DEDICATED TO PROFESSIONAL PROGRESS IN FUNERAL SERVICE

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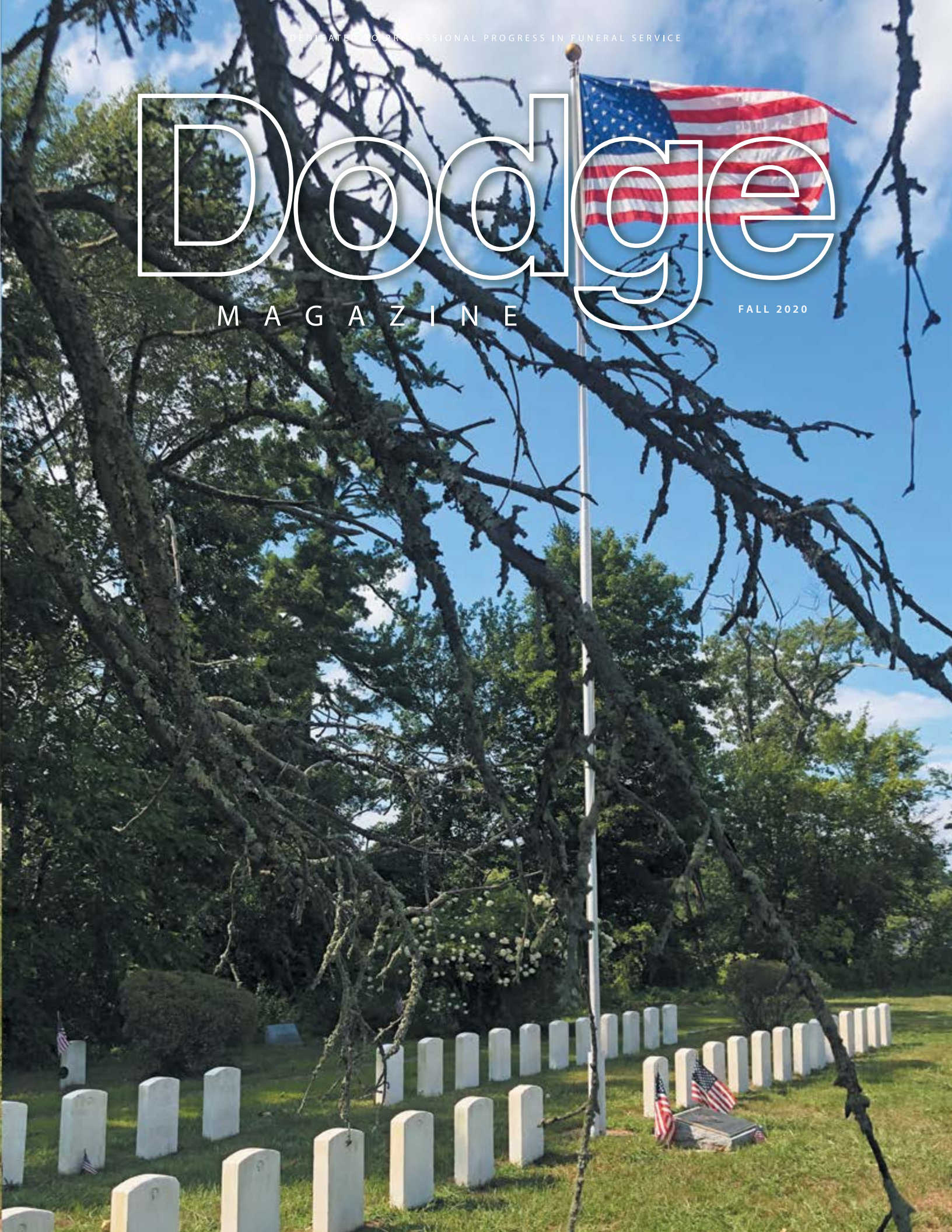
MAGAZINE

FALL 2020



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The Cover
Woodlawn Cemetery, Ayer, MA. Graves of 40 soldiers who died in the Fall of 1918 from the flu epidemic at Fort Devens, MA. *Photo by Bill Werner*

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The Autopsy Case: Preparation and Injection

By Tom Sherman

I love working with apprentices. For one thing, they will always point out what the embalmer with whom they normally work does differently from what I do. This is nice because sometimes I learn a new technique.

Not long ago I had the pleasure of getting to embalm an autopsied case with an apprentice at a funeral home. This is not a sarcastic statement, I love working with apprentices. For one thing, they will always point out what the embalmer with whom they normally work does differently from what I do. This is nice because sometimes I learn a new technique, something the other person does that I don't do, and it gives me an opportunity to explain why I do the things I do.

Sometimes this helps reinforce a belief or practice of mine, serving as a reminder why over the years one thing became what I do instead of another. Everything I did that made him say, "Oh that is interesting. My usual embalmer does this instead," made me think maybe not every person knows about this technique. And each time he said, "I see you are doing this, but my usual embalmer says that is bad," it gave me an opportunity to explain why I do it the way I do, and why it works, and why the system they use also works, but that it doesn't mean my way doesn't.

It was doing this recent case with this apprentice that got me to sit down and write this next in a series of "tips and tricks" articles I started last year. This time I will discuss embalming the autopsy case. As before, I am going to break it into different sections of the process: the preparation before the injection, the injection process itself, and the post injection finishing up (also known as the tedious part of the autopsy embalming process). I'll cover the first two sections in this article and the last part in a follow up article.

The reason most people do not like dealing with posted cases is that is takes so long, and a fair amount of the time is spent tediously suturing. I am going to do my best to offer time saving tips, things that don't take away from best practices but can shave a minute or two off here and there. For the purposes of this article, we are going to assume that this is a standard autopsy case. No trauma besides the incisions and whatnot normal to an autopsy, like broken bones from a car wreck or gunshot and stab wounds.

The Prep

In this case, I mean the preparation to start the embalming, not the embalming itself. Getting everything situated and organized at the beginning leads to more efficient embalming, better procedures for better results, and, of course, it will save time in the long run.

I have never received a posted case that was not in a pouch, so I am going to assume that is the norm everywhere. When I open the pouch for the first time, the first thing I do is check the pouch for pools of blood. I have been lucky enough a good 50% of the time to find the autopsy techs or pathologists themselves made sure that everything was fairly dry, but the other 50% of the time the pouch is full of blood. In these cases, before I start to make the transfer of the deceased from the bag, I take out my post-aspirator and aspirate the liquids from the pouch. The mess I now do NOT have to clean from spills on the cot, the table, and the floor, will save not only time but frustration. It's a small thing, and a simple thing, so small and simple that it is often overlooked until there's a puddle on the floor and someone has to go get towels and mop up before even starting the actual work!

Once the deceased is on the table, I take a minute to wash them right away. Putting aside the need, especially nowadays, to immediately disinfect a case for pure safety reasons, you cannot get a real idea of what you are dealing with before this is done. The person you are about to embalm will always look 100 times worse when covered in a mess than when clean. So not only in this five minute process did you make it so that you can get an accurate picture of how you need to proceed in the chemical formula step, but you also have saved some mental stress. It is amazing how quickly the case can go from, "Lord give me strength, this is gonna be rough," to "Oh, okay, this isn't bad at all, fairly straightforward in fact."

Now it is time for the rubber to meet the road. I recognize that everyone has their own order for this, but I am going to go through it in exactly my order. And the order in which I do things is concrete. By taking the same steps in the same order every time, I have minimized the opportunities for me to miss something. So whatever order you do your work in, it is helpful to do it in that same order every time. An uncluttered process leads to best results! I always start with the abdomen, and after removing all the sutures the first thing I do is take the chest plate out. I set it on some paper towels I have sitting nearby, whether on the table or in a nearby sink that is not going to be used during the embalming. It depends on the facility I am in. I immediately rub it down with Dryene II Gel, making sure to be thorough in getting under the folds of tissue. Then I turn it over and do the other side. I cover it with more paper towels so it is nicely wrapped, and the Dryene II Gel can continue to do its work while I move forward. Now I handle the viscera, and here is where the first hot debate starts, I have no doubt.

Before I actually remove the viscera (and I have never once received a case from an autopsy where the viscera is not in a bag, but I am told that is not true everywhere), I line a bucket with a clean, unused red biohazard bag or a clear viscera bag. I put the entire bag received into the clean bag in the bucket, once it is INSIDE that I then remove the original bag, leaving

the viscera inside. I know this sounds like extraneous work but hear me out. The bag you received probably already had some holes in it, and that alone means it needs to be changed to hold in the chemical coming up. It also means that later, instead of dealing with the bag covered in blood and tissue, you will have a bag that is clean on the outside.

Now I can take a large set of hemostats and start pulling up intestines, and with a good sharp pair of scissors start cutting holes in them. This really does not take as long as it sounds, but it is a major step. You can see gas build up in the intestines as they set and even pockets of gases when you pick them up. Just some snips will release that AND provide more area for your chemical to penetrate. In this process you can check and make sure the stomach is already well dissected as well as the other organs. In my experience usually the pathologists have already dissected the rest of the organs into several pieces.

At this point I used to add two, yes two, bottles of Dri Cav. "Used to? But that does not make sense because Dri Cav has the best drying and disinfecting capabilities without burning out your nose and eyes like a 50 does! Why would you ever change from that?!" Well, I am glad you asked, projection of my own ego that allows me to answer my own question! Because Dodge came out with Halt Cavity, and now I can get all the power of Dri Cav with the built-in insurance against future bacteria and gas problems of Halt GX. So in those two bottles of Halt Cavity I can do the double duty that will allow me to sleep tonight not having to consider the idea of anything going wrong because the viscera were already having issues that I just couldn't see. I stir it around a bit to make sure every surface is in contact with the chemical, then just twist the top of the bag a few times and fold it over, and it can do its thing while we continue.

Here's hot debate number one: please do not use a trash bag for this. I was, in fact, taught to do this using garbage bags and did so for many years. I was attending a Dodge seminar only a few years ago, when Jacquie Taylor was doing a talk on case reports and general covering your assets in the funeral home, when it was brought home to me to stop doing this. Red biohazard bags are medical. They are professional. Garbage bags are, well, garbage bags. It is not the best look for us as a profession to treat the part of a loved one as if it is the leftovers from your Sunday dinner. Besides the moral gray area of what would a family think if we told them we did that, there is the very real lawsuit danger in something like this. If for some reason a family later decides to have another autopsy, like the ever-present independent autopsy to get a second opinion, and what is found is a GARBAGE bag, then guess what? They are coming for you.

With the cavity now being clear of the chest plate and viscera, we can clean here, too. Again, just take the post-aspirator and aspirate any liquid. I try to be sure to get under the skin of the shoulder, above the clavicles. This seems to be a place for liquid to pool and come out at the most inconvenient times. Also, the flaps on the abdomen tend to collect moisture between the skin and the ribs. This is important when it is time for the injection process.

Now I go to the head and remove the sutures. When I take the calvaria out I take it right over to where the chest plate is and brush it down with Dryene II Gel as well. For both the chest plate and the calvaria, SynGel HV is a good choice as well if you don't have Dryene II Gel. Even if it doesn't look like there is any tissue, it's worthwhile to get what you can't see treated. I wrap it in a paper towel and leave it there to do its thing as well. I do like to use the post-aspirator and get out whatever liquids are in the skull and wash it out and aspirate it and dry it all down. That is just one less thing to create more mess while you are working.

The last thing I do before I go to the injection should come as no surprise to anyone who has read my previous articles. I get body rests and elevate the deceased from the table. This is no different from a normal case. The feet, buttocks, and shoulders are on the rests so that as little of the surface area of the body as possible is in contact with the table. I still want to get the best diffusion and distribution of chemical throughout the body, and the vessels and capillaries being squeezed because of the pressure of sitting directly on the table will prevent that. Not to mention that it is much cleaner this way. Any of the drainage running down the table will not be gathering on the skin but running underneath it down to the drain. This two-minute step saves so much time in cleaning later, not to mention the better embalming results all the way around! While I do this step first in a regular case, I do it last in my preparation to inject in a posted case because, well, with the viscera removed they are lighter, and it is easier.

At this point I used to add two, yes two, bottles of Dri Cav. "Used to? But that does not make sense because Dri Cav has the best drying and disinfecting capabilities without burning out your nose and eyes like a 50 does! Why would you ever change from that?!"

The Injection

This seems like an absolute no brainer, I get it. You inject the vessels, what could be simpler. However, thinking about the art and the nuances of embalming rather than just "getting the chemicals in," there are some little things that can be done here to make the whole process not only more thorough, but easier and a little shorter time-wise.

I'm going to assume you don't have a double "Y" injector, that would allow two vessels to inject at the same time, because this is what I most often run into when I'm invited to a facility to take care of an autopsy case. First, I raise the right iliac, insert my arterial tube, and tie it down. This, in most cases, is super easy because it is well exposed from the autopsy. Although there have been times when I have asked funeral directors who they made mad at the pathologist's, because they have cut everything up so badly it can only have been intentional.

