesian armed forces invaded the East Timor and destroyed every state building enforcing a scorched earth policy. It is estimated that nearly 200,000 East Timorians have died during the last 30 years. Noam Chomsky calls it "perhaps the greatest death toll relative to the population since the Holocaust. The leader of the freedom struggle was Xanana Gusmao who became the first President of East Timor.

The United Nations established an interim government after the withdrawal of the Indonesian armed forces. The interim government was called **United Nations Temporary Administration for East Timor** (UNTAET). The interim government promised free and fair election for appointment of democratic rulers of the East Timor and investigations of genocide. For the latter purpose the UNTAET invited internationally accredited forensic pathologists and allied specialists. The underlying table gives the names of the specialists and their origin.

Table 1. Forensic experts contributing to postmortem examinations in East Timor

Name	Title	Country	Dates
Malcolm Dodd, MBBS	Medical Examiner	Australia	February 16-25, 2000 (approx.)
Niriillage Chandrasiri, MD, FRCP	Medical Examiner	Sri Lanka	March 1 - May 26, 2000
Michael S Pollanen, MD, PhD	Medical Examiner	Canada	March 1 - April 15, 2000 and July 1 - September 30, 2000
Katherine L Gruspier, PhD	Forensic Anthropologist	Canada	March 1- March 31, 2000 and June 15- September 15, 2000
Rachel Fortun, MD	Medical Examiner	Philippine s	April 17 - July 3, 2000 (approx.)
Stephen Cordner, MBBS, FRACP	Medical Examiner	Australia	June 12-30, 2000

The data presented here were gathered from autopsy and anthropology reports on files of the Forensic Pathologists and the anthropologist listed above.

This report is divided into two main parts. The first part discusses the general methods used to perform the exhumations and postmortem examinations.

The second part of the report details the main investigative results obtained from the autopsies.

Objectives of the study

The main medico-legal objectives for the postmortem examinations performed in East Timor were to determine,

1. the identification of the dead body,
2. the cause of death,
3. fully document and describe pathological changes and old injuries present,
4. detect, document, and preserve (as appropriate) items of material evidence associated with the bodies including
 - Items associated with the body, or buried with the body
 - Personal property of the body
 - Clothing
 - Ligatures
 - Projectiles
 - Any other material item that may have evidentiary value,
5. characterize the nature and extent of decomposition and the presence of other postmortem changes,
6. in the autopsy of an unidentified body, to collect a maximal amount of information to facilitate identification of the body.

Methods

Most of the cases described in this report were exhumed and autopsied under the direct authority of the District Court of Dili, through a judicial order made to the responsible Forensic Pathologist. On occasion, an exhumation and autopsy was performed without a judicial Order if the body was in danger of being lost due to hostile environmental conditions.

The five Forensic pathologists were each appointed as a "Medical Examiner" for the District Court of Dili. Dr. Dodd performed his duties prior to the District Court's policy to appoint medical examiners. Dr. Gruspier has served as the only forensic anthropologist in East Timor.

Exhumation

A forensic anthropologist usually supervised the exhumations. In some cases, Scene of Crime Officers exhumed the bodies. All the exhumations were quite easy as prior information was available regarding the site of burial and routine archeological techniques were used in the exhumation process. In the majority of cases, photography or a video graphic recording documented the exhumation process. Each body was transported to the morgue in a sealed body bag. Sometimes a helicopter was used, but most of the time a vehicle was used to transport human remains by road to the morgue in Dili.

Postmortem examination

The majority of postmortem examinations were performed in the morgue in Comoro, East Timor. All exhumed human remains were stored in a secured refrigerated truck prior to autopsy. A small number of cases were autopsied at the graveside.

The approach to the postmortem examination was determined by the extent of decomposition. If the body was completely skeletonized, the individual bones were washed with tap water and examined after reconstruction of the skeleton into anatomical position.

In the case of bodies that were decomposed, but not skeletonized, a medico-legal autopsy was performed using the current standards of autopsy practice including the opening of all three body cavities, head, chest, and abdomen. When the body was in an advanced state of decomposition, after examination by the forensic pathologist, the forensic anthropologist cleaned the skeleton to facilitate complete examination of the bones. The postmortem examination was documented photographically. Specifically the significant wounds to the body, identifying features, clothing, personal effects and other items of forensic interest were photographed.

In most cases, the skeleton or representative portions of the skeleton were analysed by the forensic anthropologist after the Forensic Pathologist completed the postmortem examination.

Continuity of physical evidence

If material evidence was encountered during an autopsy, such as a projectile or ligature, the item was documented and was kept as physical evidence. All items of physical evidence were transferred into the

custody of the Scene of Crime Officer assigned to the case. The autopsy reports catalogued the origin, nature, and disposition of each item seized as evidence.

Procedures for identification

The identification was usually achieved by professional collaboration between the forensic pathologist and the forensic anthropologist. The identification of bodies was always achieved by the comparison of ante-mortem characteristics of the presumed identity of the individual with objective data obtained by the postmortem examination. Corroborative information such as circumstantial evidence and clothing was used only as ancillary information.

