March 9, 2015

Dr. Richard Cavanaugh
100 Bureau Drive Stop 8102
Gaithersburg, MD 20899-8102

Subject: Needed Subcommittees on OSAC Structure

Dear Dr. Cavanaugh,

The Consortium of Forensic Science Organizations (CFSO) is writing to you today in support of adding a Forensic Healthcare Subcommittee and a separate Crime Scene Subcommittee within the Scientific Area Committee (SAC) Crime Scene and Death Investigation under the National Institute of Science and Technology (NIST) Organization of Scientific Area Committees (OSAC). The membership of the Consortium of Forensic Science Organizations (CFSO) includes the American Academy of Forensic Sciences (AAFS), the American Board of Forensic Toxicology (ABFT), the American Society of Crime Laboratory Directors (ASCLD), the International Association of Forensic Nurses (IAFN), the International Association for Identification (IAI), the National Association of Medical Examiners (NAME), and the Society of Forensic Toxicologists (SOFT). CFSO is a premiere organization representing over 15,000 forensic science practitioners from these organizations.

The need for the Forensic Healthcare Subcommittee is critical at this time. Most states lack comprehensive protocols for collecting and storing forensic evidence collected from live individuals. The collection of forensic evidence is the pinnacle of importance in the process. Proper forensic evidence collection from live individuals is critical in convicting the guilty and exonerating the innocent in the criminal justice system. A recent presentation at the American Academy of Forensic Sciences pointed out that little research has been done in the area of sexual assault kit collection, and the research that has been done is outdated. The presenter discussed the lack of consensus and standardization in the forensic community regarding sexual assault kit collection. This is just one example of many as to why forensic healthcare professionals need a subcommittee on the OSAC. All the standards being set by other OSAC entities are unimportant if the evidence from victims, suspects, and other individuals is not collected and handled properly by the front line forensic healthcare professionals at the beginning of the investigation. The recent focus on the problem of unsubmitted sexual assault kits highlights the need for more resources and a more standardized protocol for collecting, processing, and preserving this critical forensic evidence. The healthcare providers are the front line of forensic evidence collection, and standards development in this area is critical. The timely collection of evidence by forensic healthcare providers is vitally important in forensic analysis and in the courtroom.
We envision the Forensic Healthcare Subcommittee being composed of medical doctors, nurses, practitioners, and technicians working in emergency rooms, specialty clinics, and private practice. Further, the Forensic Healthcare Subcommittee should have forensic interviewers and interview researchers since the field of juvenile victim interviewing and examination is very important. As you may know, the majority of juvenile victims never have a physical kit collected. The forensic evidence collected in these cases is mostly in the form of forensic interviews.

We understand that a specific OSAC subcommittee for crime scene processing and analysis has already been proposed to NIST. We also understand there is a great deal of support in the forensic community and at NIST for this group being a unique subcommittee. While some of the other subcommittees have individuals with crime scene response backgrounds, it is critically important crime scene has a unique subcommittee focused on those issues. The needs for accreditation, certification, and standards are slightly different for crime scene units. There is still a healthy debate regarding what international standards best apply in the crime scene discipline. The majority of the “CSI” units are hosted within small and local law enforcement agencies which presents some unique challenges for accreditation and certification. Because the majority of individuals working in crime scene units are law enforcement officers, training in scientific disciplines is crucial. This Crime Scene Subcommittee must focus on the foundational and continuing education training needed by law enforcement, crime scene technicians, and crime scene scientists. The Crime Scene Subcommittee will lead to more standardized methods for crime scene collection and processing. Crime scene processing and collection is a scientific discipline with an emphasis in physics, biology, chemistry, and often toxicology. The Crime Scene Subcommittee will have an important role in networking with the other subcommittees toward looking at many of the elements that make up crime scene processing and collection. Our member organizations represent the majority of crime scene units in the United States and we fully support the addition of this subcommittee.

We appreciate your consideration in this matter and look forward to working with you on these two proposals. Please let me know if I can provide any further information to justify the need for these two new subcommittees on the NIST OSAC structure. I can be reached at 208-608-2301 if you have any questions.

Matthew Gamette
Chair, Consortium of Forensic Science Organizations

Cc: CFSO Board, Mr. Mark Stolorow, Mr. John Paul Jones II, Mr. Jeremy Triplett, Mr. Mark Keiser