I start injecting this leg right away. A good slow flow, about 16 oz per minute, with a high pressure, starting around 60 and up, and still using a pulse, it usually takes a little time to see the drainage coming back, but it's to be expected since so much of the blood is already out due to the postmortem process. Once I see the drainage coming back, I go ahead and use a hemostat to clamp it off. Just because this is an autopsy case does not mean that restricted drainage doesn't still force chemical to distribute more effectively! This is also the point when I start seeing the little streams coming from smaller vessels farther up in the

abdomen. This is great to see because we know that chemical is embalming up there, too! I go ahead and clamp these off.

Now that I am confident that I have started to make progress on this leg, I start raising other vessels I intend to inject. I go to the left iliac, and as I remove the tissue around it to make it more accessible, I massage the calf, foot, and leg of the right leg being injected. While I am putting a ligature around the left iliac, I am also watching to see if the vessels in the right foot are distending, and are the toes clearing? It is also around this time that secondary drainage I was not able to clamp down has put enough liquid in the cavity that I want to start keeping my post aspirator there to allow constant aspiration. The more that is aspirated, the less that will pool and start to fume.

Once I see the drainage coming back, I go ahead and use a hemostat to clamp it off. Just because this is an autopsy case does not mean that restricted drainage doesn't still force chemical to distribute more effectively!

The right leg being thoroughly injected and embalmed, I now start to inject the left leg, following the same process as before. Once I have drainage established and restricted, I start to raise the left subclavian artery. Even after twenty-two years, this is still the one I have the hardest time with. I was taught, and still do this for both sides: to have the arm extended away from the body to provide the best access. This is true, but I would add one thing. It works better for me if I extend the arm out away from the body, but not all the way to shoulder height. At 90 degrees I have found this tightens the tissues, making them harder to work through, and stretches the artery making it more difficult not only to see but to work with.

On the other hand, if I extend the arms to about 60 degrees, I still have pliability in the tissues I need to work through and the artery itself is not only easier to find but also easier to work with, making it faster to mark with ligature and move to the next one. Then I move to the other side and do the same thing, all the while making sure the left leg is getting massages and injecting thoroughly without issue. And the post-aspirator is diligently doing its work, keeping everything clean and everyone in the room from having their eyes burned by fumes. If you work in a facility that has a double "Y" injector, the only difference is that you can start with injecting both legs and raising the other vessels while also massaging and monitoring both legs.

When injecting the arms and hands, and, again assuming there is no "Y" injector, I go to the left subclavian first, typically because that's the side of the table I'm on and it has become a routine. First and foremost, do not be afraid to change arterial tubes! It is more often than not that this artery is significantly smaller than the ilia were, and trying to force too big a tube into the artery can lead to woe when you're having to chase a broken vessel farther and farther down. The amount of time you can save by taking 30 seconds to change tubes can be the difference between dinner with the family and cold leftovers by yourself! Since I already raised this vessel while injecting the leg it takes no time at all to insert your tube and start injecting.

Because I have already cleaned and washed the deceased, I can see clearly how the nails and fingers look. So again, with a low flow, about 10 or 12 oz per minute, and a good pressure and pulse, I start the injection. If there is still ink on the fingertips from fingerprints being taken at the M.E.'s office, I can spend time on them now and get the double duty of it being a massage as well.

As with the leg, once the drainage is established, I can clamp it off to get my restricted drainage, which is also around the time the smaller vessels in the abdomen start their secondary drainage. If this part is going well, I can take a moment to clear the left carotid, if I have not already had the chance while injecting the legs. Do not forget to massage as you go.

Generally speaking, on an autopsy case if I am going to have to raise extra vessels, it's for the arm. While it is almost unheard of to have to raise a femoral because a leg wasn't getting the chemical all the way down, raising a radial because the hand just didn't quite get it, is not unheard of at all. My theory on this has always been that this is because through the whole process, from the time the person is picked up, to being autopsied, to being in refrigeration, to being back at the funeral home or embalming center, the hands are down by their sides, allowing gravity to wreak havoc. So, keep at it and manipulate those fingers and elbows to make sure any blockages are making their way out! When you're all set and satisfied with the results here don't forget to ligate the vessel before moving on. We don't want to let the chemical solution just drain right back out, but rather to keep the vascular pressure so it can continue to work its way deeper into the tissue and keep working.

Going up to injecting the head now, I can assure you I did not forget about setting the features and shaving and all of that. I save that until I get up to here on purpose. With shaving specifically, if I have got a particularly big leg that is taking a while to embalm, then I might come up and shave and just go back and forth. As far as the actual setting of the features, I absolutely wait until this point, and the reason is plain. If I spend the time to make that mouth look just right, and then when moving the arms around while injecting or raising the vessels, or moving the neck around while raising the carotids, then there's a good chance I will undo the work I've done.

So now I set the mouth, adjusting until I am satisfied, and I put my Kalip covered Webril behind the earlobes. What I do not do now, though, is add eye caps. I do give the eyelids a little massage, so they are pliable, and make sure they fit together. The eyeballs themselves are almost always deflated after an autopsy. The pathologist removed the vitreous humor, but typically not in a way that mutilated the eyeball. So, it is still well intact, just deflated. I do not like to put an eye cap in before injecting the head because the eyeball will often re-inflate as the chemical makes its way through the head. This way I can see what it is happening and give the eye a chance at a more natural shape.

When I said before that I inject the arms and legs at a low flow, that was nothing compared to this. I start my flow at about 6 oz per minute, and with pulse that means TOPPING it at 6 oz, and it pulses below that. The pressure will take care of getting it where it needs to go, but not "fire hosing" into the face is important. Now I have started the injection, I come back to check that the Circle of Willis has chemical coming through, so I can clamp it off.

Hot debate number two: Restricting the drainage from the Circle of Willis seems to be almost as divisive as which end of the cot does the head go on. I have heard both that clamping it leads to swelling and that clamping it means if you need to wind up injecting from top down you will not be able to. As the apprentice with whom I recently worked referred to this, it allowed me to give my logic for why I do it the way I do. What leads to swelling is putting the liquid in faster than the tissue and vessels can handle. The Circle of Willis is not the only drainage point in this injection of the head. There are lots of drainage areas, including in the neck and the scalp itself. So, restricting this one spot only makes sure that better distribution can occur in an area that is rife with distribution issues to begin with. And regarding injecting top down, the only time I ever attempted to do that, I was still able to access the vessel after having clamped it off. I refer to Jack Adams for his opinion on that, being the person who taught me years ago in a seminar that one could even do that.

I have started injecting up the left carotid into the head, and I am laser focused. I give regular massage to the scalp, and regularly check the vessels along the incision of the scalp for drainage. There is a real sense of satisfaction in finally seeing chemical seep from the incision line of the scalp instead of blood, and knowing that the distribution is thoroughly making its way through.

I give the eyeball regular checks to see if it is starting to re-inflate with chemical, knowing that the chemical has made its way there as well. Constant massage of the cheeks and face, being gentle on the lips, will help this along. One thing that has made an unbelievable difference in the success of injecting the head in an autopsy, is to keep checking high up in the neck for short circuits. When the pathologists remove the tongue and throat, they, by necessity, cut vessels. These cut vessels allow easy passage of the chemical solution AWAY from the tissues you want it to be treating. By pulling up the skin of the chest and angling the head back, you can see very well where these short circuits are draining and working against your successful injection, but you can clamp these off to make sure the distribution is going the right way. It is not at all uncommon for me to have three or four hemostats in the neck during my injection! Once you have confidently injected the left side, tie off the carotid and move over to the right and repeat.

Tom has been in the funeral industry for 20 years and still regularly embalms. He is the Dodge representative in central Texas.

The Big Picture

By Rory McKeown

Out of the thousand details of running a service, from transferring the remains from the place of death to the funeral home, to the vault lid going on, or the completion of a cremation service, all it takes is one glitch, and that's what people will remember.

"Come take a look at this lady for a minute. I've just got to finish her up and get her set up for tonight's visitation." We entered the chapel, and I thought we were going to be bringing the empty casket back to the dressing area. When we got right up to the casket, I realized that the deceased was already casketed but the casket bed was all the way down. There was this little woman that couldn't have been more than ninety pounds lost in the casket. The director applied a bit of lip color, made a few adjustments to the dress the lady was wearing, turned the lights in the chapel up, and we walked out.

My first thought was, I hope there are no small children attending because they're going to need a stepstool to view Grandma. I've attended services where the deceased was quite low, and I've seen body placement that gave the impression the deceased wanted to come jumping out due to being so high in the casket.

When funeral directors see something that looks out of place, we're the first to pick it out. I was watching a movie recently that had a scene zooming in on a casket in a chapel, and the body was so high it could have rolled out. My first thought was crank that poor guy down a bit! I see the same in television. *Six Feet Under* came pretty close to the everyday realities but for the most part those of us in this business will catch the flaws…details shown about funeral service that just aren't right, or at least to my eye, stick out.

I've also seen these details at funeral services I've attended in person. I'm not sure if these are geographic differences or just the preference of the given funeral home in a given circumstance. What I see as wrong is most likely just different from what I'm used to seeing. When you enter a chapel in a funeral home, or a church service where the body is present, there is a scene we're taking in. The family and the outside world don't know about the details of creating that scene. This is their window on our world for a few minutes, a few hours, or a few days. What they see through that window lies directly in our hands as funeral service professionals. Anybody who has never attended a funeral or wake before is going to look at what we do as their benchmark. This is their picture of what a funeral is. If something goes south, they'll never forget! Unfortunately, out of the thousand details of running a service, from transferring the remains from the place of death to the funeral home, to the vault lid going on, or the completion of a cremation service, all it takes is one glitch, and that's what people will remember. One misspelled name in the paper and we've ruined the entire funeral. At least in the eyes of the families it seems ruined sometimes. What are the little things, those small details that are pushing families away from what we call a traditional funeral service, to a "service" with a cardboard casket with the lid on being sufficient?

In the prep room we are so focused on the minute details of what we're doing we often aren't thinking about the big chapel picture. We're thinking about the right here on the prep table picture. As we should be. Most mistakes made by the embalmer can be addressed and fixed on the prep table. That's how we learn. As we progress through our career we learn what works and what doesn't. With each mistake we make we are telling ourselves, "Well, that didn't work!" The hundreds of details in the wake and funeral service all begin here. We analyze each case and prepare the remains as best we can as professionals. As we set features and position the body on the prep table we're beginning a process of so many things that could just look wrong.

Body placement is an aspect of the viewing experience that should not be overlooked. We've done our best in the preparation of this individual, so the follow up work should build on that.

Positioning of the body during embalming with a mind toward how this individual will be positioned in the casket should be in our case analysis when we first take a look at the individual and consider their size and proportions. Chances are we will be positioning a smaller individual differently than a robust, 220lb. person. Different body positioners will likely be used under the head and arms, to give the natural appearance in the casket that we are endeavoring to achieve. (Oh, the days of the square chemical bottle). An embalmer will sometimes have to use his or her imagination to properly position a body, depending on the condition of the remains. Malformations may make positioning of the body especially difficult.

A major challenge for embalmers today is the increase of obese cases in the U.S., but positioning can also be tricky if we have an individual that is extremely

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short or tall. The easiest way to gain a few inches in casket room is to place Adjusto Blocks under the knees to keep them bent during embalming. We want to be sure that there is no arterial restriction to the popliteal region that may inhibit fluid distribution to the lower leg during the injection to the legs.

When casketing, we may have the good fortune of having a casket with an adjustable bed. Obviously this makes our lives much easier. I was taught that the shoulders should be just two or three inches lower than the overlay of the casket. The head was normally slightly tilted to the right. We try to be sure that the casketed body isn't "stargazing," but we don't want them looking at their shoes either. We want a position of comfort and peace. On larger individuals we may want to tilt the head slightly more backward than on a thin person to keep the chin off the chest. If possible, especially on larger people, the hands should be kept lower than the head. Often the foot end of the casket will be all the way down to keep the placement looking natural. If the casket is one without any adjustment, pads under the shoulders and under the pillow can help create a natural position in the casket for a smaller individual to give the appearance of comfort to the body.

If Mr. Smith used to wear a size 15 neck but now even after our best efforts he has a current neck size of 16 ½, an adjustment is going to be needed somewhere, either a different shirt or a snip!

There are those individuals that, with time, have become rigid. We've all had the body come in where just trying to get their knees somewhat straight for injection is a challenge. These individuals are often lying on their side with the knees up, pretty much locked into position. Casketing these folks is a definite challenge, trying to get the person lying flat and not lying to one side or the other. The funeral may be the first time some of the family and friends have seen the person lying flat and without the obvious crippling effects of their illness. So much of what we do is all about that peaceful memory picture for the family and loved ones left behind.