Statistical analysis

The case reports were assessed to summarize major trends in the demographic profile, presence and nature of injuries, decomposition and other characteristics, and the cause of death. A total of 132 cases were analysed for this report. Some cases that were autopsied were not included in this report if relevant information could not be abstracted from official reports.

Results and Discussion

Table 2. Sex distribution of individuals by age at death (n=81)

Age cohort	Male N (%)	Female N (%)	Sex undetermined N (%)
Less than 10 years	-	-	5(6%)
10 to 15 years	5(6%)	-	2(3%)
16 to 20 years	15 (19%)	1(1%)	-
21 to 25 years	13 (16%)	-	-
26 to 30 years	8(10%)	-	-
31 to 35 years	3(4%)	-	-
36 to 40 years	8(10%)	-	-
41 + years	8 (10%)	2 (3%)	-
Adult	6 (7%)	2 (3%)	3(4%)
Total	66 (82%)	5(6%)	10(12%)

Table 3. Distribution of individuals by major age groups (n=70) sexes combined

Age group	No. of cases (%)
Child (less than 10 years)	5 (7%)
Adolescent (11 to 20 years)	23 (33%)
Young adult (21 to 30 years)	21 (30%)
Adult (31 to 40 years)	11(16%)
Older and elderly adult (41 + years)	10 (14%)

Cause of death

Table 4. Major type of injuries leading to death

Type of injury	No. of cases (%)
Sharp force injury	65 (49%)
Gunshot injury	16 (12%)
Blunt force injury	8 (6%)
Combination of injuries	8 (8%)
Undetermined	35 (27%)
Total	132 (100%)

Complete postmortem examination revealed an anatomical cause of death only in 97 cases (73%). Anatomical cause of death could be determined in 35 cases (27%) due to the advanced state of decomposition or skeletonization of the bodies, or due to the lack of skeletal elements due to taphonomic

processes. The leading cause of death, present in the majority of cases, was sharp force injury. Gunshot injury ranked second in frequency (Table 4). Blunt force injury or combinations of multiple different types of injuries were additional causes of death. In the 8 cases with multiple different types of injuries, 5 cases had lethal combination of sharp force and gunshot injury and 3 cases had lethal combination of sharp force and blunt force injury.

Postmortem examination revealed that many cases had multiple types of injuries in various anatomical regions of the body that related to the cause of death and included injuries that may have contributed to death (Table 5). The proportion of cases that had sharp force injuries (76 cases, 58%) exceeded the total number of cases that had sharp force trauma that lead to death (65 cases, 49%). In addition, several cases had evidence of blunt force injury and gunshot injury. A total of 20 cases (16%) had gunshot wounds, 17 cases had anatomical evidence of gunshot wounds or projectiles that are typically associated with conventional firearms. Three additional cases had anatomical evidence of injuries produced by a heavy sharp cutting knife. In one case, this was inferred by the presence of gravel projectiles recovered from the body at autopsy. In another case, projectiles recovered were short metallic segments similar to cut portions of metal nails. In the final case, an intact and un-deformed shell casing was embedded in the scalp, consistent with being ejected from a shotgun like weapon rather than a conventional firearm.

Table 5. Major types of injuries (includes all injuries and cases)

Type of injury	No. of cases (%)
Sharp force injury	76 (58%)
Gunshot injury	20 (16%)
Conventional weapon	17 (14%)
Sharp cutting heavy knife	3 (2%)
Blunt force injury	20 (15%)

The anatomical distribution of the major types of individual type of injuries is summarized in Table 6. Most of the sharp force injuries were present in the head and neck region, and the upper torso. Over one-half of the cases with sharp force injuries had sharp force injuries of the face or head. A similar proportion of cases had sharp force injuries of the chest. In addition, several cases with sharp force injuries (31 cases, 41%) had injuries to the upper or lower extremities.

Table 6. Major type of injuries by body region

Body region	No. of cases (%)		
	Sharp force injury (n=76)	Gunshot injury (n=20)	Blunt force injury (n=20)
Head/Face	41 (54%)	12 (60%)	14 (44%)
Neck	34 (26%)	3 (15%)	0
Chest	39 (51%)	11(55%)	14 (44%)
Abdomen	1 (1%)	1(5%)	0
Pelvis	4 (12%)	4(20%)	0
Upper limb	17 (22%)	7(11%)	2 (10%)
Lower limb	14 (11%)	1(5%)	1 (5%)

Table 7 enumerates the type of sharp force trauma by body region. The majority of sharp force injuries were either due to chopping or cutting in the head and neck region. Six cases (8% of all cases with sharp force injuries) had decapitating chopping wounds of the neck, and 39 cases (51% of all cases with sharp force injuries) had non - decapitating or nearly decapitating chopping wounds of the neck. Most of the sharp force injuries to the extremities were also due to chopping or cutting. Sharp force injuries were also relatively common involving the chest. Many cases (16 cases, 21% of all cases with sharp force injuries) had chopping or cutting wounds of the chest, or stab wounds of the chest (22 cases, 29% of all cases with sharp force injuries).