The body should have a slight decline from the head of the casket to the foot. At a funeral home I used to work with, once the casketed body was brought into the chapel, one person would stand about midway into the chapel and the other would adjust the bed up and down, and determine what looked best from across the room. We would want the deceased to be visible in the casket from the moment you came into the chapel.

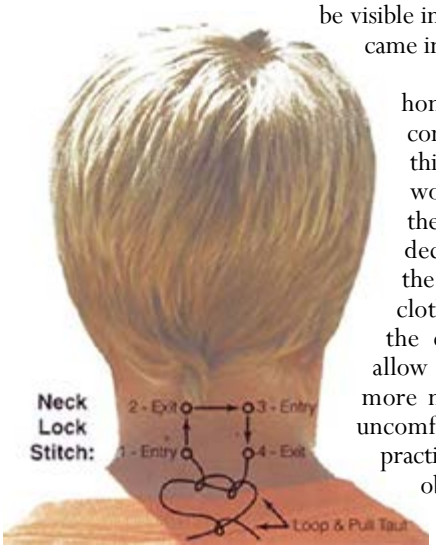

fig. 1

To cut or not to cut? Many funeral homes are strictly no cut when it comes to clothing. Most of the time this can be achieved with a bit of work, but there are times when the clothing a family brings for the deceased just isn't going to fit. Is the family going to want any of the clothing back after services? Cutting the collar on a snug neckline will allow for room to make the body look more natural. A tight collar just looks uncomfortable. Whether it is common practice to cut clothing or not, our main objective is to not have our person look like they're choking. This is especially noticeable on a button-down men's shirt. If Mr. Smith used to wear a size 15 neck but now even after our best efforts he has a current neck size of 16 ½, an adjustment is going to be needed somewhere, either a different shirt or a snip! On a case such as this, a neck lock suture can be used (fig. 1). I've seen embalmers reduce a neck quite substantially using this method. Conversely, if a shirt is brought in that is too large in the neck, a stitch or two in the back of the shirt can tailor it to fit. A collar that's too large doesn't look good either.

Generally, there is much less of this problem with women's clothing without a button up collar. Pants or slacks should be straight and shoes worn if the family brought them in. A coat of polish on a pair of shoes only takes a minute or two and can make a big difference. Anything that a family brings us should be placed on the deceased if possible. If shoes don't fit they can just be placed next to the feet. Always plan on a family wanting to open the casket at the end of the evening. You never know.

A funeral director relayed the story of walking into the chapel for the funeral of a local man that was a prestigious person in the community. A full couch casket was being used for the service and as hundreds approached the casket, the first thing that caught your eye were unpolished shoes. We may not think they're looking, but they are.

Cuffs on a men's dress shirt should show about ½" beyond the end of the jacket sleeve. We're used to seeing a person dressed, with the gravitational effects of clothing lying a certain way. When casketing, the shirt or blouse should be pulled tight to eliminate wrinkles and give a crisp look. Occasionally a bit of padding can be used under a suit jacket in the clavicle area to give a more tailored look. This area can have the appearance of a slight depression on a casketed individual. Padding should also be used just below the rib cage if the person is extremely thin to take away the look of the sudden drop from the thoracic to the abdominal area. Some Webril or a clean sheet can be folded to fit this area and placed under the tee shirt or undergarment to create a more natural, sloping appearance.

In the Midwest we placed hands left over right, thumbs interlocked. That was the standard unless circumstances dictated otherwise. I've seen hands placed over the upper abdominal area, one hand superior to the other, but not necessarily touching, which looked odd to me, or casually placed one over the other, but that was the standard in that geographic area. What was "wrong" in my eyes was just different from what I was used to seeing.

A lot has been written recently about the importance of the hands during the embalming process. As many say, it's half of what we see. Proper cosmetic application enhancing warm color areas, highlighting, and other seemingly small details can make a big difference. For a few years early on, not a lot of attention was given to hands, other than to be sure there were no bruising or obvious problems, and plumping the fingertips, if needed. One day I was working with a funeral director dressing a body getting ready for a service and it was the first time I'd seen anybody actually spend time hypodermically

injecting hands. The body looked good, but he just wasn't satisfied with the overall look. He probably spent ten minutes on each hand, filling areas between the tendons, and building the fingers a bit. The difference was obvious. Ever since then I've tried to inject a little extra Feature Builder if the hands needed it. If the fingertips are a little wrinkled, a hypodermic injection of Feature Builder is going to give the fingers a more natural appearance.

I was visiting a customer not long ago and when we went back to the prep area, his embalmer was working on a lady's fingernails. Normally this young man and I would chat a bit, but he was so locked in on polishing this lady's nails that he wasn't even aware I was there. That's concentration. He just looked up and nodded. If there is a need for cosmetic on the hands, we want to be sure not to cover any distinguishing marks. If the individual was a mechanic for the last forty years his hands probably show those years. His friends and family are going to be expecting those experienced, labored hands so we want to be sure not to cosmetize that away. We can diminish certain blemishes but we don't want to hide anything that distinguished this individual. If there is any discoloration on the forearms and the person has a short sleeve shirt, that coverup should be accomplished in the prep room with Undercoat Spray. This a good product to have on hand when covering larger areas of discoloration, and once dry, there is no danger of smudging.

Those grooming details, like trimming fingernails, trimming ear hair, nose hair, and mustaches, can't be overlooked or they can spoil the good work done so far. We stand at the casket with a view we don't normally have so nose hair is important. Eyebrows can be trimmed if they are unruly. A picture can be a big help when getting those fine points right. We want to trim the mustache like the deceased trimmed it. If we don't have a picture and a family asks us to trim a mustache, the lip line would be a good place to trim to. You can always take off more if the family asks, but you can't put it back if we go too short. Usually you'll have a pretty good idea of how a man wore his hair when you start. If you have a picture, you're good. Women's hair on the other hand is out of my realm of expertise. For a good portion of my career we had a hairdresser come in to do the hair on the ladies. Some things are best left to the professionals…or at least someone that knows what they're doing. Hair style is a detail that the family is going to pick up right away if it's off even a little bit.

This is the time for final check and touch up of the body. Dressed and casketed, final work on cosmetics can easily be done in the casket in the chapel with a towel placed under the hands and an apron around the neck to protect the clothing.

The use of lighting to enhance and supplement the

complete presentation is important. There is going to be a huge difference between how our loved one looks at the visitation in the chapel at the funeral home and the following morning in church with sunshine, with normally subdued lighting from directly overhead. Occasionally you'll have a church that has adjustable altar lighting that we can use to our advantage. This is the best case scenario at church. More often than not, lighting is created by the sun coming in the windows. In this case you'll need a "Go Kit." A small box with powder and a six-in-one cosmetic kit, lip color, lip brush, spreader brush and a powder brush. A bit of touch up in the morning at the church and we can somewhat adjust the available lighting.

Our best work will hopefully show where we have the best lighting options to enhance our work, so we have the opportunity to create lighting effects that we can change to suit the given presentation. Poor lighting can wash out subtle cosmetic applications that are normally more noticeable under the correct lighting. The final cosmetic application under the chapel lighting is where we can put the icing on the cake, so to speak. Most of us do our cosmetic application under florescent lights in a prep room or a dressing room. If our cosmetic application looks good under these lights, chances are it's going to look pretty good out in the chapel. Now that we are in the proper lighting we can apply those finishing touches that may be more subtle. By proper lighting, I mean whatever your particular chapel setting dictates. If there are windows, daytime visitations will look different with sunshine coming into the chapel than in the evening with the lighting in the chapel strictly provided by table lamps set here and there, and the lighting at the casket.

Red neck bulbs in a torchiere at the head and foot end of the casket can help eliminate shadows and highlights, but they can also cast a shadow if set too bright. Normally the light at the head of the casket is set to the dimmest setting and the bulb at the foot of the casket is set to the middle setting in brightness. Adjustable incandescent overhead lighting in combination with the torchiere lamps gives us any number of options of where we want to highlight or accent. I've seen interesting combinations of lighting colors in overhead lighting. Light pink or rose-colored lights are normally used, but I've seen combinations including blue and green. Whatever your lighting options, use them to your advantage.

"The family brought makeup" is a statement that should send shivers down the spine of any embalmer. Naturally, we endeavor to have a deceased individual look as much like themselves as possible, but personal cosmetics probably aren't going to stand up to mortuary cosmetics that are specifically formulated for our use. Ornamental cosmetics have oils and perfumes that we don't need, and they don't hold up. Whatever a family brings in, we can match that base or foundation with mortuary cosmetic and we'll have better results when we do. Blending cosmetics is much easier, and the cosmetic will hold better. Do we want to dab on Estee Lauder or use what we know will work? Especially if there has been any reconstructive work or restoration, we want to be sure our cosmetic will hold. Final touches of lipstick, eye shadow, eyeliner, and powder blush can be used from the arsenal that a family may bring, as it is going to be exactly what that person wore and most distinguishable.

I had only been home for about half an hour when I got a call from the lady working the visitation, and she said there was a problem and I needed to get right back.

I remember serving a family of five daughters, all between fifty and sixty years old. Their mom was likely in her eighties when she died. They had brought in all of mom's jewelry, perfume, and rouge, but no lipstick. I was informed that even though she had slowed down a bit in her later years, she always dressed up when she went out. When I brought the sisters into the chapel together for the first viewing there was some discussion about which earrings to use and the like. They said everything looked good, so I introduced them all to the night staff that would be taking care of them through the rest of the visitation and went home. I had only been home for about half an hour when I got a call from the lady working the visitation, and she said there was a problem and I needed to get right back. I came back to the funeral home, which was only about ten minutes away, and there was laughter coming from the chapel. The sisters were quite apologetic that they had called me back, but Mom just didn't look right. What it all came down to was lip color. Their mother always wore the same lipstick every day, and what I had on her just wasn't it. It took a while but after looking at their mom for a bit they all kept thinking something just wasn't right. After about four trips to the prep room and applying several different lip colors, all during the visitation, we finally came to the color that they all thought was right on.

Fortunately, they were all in good spirits and at peace with their mother's passing and were bold enough to ask me to change the lip color, since to them it made all the difference. They were one of those families that is a pleasure to work with.

All of our work, from the first call to sending a thank you card to a family for allowing us to serve them in their greatest time of need, and everything that happens in between are small brushstrokes that create the final painting that is a funeral service. The transfer team is the calling card of your business. They are the first stroke of paint to be laid down. The embalmer, arranger, director, drivers, administration, and secretaries all make up the strokes it takes to complete the painting. When we walk into a chapel we see the full picture. We're all in this together, and each family deserves our finest work every time.

Rory has been a licensed funeral director and embalmer for over 30 years. Since 2013, Rory has served as a sales representative with The Dodge Company, covering Arizona, Colorado and New Mexico. Rory spent much of his funeral directing and embalming career in the Chicago area.

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Cosmetics from the "Inside Out"

fig. 1
straight

fig. 1
curved

By Randy Rogalsky, CFSP, MBIE

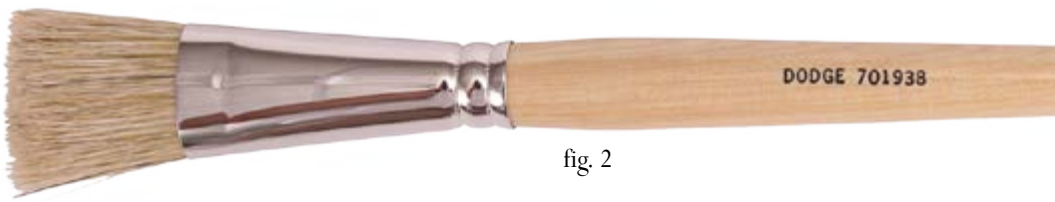

fig. 2

In many instances, the conventional "whether it needs it or not" application of a cosmetic base or foundation can create that "too perfect" look, more suited to formal occasions.

Back in 1994 I wrote an article titled "Arterial Cosmetics, The Foundation." The title almost spoke for itself, but in recent months we were getting a lot of inquiries about how much tint to use, and whether or not you can mix the various tinted arterial chemicals we make. I thought, what better time than now to write another story on the same topic.

Our embalming procedures, well-honed over the years, have in most cases been conducted in several stages with the finishing procedure being cosmetic application. In many instances, the conventional "whether it needs it or not" application of a cosmetic base or foundation can create that "too perfect" look, more suited to formal occasions. In some circumstances, that is going to work out well, but, in many other cases, it isn't going to create that "natural" appearance that we think it is supposed to accomplish. The word "natural" is subjective and can be interpreted in different ways.

Many women use varying degrees of cosmetics in day-to-day life, sometimes just a little bit of rouge, a bit of eyeliner and eye makeup, and some mascara to enhance the length of the eyelashes. Oftentimes it's a little bit of lipstick or lip gloss. A full foundation is not always used on a daily basis, whether it be to go to work, or just to go out in public to shop or run errands. But when it comes to going out to some kind of formal occasion, it is often the case that a woman will apply a foundation makeup to start the process. Then there are many women that wear no makeup at all, some of the time or all of the time.

Men on the other hand, unless they are wearing makeup for the camera or theatre, or for some other professional reason, don't usually wear makeup. Then they die and end up wearing makeup for their visitation and funeral. So, no matter how you think about it, it just isn't natural. Do they look good? Of course, in fact they usually look incredible, just not natural. So this is the biggest issue that most funeral directors have to deal with when the family has their first look at their loved one. Even air brushing, which most embalmers think is the greatest method for applying makeup because it is subtle, still takes away that natural appearance of a man's skin. We as embalmers get so used to doing it and are so proud of our cosmetics that we sometimes can't understand that this just isn't what a lot of people expect. Or worse yet, it is what they expect, and it might be a deterrent for them to want embalming and visiting.

What is the point of this preamble? It isn't to discourage embalmers from using cosmetics in their work. However, this article most certainly deals with achieving the greatest percentage of cosmetic effect from the inside out. Once that has been accomplished, through the proper selection of embalming chemicals and tints, the need to finish with cosmetics can be seen in a new light. The idea here is to minimize the amount of cosmetics required, and try to reduce using foundations or "cover-ups" to those certain areas that need them. A photograph always speaks volumes about the person, and in the case of women, it will also tell us if she wore cosmetics or not.

One of the great things about modern embalming chemicals is the variety of tinted arterials and supplemental tints available. It has been my experience that the most popular arterials are those that are "tan" in shade. There is something about a tanned look finish that seems very appealing to watch occur as you are injecting. It is easy to default to one of the tan shades of a product like Chromatech Tan, or to add Icterine Suntan or Tan to the solution. A pre-embalming analysis and the review of photographs and the time of the year will help make the determination and decision as to which shade to choose.

I can go way back to the 70's when I lost an uncle. I had only been working at the first funeral home I apprenticed at and I was anxious to see how my uncle was going to look in his casket. He was a rather pale man, he stayed out of the sun, and he had somewhat of a ruddy nose. When I went up to the casket, although I didn't say anything to any of my family, he was tanned up almost to an orange finish. He didn't have much cosmetic on which was fine, but his overall color was wrong. None of the family would have understood why he looked that

way. Great mouth closure, great eye positioning, but tanned and not looking like himself. He looked well embalmed, though, and I think that was likely the objective that the embalmer sought to accomplish, and there is nothing like the addition of a tint to the solution to give you that satisfaction. Distribution was successful. The point to this discussion, though, is to think through the complexion finish that will look the most natural. In this case of a pale person with a ruddy nose, the ideal choice may have been regular Chromatech. That original product, the first of the Chromatechs, had an interesting way of bringing out the warm color in the appropriate places, such as my uncle's nose, and leaving the balance of the complexion pale. Permaglo, one of our most famous arterial chemicals, is another product that has an exceptionally successful natural finish on many complexions. On the other hand, a summer tan is a healthy look on many people, young and old, and there is a time and place to choose that shade. It all comes down to whether or not the person was one to be out in the sun and get brown.

In the case of darker complexions, this subject takes on a different angle. People from all over the world live in the United States, Canada, and the UK, and they have different complexions and require different selections. Here in Toronto we have a vast, diverse population with many people from India, China, the Caribbean islands such as Jamaica and Barbados, Sri-Lanka, and the list goes on, too many to mention. Again, it comes down to the photograph, and perhaps a look at the attending family making arrangements. Regardless, there is an arterial, and a tint for every type of complexion, and it is surprising sometimes how the selection of a pinker arterial tint works perfectly on a dark complexion to bring out the most perfect shade in the mucous tissues, and in the palms and the fingers. The possibilities are endless. It comes down to making the right choice.

Before an injection of arterial chemical, it is important to do a few things to pave the way for a uniform distribution. The relieving of rigor mortis from the tissues, the massaging of the facial tissues, and the application of Kalon Massage Cream will be helpful in ensuring the even distribution of chemical into the body, particularly the face and hands, the two exposed areas of the body of tremendous importance. It is, of course, important to massage, bathe, and prepare the entire body for the receiving of embalming chemicals. It just happens to be even more important for the viewable parts of the body. Sometimes arms are bare, with shorter sleeved or sleeveless dresses, or short sleeved shirts on men and younger people, and it means that we need to make sure that these exposed areas of skin look the same in shade.

I believe that hands are every bit as important as faces, and nothing makes a heavy cosmetic application to the face more apparent than if the arms and/or hands have not been treated equally. Watch the news anchors on television and see what I am talking about when they raise their hands by their faces as they sometimes do and their hands are almost white, and their faces are made up with darker anti-glare cosmetics. My wife Susan always says, "Only you would notice that," but I guess after all these years, I do notice these things, and find a way to apply it to the profession that I have been in all my adult life.

There are a couple of important techniques that are helpful, and it surprises me sometimes how some embalmers have never tried them. When embalming from the right common carotid artery, once a return of embalming chemical is noticed coming out of the top of the artery having gone around the Circle of Willis and back down, it is important to put a small forceps on the top of that artery to retain the chemical in the right side of the face and not let it just run out onto the table. If you don't want to use a hemostat or spring actuated forceps (fig. 1), you can also lightly tie it off with a ligature. Just make sure you can loosen it afterwards for the upward injection. You will be amazed how both sides of the face will look identical when you do this. This little helpful procedure provides for a well-balanced outcome of the facial distribution. I have done it for years. The need to inject back up into the right side of the face is minimized to the point where when you do that, you only need a small amount and sometimes you don't have to do it at all. I know that a lot of embalmers incorporate a restricted cervical injection, but I rarely, if ever, did that because of this technique. For those that do, you are able to maintain full control over the injection and distribution into both sides of the face.

It is while chemical is being perfused into the face that you want to start taking advantage of the tints in your chemical, and the hands, too. While you are establishing distribution all over the body, we know that gentle massage will encourage distribution into areas that seem to be more stubborn, particularly if the person has been dead for a longer period of time. Massaging works beautifully in the face to draw out some of the warmer color areas in the cheeks, chin, forehead, eyelids, and the ears. A one-inch China-bristle cream spreader brush (fig. 2), the same brush you use to apply Kalon Massage Cream prior to embalming, is the best brush to use. The bristles are stiff enough to work perfectly to encourage the warm color areas to brighten up from the stimulation with the brush action. Use an ample amount of cream to accomplish this. It is amazing how you can draw the same amount of color into the fingertips and knuckles doing the same thing.

To summarize, it is important to first make the appropriate selection of arterial chemical. Achieving preservation under every circumstance is, of course, crucial, but the choice of tint is an equally important consideration. There will always be situations where tint and index are the least of your concerns, like when you have extreme cases. I haven't even touched on the necessity to use water correctives like Rectifiant, Proflow or Metaflow to aid in an even distribution and overall enhancement

I believe that hands are every bit as important as faces, and nothing makes a heavy cosmetic application to the face more apparent than if the arms and/or hands have not been treated equally.

Once you master your tinted arterial and supplementary chemical choices based on the case you are embalming, you will find that you are using less and less foundation makeup. Save the cover-up, the opaque creams, and the heavy brown blending cosmetics for the cases that really need it.

of color from the tints. The use of Restorative to add moisture back to dehydrated cells is also important. But for the sake of this article, most of the focus has been on choosing a tint that best suits the complexion for the person so that little additional cosmetic is required.

Now the choice of cosmetic is very important, if and when you achieve ideal results from all of the procedures and chemical selections we have discussed. French Rose Tint, Softouch, Aquachrome water-based highlight, and tinted Kalon Creams are amazing transparent/translucent finishing cosmetics.

If you have achieved a beautiful complexion finish with your arterial embalming, there certainly is no need to get out the foundation creams, or opaque cosmetics. Take a really close look at the outcome from your embalming. Apply plenty of Kalon Cream to the surfaces and allow the chemicals to work for a couple of hours. The person will look even better yet once a bit of time has elapsed. I know that in busy places, that isn't always possible and the body is being prepared for transfer to another location and the work must all be completed quickly. However, if you do have the luxury of time, you will see what I mean.

A little thing that I often do is take a look at myself in a mirror, and compare my own bare hand to the hand of the person I have embalmed. It's a true reality check. You will know you have really succeeded if you compare a real live person with that of the body you are working on. Obviously this isn't always going to work if you are working on a brown person and you are a white person, or vice versa, but you get the idea.

Once you master your tinted arterial and supplementary chemical choices based on the case you are embalming, you will find that you are using less and less foundation makeup. Save the cover-up, the opaque creams, and the heavy brown blending cosmetics for the cases that really need it. We certainly know in this business that there is a real need for extensive makeup skills, such as in restorative art cases where there is plenty of traumatized tissue, or required wax work, and where there are other issues that require our vast variety of cosmetic products. We have it all at our fingertips, but when you really don't need it for that natural look, you will definitely experience the satisfaction of a happy family visitation. Too much cosmetic on a beautiful, well-embalmed body is just not necessary. It has just become a habit, and all we need to do is take a careful look at our choices before we start. Best wishes everyone as you continue to practice your craft and your skills.

Randy has been with The Dodge Company Canada since 1988 and President of Dodge (Canada) since 1994. He is a licensed embalmer and funeral director.

Supplies in the Embalming Room…or Lack Thereof

By Dennis Daulton

If you are just starting out in the profession, it would be prudent to start compiling your own kit, or an embalmer's grip, as it was referred to in years past.

No funeral home or funeral supply company could have anticipated the challenges we would face, and are facing, due to the COVID-19 international pandemic which began earlier this year. All are well aware of the shortages of necessary supplies, not only for funeral homes, but also for the medical field and first responders.

For those of us in the funeral profession, it is not our nature to look for praise or recognition as we quietly go about our business. It seems, however, that not much praise has been paid to those who have cared for the dead during these dreadful times. Perhaps I've missed it, or it will come later, or not at all.

This article is not about what we could have done, or should have done, to stock the necessary supplies. Rather it is something I've contemplated writing about for a long time. It stems from my experience thirty years ago working weekends at an embalming trade service in the Boston, Massachusetts area. For those who wish to learn the trade, or to improve their skills, working in such an active and challenging environment is extremely beneficial.

The late owner of Faggas Embalming Service (FES, Inc.), in Watertown, Massachusetts, Nick Faggas, along with his family and employees, operated, and still do, an embalming service for national and international shipping of human remains, as well as serving funeral directors throughout their area and all of New England. Nick, who died in May of this year, and his late brother Charlie also operated their funeral home which they established in 1963. Nick's success came from working very hard, providing excellent service, never saying "No," and charging a fair price. A husband and father of six, Nick also understood grief, having walked that cruel journey following the loss of his son, Christopher, who died in a tragic accident in 1981.

While previously working at funeral homes where the instruments and supplies were provided, I quickly learned if I was going to do trade work (at FES Inc., and on my own) I would need my own embalming kit. Nick said, "Dionese, ('Dennis' in Greek) I'm going to send you places where they don't have gloves." There was one funeral home we serviced where there was only approximately a half a case of an arterial chemical and a half a case of a cavity chemical. The room had an embalming table, of course, a hydro aspirator with tubing, an embalming machine, a few old, rusty unusable instruments, but nothing else which an embalmer would need.

While also working at Dodge during those years, I put myself in "the instrument of the month club," or that is what I called it. Every month I would buy one or two new instruments to add to my kit. I now have two kits. One is of instruments contained in a small durable plastic case for when I know I am entering a funeral home that is somewhat adequately stocked. The second is a "Plano 3-Tray Emergency Supply Box" which contains just about everything one would need. I refer to the latter as my "EMT Case." I also have an airbrush kit and two cosmetic kits.

If you are just starting out in the profession, it would be prudent to start compiling your own kit, or an embalmer's grip, as it was referred to in years past. There are various toolboxes available at hardware stores and online. Purchase one that is at least 20" long, or long enough that it will accommodate your trocar. Next you should open up an account with whomever you buy your supplies from, and slowly begin to purchase what you need. You will soon be self-sufficient and not dependent upon others.

What constitutes a well-stocked embalming room? As a Dodge rep, I am amazed how well some of the funeral homes I call on are adequately stocked with instruments and supplies. No doubt these are the same folks who are well organized in their personal lives, which carries over to their professional lives. Or is it the reverse? These funeral homes are also incredibly clean and orderly. ("Cleanliness is an indispensable characteristic of the modern funeral director and embalmer—clean conduct, clean language, clean instruments, and clean surroundings generally." *The Embalmers' Monthly*, published by Millard and Harris, Sioux City, IA, January 1915). The year is correct. Some advice is timeless.

Several of my accounts do such a consistent business that they are able to order most of their chemicals and supplies either once or twice a year. I've known of others who will only order when they have a few bottles left on the shelf. Don't get caught short because holidays, weather, traffic, delivery truck accidents, and human error can cause delays.