Most of the cases with injuries related to firearms had gunshot wounds of the head or face (Table 6). However, the many of cases had multiple gunshot wounds involving various parts of the body including, in order of frequency, the chest, pelvis, neck, extremities, and abdomen. Projectiles were recovered from

some bodies. Blunt force injuries mostly involved the head and/ or chest and to a lesser extent the extremities. On the basis of these findings, the most five most frequent injuries found at autopsy included,

1. Chopping or cutting wounds of the head and neck
2. Stab or cutting wounds of the chest
3. Chopping or cutting wounds of the limbs
4. Blunt force head or chest injuries
1. Gunshot wounds of the head or chest

Table 7. Type of sharp force injuries by body regions (includes only cases with sharp force injuries n=76)

Body region	Decapitation	Chopping or cutting wounds	Stab wounds
Head / Face	-	42 (35%)	0
Neck	6(8%)	39(51%)	2 (3%)
Chest	-	16(21%)	22 (29%)
Abdomen	-	0	1 (2%)
Pelvis	-	3(4%)	1 (2%)
Upper limb	-	16(21%)	0
Lower limb	-	13(17%)	0

Clothing

The characteristics of the clothing were enumerated separately for bodies that derived from Passabe and those from the districts located within the geographical boundaries of East Timor. Cases derived from Passabe had clothing consisting of shirts and pants (including shorts) and no shoes (Table 8). No clothing with official insignias was found.

Table 8. General characteristics of clothing (Passabe, Occussi)

Clothing	No. of items recovered
Shirt	31
Pants and shorts	33
Sarong	3
Scarf	1
Hat	1
Jacket	3
Shoes	0
Clothing with military insignias or crests	0
Clothing with united nations insignias or crests	0

Many bodies exhumed and autopsied were skeletal remains with clothing generally associated with the bones. However, if these garments could not be definitively attributed to the body, these cases were excluded from enumeration for the purposes of characterizing clothing in the report. A total of 51 cases were useful for a full characterization of clothing and personal effects. The general characteristics of the clothing of cases exhumed within the geographic boundaries of East Timor were similar to the cases exhumed in Passabe, except for certain special observations. Most of the bodies derived from within East Timor bodies were clad in some combination of outer attire consisting of shirt, pants, or shorts, and sarongs. Most bodies had no shoes (38 bodies of the 51 bodies used for the clothing analysis had no footwear, 73%). One body had a hat with the United Nations crest. None of the bodies were dressed in a garment that was clearly designated with military or other official insignias. Two bodies were babies.

These cases were women and also had personal property (religious icons and other items) indicating that the individuals were nuns (Table 9).

Table 9. General characteristics of clothing (n= 51)

Clothing	No. of cases (%)
Shirt and pants (including shorts)	35 (69%)
Shirt only	5 (10%)
Pants only (including shorts)	3 (6%)
Sarong	3 (6%)
No outer clothes	3 (6%)
Footwear	13 (25%)
Clothing with military insignias or crests	0
Clothing with United Nations insignias or crests	1 (2%)

Other material items

The 51 individual bodies that were analysed to characterize the clothing in this report were also used to enumerate personal effects and other material items associated with the bodies (Table 10). The most common personal effects were items of jewelry, money, and religious icons (e.g. rosary beads, crucifix symbols, and talismans with pictures of religious figures).

Table 10. Personal effects and other items associated with bodies (n=51)

Item	No. of cases
Red and white banners or flags	2 (4%)
Jewelry	8 (16%)
Money	9 (18%)
Religious icons	6 (12%)
Other personal effects	19 (38%)

One body was wrapped in a large banner with horizontally oriented red and white strips; another body was associated with a flag that had the same pattern of red and white colours. Both of these items resembled the Indonesian flag.

Differences of opinions between the forensic pathologist and the forensic anthropologist

There can be instances where there are major differences of opinions as to the actual cause of death and the whether an area of destruction found in a bone is peri-mortem injury caused by violence or excavation injury or changes due to soil erosion. Fortunately there were no differences in this study. If there were differences the final authority should be in the hands of the most experienced forensic pathologist, who would obviously be appointed at the beginning as the pathologist in charge of the operations.

Conclusion

The story of East Timor getting its independence is a lesson to all the powerful nations in he world, that nations, however small and insignificant cannot be suppressed for ever by jack boots and international opinion will pressurize powerful countries to let go their grip from small nations. The generals of invading forces should realize that they will one day be hounded and brought to trial in their own countries or in international tribunals, as has happened to general Milesovic. The perpetrators of these hideous crimes should well realize that it is often possible to identify even several years later, those killed and buried by competent forensic pathologists with help of forensic anthropologists.