Most states have regulations governing what is required in the embalming room. There is the basic need for minimal and various instruments,

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Just as the church or temple belongs to the parishioners, not the priests, pastors, or rabbis, a family will often call a particular funeral home because it is *their* funeral home.

arterial, cavity, accessory, and co-injection chemicals, disinfectants, gloves, and supplies. Let's take a closer look at what most might feel is necessary to have in an embalming room to adequately care for the deceased.

ARTERIAL CHEMICALS: I would never tell an embalmer what chemical they should be using, but rather will advise on what has worked well for me, including which chemicals Dodge recommends to overcome specific challenges.

All suppliers offer arterial chemicals in a variety of active dyes and HCHO content. I would suggest that one stock a high index (30-35%) and a lower index (18-24%). Always use a chemical with an adequate HCHO content/index to overcome the challenge at hand. The concern for color is secondary. You can re-stain from within by adding sufficient dye to your arterial solution, such as Icterine or Inr-Tone. Consider intermittent drainage and a solution containing warm water. Your first priority is always preservation and disinfection.

CAVITY CHEMICALS: They can be high or low fuming, and high or low firming. We all have our favorites, or know what to use on certain cases when the need arises. In other circumstances it is what the funeral home has been buying, and where no other cavity chemical has been tried. To become more familiar with various cavity chemicals consider splitting a case on your next order.

Our new Halt Cavity is for those difficult cases where we would have used Basic Dryene as a supplement to the cavity chemical. It has a pleasant scent, has less of a HCHO odor than other cavity chemicals, and provides optimal preservation. Having several types of cavity chemicals on hand would be a wise choice.

Your families depend upon you not only to have compassion, knowledge, and experience, but also to have adequate merchandise and supplies to properly care for their loved one.

CO-INJECTION CHEMICALS: It is possible to embalm a body with only arterial and cavity chemicals. But to achieve enhanced results add our relatively new Proflow, or Metaflow, ounce-to-ounce with your arterial chemical, to help reduce clots and enhance distribution. A water conditioner, such as Rectifiant should be used to degasify and de-mineralize the water not only in the embalming tank, but also in the body. Use Restorative to rehydrate tissue, or to make normal tissue look and feel life-like, Edemaco to reduce swelling, and Dis-Spray, either as a topical disinfectant or mixed with your arterial chemical to eliminate tissue gas. Our new Halt GX co-injection is for difficult cases, including those that have tissue gas, such as septic, drowning, or decomposition cases.

Dis-Spray contains proprietary ingredients (high-performance quaternary ammonium compounds - QAC) along with more than the recommended threshold of 70% isopropyl alcohol by weight which meets and exceeds CDC recommendations for hard surface disinfection. Because of the amount of isopropyl alcohol it contains, Dis-Spray also exceeds the EPA recommendation for disinfection of the skin surface on the deceased. This necessary chemical in the embalming room is a fast acting fungicidal, bactericidal, virucidal, and tuberculocidal without high toxicity commonly associated with some other products.

There is a very good reason for having all of these chemicals since it is impossible to put all the ingredients of accessory chemicals into one sixteen ounce bottle with the arterial chemical. Every case is different. A skilled technician will know what works best and in what combination. On the technical side of our website take a look at our list of premium arterial chemicals, cavity chemicals and co-injections, and there you can also learn about the suggested dilutions for specific cases.

COSMETIC KIT: One can purchase the Dodge Complete Cosmetic Kit (Lighter or Darker), or assemble their own kit in a fishing tackle box, or a toolbox as previously mentioned and stock it with their preferred cosmetics, brushes, and powders. The Complete Cosmetician Kit contains our most popular cosmetics from our various lines: Aquachromes, Kalon Pigments, Kalon Creams, and Kalochromes, along with powders, waxes, brushes, and several instruments. All are contained in an attractive, sturdy case.

Consider our Airbrush Kit #680102 which includes an instructional DVD. This isn't something you might use on every case, but when the challenging case is before you, the results will be beyond any expectation you may have had. Discuss this with your Dodge rep or call our technical line at Dodge to speak with an experienced embalmer.

SUPPLIES: I entered the profession in an environment and era where the owners and mentors were shaped by the Great Depression. They frowned upon an embalmer using more thread, cotton, incision sealer, etc., than what was minimally needed. This was the "waste not, want not" mentality. However, some of us do not use enough, or sufficient, chemicals in the correct dilution. I mention this not to sell more chemicals, but rather to help avoid a lawsuit. I've read more than a few depositions about embalming failures, all of which appeared to have arisen from an inadequate dilution. Too low of a pressure and not using intermittent drainage also added to these failures.

Adequate protective attire for the embalmer must now be made available. Plastic wear for the deceased should also be on your shelf, including 3X and 4X Unionalls. "Next day" shipping can be expensive and merchandise does not always arrive the next day. There are some areas in the United States where this service is not available.

Your list should also include incision powder, autopsy compounds, soaps, and hard surface disinfectants. Do you have a body lift? People are getting bigger. Who will do the lifting when you are hurt and can't?

It is nice when we can borrow from a colleague, but in some circumstances the closest colleague you might have a working relationship with may be miles away. This reminds me of a call I took several years ago from a funeral director in the western part of the United States. The caller explained that there was only one other funeral home in his town. He didn't refer to the other funeral home as his competitor, but rather as his colleague. The caller explained that he

liked to go camping in the summer with his family, and his colleague liked to go skiing in the winter with his family, along with also going hunting with his buddies a week in the fall. The way it worked was when one of them was away the other covered both businesses. Their respective names were also on their colleague's funeral home checking account because cash advances needed to be paid on every funeral, such as the cemetery/crematory, certified copies of the death certificate, hairdresser, clergy, etc. I became glued to what I was hearing. This had to be a joke, I thought, but it wasn't.

When a death call came in at the colleague's firm, the covering funeral director would go there and handle everything as if it was his "death call," but it was actually the "call" for the other funeral home. Town folks knew they might not meet with and be served by the owner of the funeral home they called, similar to a physician's practice where if one doctor is not available a covering doctor is. The same arrangement worked if one of them was ill or had a family engagement. "Sometimes one of us just needs a mental health day," he added.

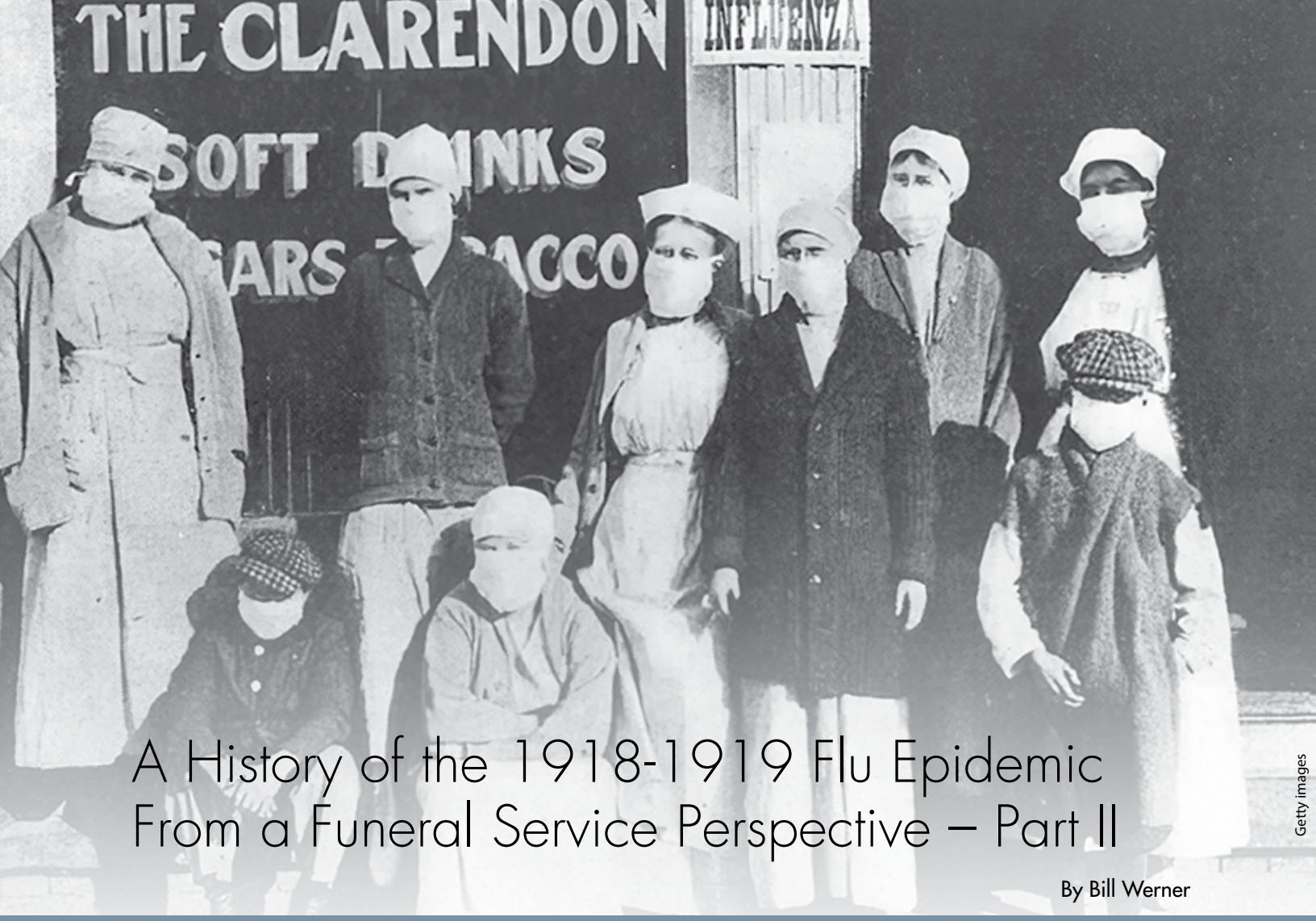
Now why did I explain all of this to you? Getting back to supplies, the caller ended the conversation by saying that because they are in such a remote area of the country, deliveries take longer to arrive than what might be the norm. He added, "If I need something at any hour I just go over to the other funeral home and take it. I have a key. My colleague does the same."

This is a gratifying story about working together and helping each other, and helping their town. Both professionals got their rest and time away with their family, and town folks were served at the funeral home they wanted to be at. The other thing that stood out, as he explained, was that families were not persuaded or felt obligated to use the facility of the covering funeral director. Just as the church or temple belongs to the parishioners, not the priests, pastors, or rabbis, a family will often call a particular funeral home because it is *their* funeral home. The funeral director is merely a temporary caretaker, and, like the clergy, may come and go.

When you have time take a pad of paper and list the chemicals and supplies you have in your stock, those you think you should have, and the quantity you desire. If you have any questions or concerns about stocking your prep room, your Dodge rep has some ideas and suggestions for you. We have the products, experience, resources, on-staff chemists, a Sales Rep servicing every state, and a hard-working office support staff to assist you.

Your families depend upon you not only to have compassion, knowledge, and experience, but also to have adequate merchandise and supplies to properly care for their loved one. Otherwise they would have called another funeral home.

Dennis became a licensed funeral director and embalmer in 1971. He joined the Dodge Company in 1985. He currently covers northeastern Massachusetts as a sales representative for Dodge.



Getty images

A History of the 1918-1919 Flu Epidemic From a Funeral Service Perspective – Part II

By Bill Werner

Sporadic outbreaks were occurring around the country and health departments were scrambling to avoid another devastating wave as flu season converged with the pandemic.

"Here's hoping that your labors for 1919 will be so distributed that you will not be obliged to again handle the ordinary work of three months in 30 days. We wish to all a Very Merry Christmas and Happy New Year." (Ad from Western Casket Company, Chicago. *The Embalmers' Monthly*, December 1918.)

When our story concluded last time, it was the end of November 1918 and December was expected to bring continued death and devastation. But the war was over, and the U.S. could focus on recovering from the epidemic. From the December 1918 issue of *The Embalmers' Monthly* magazine: "The second wave started in the week of September 14, reached its peak during the week of October 26, then slowly receded, with now and then a sporadic outbreak. The premature peace jubilee, when thousands of celebrants braved torrents of rain to voice their pleasure, is said to have been more or less responsible for the outbreaks. The government's estimate, made at the close of November, is that the epidemic caused the death of between 300,000 and 350,000 persons in the United States. This number is probably about six times as many as the lives lost by our troops during the war."

Sporadic outbreaks were occurring around the country and health departments were scrambling to avoid another devastating wave as flu season converged with the pandemic. Some of the same advice we see today and should definitely heed as fall approaches was being professed then. "Keep out of crowds – indoors or outdoors; keep away from persons having 'common colds,' shun the sneezer and cougher; keep a cool head, warm body, and dry feet; avoid chilling the body; don't visit the sick; keep away from persons residing on infected premises; walk to work rather ride in a crowded car; keep out of hot, stuffy, or unventilated theaters and other places of assemblages; don't wear outdoor wraps or coats while indoors; don't go into outdoor air while overheated or with undergarments damp from perspiration; dress to suit the weather; don't let a person stand close to you while talking and spray you with infection; work, sleep, and live in fresh air; avoid dusty places; eat regularly, plain nourishing food; avoid alcoholic drinks; avoid overwork and fatigue; keep your hands clean and keep your fingers out of your mouth; and finally avoid the spitter and spit infected places." In the present day, we have been able to do many of these things, however having the ability to be outside this summer was helpful. I am fearful of how the late fall and winter isolation will truly test our resolve.

Some of the additional disease containment precautions from a century ago also ring true today. "Don't infect other people – stay away from them; go home, go to bed, and stay there until your cold is entirely cured – that's the best way to avoid pneumonia; if you have a fever with your cold call the doctor at once; by all means avoid taking patent medicines or so called 'old cures' or 'grippe cures;' avoid infecting other members of your family by keeping away from them and requiring that your attendant while in the room with you shall wear a mask of four thickness of gauze; see that spittal and discharges from the nose are received in cloths and that used cloths are deposited in a disinfecting solution and promptly burned; always sleep alone when you have a cold; and if you have influenza see that the case is reported to the local health authorities." It is interesting to note that even back then, failure to report your case was punishable with a fine up to $200 or imprisonment in a county jail or both!

As the pandemic continued to run its course, our old friend, funeral director and educator, W.P. Hohenschuh documented the difficulties in embalming influenza cases, such as issues with drainage and discoloration. "There are some diseases for which one can give out a specific form of treatment, which can be followed in a general way, but in influenza it seems there is no general rule to apply, except to treat the case in hand, and study for yourself what is the best thing to do. In the history of embalming in this country there has never been any disease that seems to leave so many unusual conditions in a postmortem way we are getting at this time. Just what the disease in itself is, and what the condition of the body might be after death, no one can tell. In some cases they respond to the usual treatment, while in others one cannot tell what may happen within twenty-four hours." (For Dodge's current protocol on COVID-19, visit our website at *shop.dodgeco.com*).

He continues, "Let it be fixed in your mind that there are going to be some cases that are going to give you unlooked for trouble, and the only thing to do is to use the best means that might suggest itself for that particular case. But there should be one fixed object, and that is to completely arrest the condition that exists, whether it is discoloration, purging, or gas." And finally, "Up to this time the experience has not been general enough to arrive at positive treatment, and about the only advice that can be given at this time is to 'go for it'." (Hohenschuh, W.P., *Comment and Suggestions from the School of Experience*, December 1918)

This was how 1918 closed out and the world braced itself for what 1919 would bring. Unfortunately, more death, despair, and frustration were on the horizon.

It is interesting to note that a recent study on the comparison of deaths from 1918 to our current situation found the following. "It is unknown how many deaths due to SARS-CoV-2 infection have been prevented because of modern interventions not widely available a century ago, including standard resuscitation, supplemental oxygen, mechanical ventilation, kidney replacement therapy, and extracorporeal membrane oxygenation. If insufficiently treated, SARS-CoV-2 infection may have been comparable or had a greater mortality than 1918 H1N1 influenza virus infection. These findings suggest that the mortality associated with COVID-19 during the early phase of the New York City outbreak was comparable to the peak mortality observed during the 1918 H1N1 influenza pandemic." (Faust, JAMA Network, Open, August 2020).

At the time of this writing, the United States has 4% of the world's population, yet 25% of all cases of COVID-19. (*Center for System Science and Engineering at John's Hopkins University,* August 2020) Although New York City is only a small segment of the country, in talking to funeral directors and embalmers from that area, funeral operations were pushed to maximum capacity, with wait times for crematories ranging from 30-45 days. When I hear the news about the COVID-19 Pandemic today, it is almost like the history is already written and is just continuing to repeat itself over 100 years later. All I have to do is turn the pages in *The Embalmers' Monthly* to find out what happens next. The real issue that we are currently facing as funeral directors and embalmers is that we haven't even experienced the second wave yet. Back to our story….

The January 1919 issue of *The Embalmers' Monthly* magazine stated the following: "It is estimated the epidemic of influenza caused 500,000 deaths in the United States from the time of its outbreak in September to January 1st, and cost in risks to life insurance companies that may reach $125,000,000."

W.P. Hohenschuh's final article on the epidemic (he thought he was done writing about it in December), focused on the issues surrounding drainage and discoloration again and the challenges influenza bodies were presenting. His advice to the establishment was this: "What should one do in a case of this kind to satisfy the family? What would you do in case of suffocation by gas? Just do the best thing possible under the circumstances and explain what might be expected. There are those who say they will not use cosmetics. There are others who 'say' they do not use a trocar. No good operator would use either of these if it was not necessary, but when a condition presents itself which can be remedied by some process at your command why not use it? These 'flu' cases are interesting, and the man who has the fluid that will do the 'trick,' or the one who has the method that will overcome the difficulties herein stated, should let the

When I hear the news about the COVID-19 Pandemic today, it is almost like the history is already written and is just continuing to repeat itself over 100 years later. All I have to do is turn the pages in *The Embalmers' Monthly* to find out what happens next.

1918 pandemic, St. Louis/Getty images

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Now available is our new line of **Captured Clear** *jewelry which suspends your flowers for eternity in our clear, waterproof resin.*

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continued from page 23

profession at large just know how it is done. It should be a condition though, that method will be a success in every case." (Hohenschuh, *Comment and Suggestions from the School of Experience*, January 1919)

This would be the last article W.P. Hohenschuh would write about the epidemic, and his frustration with the treatment of these cases was starting to show. He retired from the lecture field in March of 1919 and would continue to write a monthly column on funeral service and embalming trends for the *The Embalmers' Monthly* with his last article entitled "Taking Care of the Customer" in March 1920.

William Peter Hohenschuh would die on March 19, 1920 at 61 years old. His obituary contained the following "For a year or more Professor Hohenschuh had been failing. He realized this, but with that powerful will which was a determining factor in his character, that dominating wish not to disappoint, he drove himself to tasks that were really beyond his physical being, although when in full health he was a man of massive frame, six feet two inches in height and weighing 230 pounds. The influenza epidemic and its recurrence both worked inroads on his constitution from which he was never able to recuperate. The profession the world over owes a debt of gratitude to him who has now passed away for his efforts in its behalf and for the example which he set that those who aspire to high mark might have one to pattern by."

The "third wave" of the disease struck in January of 1919, primarily because many folks had simply grown weary of adhering to the rules and were tired of social distancing and being locked down. A fate we seem destined to repeat today as the virus continues to spread and as we prepare for the fall months.

In the February 1919 issue of *The Embalmers' Monthly*, F.J. Eccleston, a funeral director who had been tasked at embalming over 700 bodies at an Army camp, shared his experiences. He spoke of the usual challenges of discoloration and drainage issues, but something that really struck me was this: "I want to say a word in regards to the sympathy shown and the high esteem in which the soldiers held their comrades in arms while caring for them. We were arranging a body in the casket for shipment. I wanted to remove the casket top and picked up the flag and was about to lay it down on a nearby casket, when one of the soldiers spoke to me and took the flag and held it. I saw the reason at once. They would not permit his flag to rest any place but upon his casket. It should be great consolation to the fathers, mothers, sisters, and sweethearts to know that while they could not be near their relatives in such a sad hour their boys were cared for by those whose hearts were full of comradeship, love and sympathy."

By April 1919, there was somewhat a return to normalcy as the National Funeral Directors Association announced its 1919 convention would be held September 10-12 in Atlantic City, NJ. A month earlier than usual, but the only reason given was that it is the best time to be at the famed seaside resort.

In August of 1919, a funeral director from Minneapolis shared some of his challenges and his story. "We wore gauze masks. I went into one house with a mask on, and one of those people thought it was a joke. She said, 'What do you wear that for?' I didn't try to explain very much, but told her it was a measure taken for our own protection. She said, 'I am not afraid, and I don't see why you should be.' The peculiar thing is she took sick with influenza, and in three days we took care of her." (Bertch, *The Embalmers' Monthly*, August 1919).

In September 1919, there was a dire warning about the "expected recurrence of influenza" (an actual fourth, comparatively mild, wave would take place between January through March of 1920), but preparation for the National Funeral Directors Association Convention in Atlantic City progressed as scheduled, and there wasn't a single mask to be seen in photographs documenting the event.

A final note from the United States Health Service in December of 1919 issued the following guidance. "There should be no repetition of the extensive suffering and distress which accompanied last year's pandemic. Communities should make plans now for dealing with any recurrence of the epidemic. The prompt recognition of the early cases and their effective isolation should be aimed at. In this connection, attention is called to the fact that the cases may appear as just ordinary colds."

I think we would be wise to heed the lessons of over a century ago and "steel" ourselves for more challenges ahead. As I wrote these articles I was amazed by the parallels, both encouraging and ominous. I am hopeful the worst is behind us, but as summer turns to fall, we must remain on-guard and ready for the challenges that will affect our industry.

"The 1918-1919 influenza pandemic killed more people than any other outbreak of disease in human history. The lowest estimate of the death toll is 21 million, while recent scholarship estimated from 50-100 million dead. World population was then only 28% what it is today, and most deaths occurred in a sixteen week period, from mid-September to mid-December of 1918." (Barry, *Journal of Translational Medicine*, January 2004)

"Christmas 1919 – In belief that the world is righting itself; In conviction that universal brotherhood is appreciably nearer; In confidence that the Christmas spirit will obtain in countless homes; In satisfaction that manhood is nobler and business is cleaner; We extend to you our heartiest holiday greeting." (Ad from Kregel Casket Company, Saint Louis. *The Embalmers' Monthly*, December 1919)

I went into one house with a mask on, and one of those people thought it was a joke. She said, 'What do you wear that for?' She said, 'I am not afraid, and I don't see why you should be.' The peculiar thing is she took sick with influenza, and in three days we took care of her."

Bill is the Assistant Sales Manager/Director of Technical Resources for the Dodge Company and continues to cover the state of RI as sales representative. He has been a licensed funeral director and embalmer for over 20 years, and recently retired as a Colonel from the U.S. Army Reserves after over 30 years of service.

Pandemic Exhaustion

By Glenda Stansbury, CFSP

I wanted to reach out to some of my funeral director friends to see what the impact has been from the operational side, what the short term consequences there have been and what they foresee that the long term vision may be.

It has been an intense experience living through this unprecedented, scary, and unknown time. Nothing that we knew as "normal," "traditional," and "easy" is still available. We are tired of talking about it, thinking about it, adjusting to it, and grabbing yet another mask as we leave the house.

Since March my life as a Funeral Celebrant, as a university instructor, as a church pianist, as a GiGi, as a Celebrant Trainer, as a mom and a wife and friend has changed completely and, it seems, irreversibly. Will I ever get to hug my grandsons again? Will I ever get on an airplane and travel to a training? Will I ever forget what a Zoom screen looks like?

Also, since March, my efforts and focus have been on providing resources and options and inspiration for Celebrants as they navigate how to provide meaningful and healing services for families in restrictive and limited times, as well as conducting services for families in my community. No travel means many more opportunities for helping conduct funerals.

It occurred to me that I have seen the impact from the service side. So I wanted to reach out to some of my funeral director friends to see what the impact has been from the operational side, what the short term consequences there have been and what they foresee that the long term vision may be.

Graciously, owners from around the country answered my inquiries and I would like to share some of their experiences. Their answers may resonate with your reality. Their reflections may provide some inspiration for how we proceed into the future.

How has Covid-19 affected your state?

Matt Bailey, owner, CT - We were hit early and pretty hard. We also responded fairly quickly. We had restrictions on gatherings and we shut down pretty dramatically. We have had a mask in public rule in effect for months and it has not been a political issue or something that people fight about. We are in a much better position now, however, it was pretty hard there for a while.

Mark Busch, owner, OH - The Ohio governor made some unpopular early decisions in March to close Ohio. But these turned out to be a smart moves, and it greatly changed the projections during April and May. Overall, we have seen an increase in our case volume, up 20% monthly from the same period last year.

Jimmy Lucas, owner, TX - Businesses have closed and jobs have been furloughed and/or lost. Case count and deaths in Texas are rising so we continue to watch what's next.

Pam Janssen, owner, WI - We went through many changes and increasing restrictions at the end of March. That was a difficult time to navigate, as we went from full service, full emotion, the skies the limit, to a very restricted period of "thou shalt not" orders. Within a week we had one of those outbreaks at our little assisted living facility, where more than a dozen people have died as a result of Covid-19. Most of the residents, their families, the staff, and the various funeral home employees who walked into that facility were not aware of the danger at the time.

Ernie Heffner, owner, PA - Our Governor took early steps including business lockdowns, stay at home orders, social distancing and mask requirements for licensees and their firms, and limiting the number of attendees at an indoor gathering to not more than ten people. On a local level, the three counties in which we serve have been very fortunate with comparatively low rates of Covid deaths per 100K of population, 3.3 to 6.7 compared to other PA counties running as high as 58 to 79 deaths per 100K. Those are huge differences.

How have your services changed?

David Bryant, owner, NH - We have been doing a ton of Facebook Live lately. At first I was recording services then using Tukios to put them on our website, but it became way too time consuming, so I bought a new iPhone with the three camera system and switched to Facebook Live.

Ernie Heffner - Fewer services in a building and more graveside ceremonies only. If there is a good thing about the pandemic, it made us become more creative in meeting the needs of our community, from outdoor ceremony venues like drive by visitation and/or viewing, to livestreaming ceremonies indoors or at the ceremony. All ceremonies are livestreamed. This resulted in a spike in Facebook page traffic and accolades of appreciation from families and those who were able to watch the ceremonies without being

physically there. We expect to continue this service long after the pandemic subsides.

Pam Janssen - We have provided someone (we enlisted a college techie) and we used good equipment and Vimeo to livestream and/or record some services. Some of the area churches were already on board with the equipment to do their own livestreaming and others have since figured it out.

We tried to pull in ritual and let ritual speak for itself. One of the cultural things that happens in this small community is taking the deceased past their home on the way to the church or the cemetery. We've been doing that consistently since the pandemic began. We have families that get in line at the house and follow us to church and help us get set up. This is a time where I believe we need to back up the bus a bit and have families be a little more hands-on.

I pored over the Celebrant Facebook page on a regular basis. There was someone who brought prayer shawls to a funeral. We took that idea and went out on our social media page and asked people in the local community if, while they were sheltering, they would knit prayer shawls and bring them to us to be given to families we served, as hugs and their way of offering consolation. They responded in a deluge with shawls and cards extending sympathy and compassion.

Jimmy Lucas - While we have offered streaming services in the past, we quickly became very good at it. We do this via one of our seven IBM live streaming channels, Facebook Live, and old school digital recording.

Backing up to the arrangement process, we are certainly allowing families to come in for a face-to-face conference, however, many are choosing our virtual arrangement options. This consists of multiple platforms to meet as many of our families' needs as possible. In a matter of 24 hours we took all of our forms that required a signature and set them up in DocuSign.

Matt Bailey - We have increased webcasting and recording. We have been more presumptive about recording it "in case you choose later to have us share it with others" and found that families are more likely to take us up on that.

Do you have people who are waiting to have services?

Mark Busch - We currently have 55 future services scheduled or awaiting to be confirmed. At one point we had over 80 pending future services.

Ernie Heffner - They are allegedly waiting. On numerous occasions rather than having us hold the prepaid funds in trust or escrow, families have elected to have prepaid moneys refunded for services that would need to be delayed. Some say they will be back when the pandemic subsides, but we honestly do not expect most will return to schedule a ceremony 6 to 18 months after a loss.

David Bryant - We had a lot of folks wait or opt not to have any services at all. Most of the folks that opted to wait have since had their service, however, we will have several waiting for things to get back to "normal," including one casketed body that we have had since March. Mrs. G and I have become quite familiar with each other. She is still in pretty good shape, but I, for one, am anxious to bury Mrs. G alongside her husband. Poor lady probably never envisioned hanging out at the funeral home this long.

Jimmy Lucas - Yes, we have families that are waiting for capacity restrictions to be lifted to have a more traditional ceremony/life celebration. However, we are not sheltering remains for this pandemic to end, therefore disposition is taking place in short order.

Pam Janssen - There are some people who had their "traditional" ritual services and/or prayers and gathering at the appointed time and waited until summer came and the restrictions were lifted for outdoor gatherings.

What do you think the short-term effects are on your firm?

Matt Bailey - Honestly, I think we were all exhausted. Decreased services were offset by increased volume, so it was not an immediate financial risk. But when the volume is so high, it's easy and tempting to find yourself in a mindset of "getting through the day." I'm not sure we have shown each family our full potential.

Ernie Heffner - Our immediate short-term effects to contend with are some additional expenses and precautions due to the virus, along with a reduced average revenue per family service. Frankly, I would expect that our experience is no different than most other firms.

Mark Busch - The impact of the time it takes to complete arrangements versus face-to-face consultation. The impact on our caring professionals is an ongoing concern. Their safety is our #1 priority. The initial lag of everyone becoming IT savvy, quickly!

Jimmy Lucas - In the short term we have taken a giant leap in the use of technology in order to better serve families.

David Bryant - It was a strange time to be in funeral service. I found myself having to go to a family's home, wearing a mask, not shaking their hand or giving them a hug, going against all of my training. Luckily, most families understood, but there were some that were offended by us following the regulations put in place.

The hardest thing during the pandemic was losing my grandfather. He died in the beginning of June. We were only able to see him at the hospital in pairs. When he died we had a walk through visitation. He was a funeral director for over 60 years, we had to do something for him. We ended up renting a big white tent and having his funeral outside at his farm. I took my Celebrant training and we made it personal. An avid horseman, we had his wagons out, we had chairs set up six feet apart in every direction. We made it work. It actually encouraged many local people who had opted to wait, and those who had a death afterward, to actually have a service. In hindsight, it was perfect.

Pam Janssen - We are doing okay. We are a bit tired. In addition to flying by the seat of our pants most of the time, the masks take a lot of starch out of us when we sit with people and discuss what they

If there is a good thing about the pandemic, it made us become more creative in meeting the needs of our community, from outdoor ceremony venues like drive by visitation and/or viewing, to livestreaming ceremonies indoors or at the ceremony.

We adapted to a new normal, that we believe will remain with us going forward in some fashion. Consumers like the ability to conduct business online. This is a huge opportunity to re-invent our business model.

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Aftercare is Not an Afterthought

Aftercare and follow-up have never been more necessary for the benefit of your families and your business. For those families who did not have a service, a touch from the funeral home will have an immense impact. For those families who have not yet had a service, acknowledging the grief of waiting is vital. Holiday services and resources will be even more important in this time.

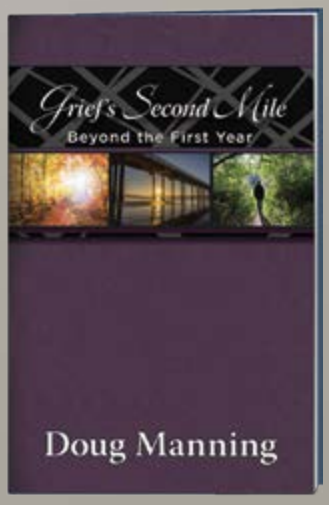
Continuing Care Series

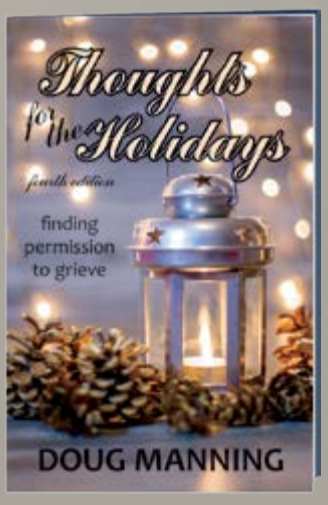
Item # 910316

Grief's Second Mile

Beyond the First Year

Item # 910332





Thoughts for the Holidays

Finding Permission to Grieve

Item # 910392

Order from your Dodge Company Representative or call The Dodge Company 800.443.6343

need and how best to serve those needs and make it happen. There, too, is always the concern for the safety of our staff, and that of the people we serve and the community. At the very beginning of this pandemic, Glenda said that this is a time for us to shine. That is the stance we've taken here. Your support, your words, your contributions don't fall on deaf ears.

What do you think the long-term effects will be for your firm?

Jimmy Lucas - If this becomes the new normal and this pandemic drags into 2021, I think we will start to see more and more families not having the financial wherewithal to afford the service/ceremony they desire. I would hate to see a tomorrow where our profession is looked as "just" a cremation and burial service.

Ernie Heffner - We will be better end-of-life care providers having enhanced our services and stretched our flexibility to accommodate the challenges of the pandemic. We all hope that our percentage of ceremonies will return to pre-pandemic norms but, the consumer will decide if that is to be or not.

Mark Busch - The unforeseen change in consumer's attitudes towards funeral and ceremony. Families may say, "We did it that way during COVID. . ." when the next death happens in a couple of years - who knows what they may request of us. We adapted to a new normal, that we believe will remain with us going forward in some fashion. Consumers like the ability to conduct business online. Really it's going to be a shift that some firms may not realize - this is a huge opportunity to re-invent our business model.

Matt Bailey - I think staff that has been more resistant to technology will be more likely to embrace it. I'm also hoping that everyone realizes how hard it is when "no ceremony" seems to be the norm. Nobody seems to like it or be happy about it. I hope we are able to harness that feeling to encourage and educate the community on the importance of saying goodbye.

Many thanks to these leaders who are striving to find the very best way to live in the moment and look toward the future. Hopefully their experiences are universal lessons for all of us.

At the beginning of the pandemic, I was busy doing webinars that focused on, "OMG, how do we have funerals?" Now, my continuing education webinars have shifted to, "What do we do now?"

A few thoughts:

- Invite your families back
- Have a Holiday Service
- Continue the lessons learned

We should not shake our heads and say, "Wow, that was hard. Now. . .where were we?". Technology, creativity, flexibility, and new ways of meeting families should be embraced as our opportunity to stretch, to grow, and to increase our resilience and our value to our families.

We've made it this far this year, exhausted but determined. I do not wish for back to normal. I wish for back to new. Here's to hopeful new days soon.

Glenda Stansbury, CFSP, MALS is the Dean of the InSight Institute of Funeral Celebrants, VP of InSight Books, adjunct professor for UCO Funeral Service Department and a practicing Certified Funeral Celebrant. You can contact her at *celebrantgs@gmail.com*

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Matt is the fourth-generation of the Bailey family to serve the community. He is a certified crematory operator, certified celebrant and a certified celebrant trainer through the Insight Institute.

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David is a third-generation funeral director and embalmer. He's also a Certified Crematory Operator and Certified Funeral Celebrant.

Gettysburg

By Steve Palmer

Before the Civil War, Gettysburg, Pennsylvania was a growing town. In 1858, the railroad came. In 1860, there were 450 buildings and a busy downtown. The Lutheran Seminary was expanding on the prominent Seminary Hill.

The officers of the Union Army and the Confederate Army never thought they would meet in Gettysburg. They did, and it changed the war, and it changed Gettysburg forever.

Last December, the Dodge Company sponsored the "Wreaths Across America" program which allowed us to visit this historic city and battleground.

In June of 1863 General Robert E. Lee pushed his army across the Potomac north into Pennsylvania where he wanted to engage the Union forces and capture a northern city. The Confederate Army was near Gettysburg collecting food and equipment. Then he found out that the Northern army was not far away.

"The enemy is there, and I am going to attack him there," Lee told his officers.

A small rebel group was spotted near Gettysburg and Union General John Buford decided that he had to secure the hills and ridges around the town. On July 1st, the armies confronted each other in the downtown area of Gettysburg. The skirmishes mirrored urban warfare that we know today. Soldiers were shot in homes, businesses, and alleyways. Many homes that had blood spilled on their wood floors are required to keep these stains for posterity.

On July 2nd, the two armies had arrived and were

settled in by late in the afternoon. The Confederate army controlled the town of Gettysburg, looking up at the Union Army on the hill of Little Round Top. The fighting spread out to the farms and the fields. It was furious as the Confederate Army advanced. The Union Army received heavy artillery fire and cannon fire at all sides of their entrenchment on Little Round Top.

During the assault, General Daniel Sickles took 10,000 Union soldiers down to lower ground on a misguided maneuver, leaving the Union flank exposed. Union General Meade sent reinforcements to help protect Little Round Top. Among the many heroic actions that day, perhaps the most famous was the downhill bayonet charge by Col. Joshua Chamberlain's 20th Maine Regiment.

During the night General Major George E. Pickett was put in charge of a major frontal attack on the Union forces, which they mistakenly thought might be weakened by battle and fatigue. On July 3, "Pickett's Charge" was made, a frontal attack on the Union forces. It was a bloodbath for both sides. The Union forces shot and cannoned the oncoming soldiers. Both sides suffered, but the Confederates much more. By mid-day, the Confederates had lost the battle and were withdrawing. General Lee repeatedly claimed, "It was all my fault." Lee saw that here was no path to victory and that retreat to Virginia was the wise choice.

President Abraham Lincoln disapproved of Union General Meade's decision not to pursue Lee's forces as they withdrew, leaving them to fight another day, but the war had now shifted to the Union's advantage.

On the fateful morning of July 1, 1863, Jennie Wade traveled with her mother and her two brothers from their home to her sister's house, less than one half mile away, to help care for both her sister and her sister's newborn child. While kneading bread, Jennie was struck by an errant bullet and killed instantly, one of the more than 150 bullets to strike her sister's house during the three day Battle of Gettysburg. Wade was the only civilian to be killed directly as a result of the fighting. Poignantly, on July 4, with the guns now silent, her mother used the very same dough Jennie had kneaded just three days earlier to bake 15 loaves of bread.

When the cannons stopped their roar, the musket fire ceased, and the screams of soldiers being bayoneted came to an end, bodies lay everywhere. When the local farmers, who had been hiding in their cellars, came into the sunshine, they found soldiers dead in their homes, in their barns, and in their fields.

The number of the dead was staggering. The Union casualties were approximated at 3,155 deaths, 14,531 wounded, and 5,365 missing. The Confederate Army suffered 3,903 deaths, 18,735 wounded, and 5,425 missing (Historynet.com).

The battle had ended but the horror of war was still present for those left behind. It was July, hot and humid. These fallen soldiers became health hazards without a plan to deal with it.

The Union Army had a limited burial detail. They searched for fallen soldiers to determine their identity and retrieve their personal effects. The farm owners did their part to bury the dead killed on their farms. The heat made the task almost unbearable, flies and the smell of decomposition were almost more than a soldier or farmer could take.

The Confederate dead had a lower priority. Their fallen were buried in a trench grave. Later, when word of the fate of their soldier was learned, their families had many of their soldiers exhumed and relocated to their Southern home states.

An example from the records of how the Confederate dead were found: "Pvt. William B. Miller, Co. B, 3rd South Carolina Battalion, killed July 2, 1863, buried George Rose's farm, west of barn, under large cherry tree "grave deep, with board cover with six others. Now buried in Magnolia Cemetery, Charleston, grave 24, since 5/10/1871."

The Gettysburg Compiler recorded the "Burying of the Dead" thusly: "Burial parties were sent out and those who could get away from their commands went out to view the carnage, and surely it was a scene never to be forgotten. Upon open fields, like the sheaves bound by the reaper, in crevices of the rocks, behind fences, trees and buildings, in the thickets where they had crept for safety only to die in agony,…lay the dead."

Burial parties found severed limbs and headless torsos among broken caissons, dead and bloated horses, and all the signs of deadly carnage.

Two Maine soldiers came to find the fate of a friend. They found him "face down and the flesh eaten by maggots, but not so bad but that we could recognize him." They buried him with a hoe they found.

It was obvious that a designated burial ground was needed for the burial of this battle's dead, local farmers complained that the fallen soldiers buried on their grounds were causing problems with a working farm. The families looking for their loved ones also were a burden. Dr. Theodore Dimion, a surgeon, suggested that Gettysburg's existing Evergreen Cemetery could dedicate a part to these slain soldiers. The precedent was the passage of law in 1862 that the government could purchase land to be used as a national cemetery.

A local man, Samuel Weaver, of small stature and bearded, was appointed the difficult task of locating and exhuming Union soldiers' burial spots and relocating their remains to the new national cemetery. Weaver, through his diligent research, was able to deliver up to 100 bodies a day. When he found a Confederate burial, the remains were not removed, and the grave recovered. Weaver would probe into a grave and determine the soldier's allegiance by the uniform. He made sure that it was not a rebel wearing a Union soldier's trousers. Buckles and undergarments also gave identification.

Weaver said, "There was not a grave permitted to be opened or a body searched unless I was present. I was inflexible in enforcing this rule. I can say with the greatest satisfaction to myself and to the friends of the soldiers that I saw every body taken out of its temporary resting place and all the pockets were searched." Weaver and his team, headed by free

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"We cannot dedicate, we cannot consecrate, we cannot hallow this ground. The brave men, living and dead, who struggled here, have consecrated it, far above our poor power to add or detract."

black subcontractor Basil Biggs, exhumed 3,354 Union soldiers.

The amount paid to Weaver and team was $1.59 per recovered Union soldier to be buried. The government supplied the caskets. Weaver reported that 979 of the recovered Union soldiers were unidentified.

Years later, groups representing families of fallen Confederate soldiers seeking to disinter and transfer their dead turned to Samuel Weaver, as he knew where the burial spots were. But he died in 1871 and his son Dr. Rufus Weaver initially refused the job so he could tend to his medical practice, but he later relented and agreed to assist these families.

Dr. Rufus Weaver oversaw the exhumation of the Confederate soldiers. A thousand southern remains, including many casualties of Pickett's Charge, were returned to their families. By 1873, he had returned 3,000.

There are, undoubtedly, several or many Union and Confederate soldiers still buried in the fields of the Gettysburg battlefield. They will now stay buried there. It is illegal to even take a metal detector on the battlefield grounds. These unknown graves are considered a part of history.

Elizabeth Thorn, wife of Peter, the caretaker of Evergreen Cemetery, dug over 100 graves while pregnant. A local lawyer, David Wills, helped facilitate the purchase of 17 acres that adjoined Evergreen Cemetery.

On November 19, 1863, Edward Everett, former Harvard College president, former US Senator and former Secretary of State, was asked to be the featured speaker at the dedication of the National Cemetery of Gettysburg. President Abraham Lincoln was invited to give the dedicatory remarks. Everett's speech was two hours in length. A hymn followed. Abraham Lincoln rose and the crowd expected another lengthy dissertation. Lincoln's 271 words took the crowd by surprise and his speech was not really appreciated until later reported and read. His concise wisdom and eloquence are remembered where Everett's lengthy speech has been largely forgotten.

A part of President Lincoln's address: "We are met on a great battlefield of that war. We have come to dedicate a portion of that field, as a final resting place for those who here gave their lives that the nation might live. It is altogether fitting and proper that we should do this. But, in a larger sense, we cannot dedicate, we cannot consecrate, we cannot hallow this ground. The brave men, living and dead, who struggled here, have consecrated it, far above our poor power to add or detract."

Steve Palmer has been in funeral service for over 40 years. He has worked in Massachusetts and California and owned a funeral home in Arizona for 20 years. He is still active with the firm.

Photo courtesy of Kathy Watkins

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The Way Love Is

By Jerome Burke

When he married Celia Armitage, it was such a brilliant social event that the news of it practically crowded the baseball headlines off the first page of all the papers.

All is not gold…and perhaps in this case the glitter served only to deprive the holder of the real treasures he sought.

Last night, for no particular reason that we felt like celebrating, Monica and I had dinner at the Massasoit. It was a good dinner, too – green turtle soup, rare porterhouse overlaid with mushrooms, enough French fried potatoes to fill a derby hat, and finally a deep-dish apple pie and green crème de menthe.

I'd gotten to the state where I was about ready to start washing my face with my paws and purring when I noticed Monica was gazing across my shoulder with the sort of look she might have worn if she'd seen a banshee turning up to sing under the window. "Ochone!" I heard her murmur. "'Tis a living dead man sitting there. Mavrone, it's the creeps he's after giving me!"

I turned to follow her gaze and saw Senator Cassius Johnston sitting by himself at a table by the window overlooking Narragansett Avenue. Monica was right, the man looked like a body that has somehow mislaid its soul. His eyes held a dull, far-away look and were almost filmy with world-weariness; his shoulders hung down, not so much with defeat as with an air that seemed to say that nothing really mattered. "He's not precisely dead," I told her; "he's more like the man in Kipling's poem of whom it was said, 'some of him lived, but most of him died.'"

"Is it so?" asked Monica. "And how did it happen?"

* * *

Cassius Johnston was born with the traditional silver spoon in his mouth (I told her). His family had been here for ten generations, and every mother's son of 'em had added to the family wealth and prestige. They were lawyers, judges, bankers, sea captains and bishops; and money seemed to come to them like flies to molasses, and stick to 'em the same way. Young Cassius took his bachelor's degree at Harvard. Then, just for the sake of variety, took his LL.B. and LL.M. at Yale Law School. When he hung out his shingle there was a line of wealthy, influential clients waiting for him, each of 'em with a big fat retainer in his hand.

He was no one's fool, that boy. When he stood up to address a jury, they listened; so did the judges when he argued a point of law before them. Within five years, he had the sort of practice most men take a lifetime to acquire. And when he married Celia Armitage, it was such a brilliant social event that the news of it practically crowded the baseball headlines off the first page of all the papers. Celia's family was as old and twice as rich as his, and anyone would have said he'd been given all the luck a dozen Leprechauns could bestow.

They were great sportsmen, he and Celia. Folks tell me he sat on a horse as if he'd been born in the saddle, and Celia rode like a jockey at the Leopardstown races.

It must have been some time in 1929, or maybe 1930, when it happened. There was a fox hunt, and all the gentlemen turned out in their red coats and high hats. Celia was there in her red coat and black three-cornered hat ready to follow the hounds with the best of 'em. Foxes were scarce in these parts – the farmers had shot most of them – but the hunt club had imported several which had been trapped in Virginia for the express purpose; and when one of the poor brutes had been released from its cage and allowed a five-minute start, the hounds were unleashed, and the hunt club took off after 'em with

They put him up for senator. Cassius had a record for energy and ability, and no one could say a word against his private life. Then he met Julia Whiten.

He had his heart set on Julia, and meant to have her, no matter which way the election went.

their shouts and laughter almost drowning out the baying of the dogs.

Cassius and Celia rode boot to boot and stirrup to stirrup until they came to a small creek that ran across the meadow. They checked their bridles for the jump, leaned forward in their saddles and took off like a pair of rockets. Then Celia's bay mare stumbled, did a complete somersault, and threw her rider twenty feet. You know how it is in these parts. A meadow may stretch green and lovely as a velvet carpet for hundreds of yards, then, where you least expect it, there will be an outcropping of rock. It was so in this case, and it was against a six-inch-high protrusion of gray New England rock that Celia's head went crashing when she was hurled from her saddle.

Kill her? No, it would have been God's mercy if it had. They picked her up unconscious, and for two months she lay like one dead. Then finally they broke the news to Cassius. She'd never speak or move or have a thought again. For so long as she lived – if you could call it living – she'd be a helpless, hopeless paralytic.

For upward of a year, he was like a man possessed. He gave up his law practice, went out West to hunt grizzlies and to Africa to shoot lions. Finally he came home to enter politics.

He had the success you might expect a hard, embittered man to have. They made him state's attorney, and he prosecuted criminals with a cold ferocity that made his name a terror to the underworld. Then he went to Congress, and before he'd been in Washington a year there wasn't a man in the Capitol building from the doorkeepers to the Speaker of the House of Representatives who hadn't felt the rough edge of his tongue. But if nobody really liked him everybody respected him, and he was re-elected again and again.

Finally they put him up for senator. Everybody knew it would be a hard fight for the incumbent had his political fences in good order. But Cassius had a record for energy and ability, and no one could say a word against his private life. Then he met Julia Whiten.

She was a stenographer in his political headquarters, and she was small and delicate and blonde and looked as if she were made of very fragile, very daintily tinted porcelain. She could have been the Princess in a fairy tale, or the fairy herself, and Cassius thought he'd never seen anything so beautiful.

Remember, Celia had been little better than a corpse for almost twenty years, and Cassius was now well over fifty. That's a dangerous age for a man. The worshipful look in the little secretary's big blue eyes was like a match dropped in a pile of straw. As for Julia, when Cassius gave an inclination that he knew she was alive, she was like a poor kid who's been told she might have anything from the toy shop of a big department store at Christmas time.

"You're seeing too much of that little blonde," Jim Golladay, his campaign manager, told Cassius. "People might begin talking. Up to now you've had a stainless record, but if we give the gossips a chance – boy, you've had it!"

Cassius glared at him. "I propose to ask the court to rule Celia an incurable lunatic," he told Jim. "Insanity's a ground for divorce in this state, and I'm going to divorce Celia and marry Julia. If anybody doesn't like it –"

"Man, you're raving," the manager broke in. "That would bake your political goose to a cinder!"

Cassius paid him no attention. He had his heart set on Julia, and meant to have her, no matter which way the election went.

Then Jim did what he thought was the smart thing. He went to call on Julia, and "talked cold turkey" to her, as he put it. She held her lover's whole political life in the palm of her little hand. He was certainty to win as things then were, but any breath of scandal…that would be the end. If she "laid off" he might go on to become Vice President, perhaps even President but *only* if she "laid off."

Julia listened to him, and as she listened there was an uncomfortable feeling at the pit of her stomach, and she found it increasingly difficult to breathe. Then, "Very well, Mr. Golladay," she promised, "I'll 'lay off', as you put it."

Next morning they found her lying by her bed, with an emptied bottle of sleeping tablets and a spilled glass of water on the floor beside her. She had kept her promise.

* * *

If Julia had a family, no one heard from them. But Cassius took charge of everything. He ordered a silver bronze casket and a dove-gray negligee and a copper-bearing steel grave vault, and more flowers than you'd see this side of Honolulu Harbor on sailing day. And for the three days intervening between her death and burial he sat beside her casket, not crying, not speaking, just looking at her, as if he'd burn the image of her fragile beauty indelibly into his staring tearless eyes. He stood beside me at the graveside. And when I pressed the trigger of the lowering device and the casket began sinking into the grave, he grasped my arm above the elbow with such a grip that I found it bruised when I got back from the cemetery.

They'll tell you Cassius Johnston has lemon juice instead of blood in his veins, that he has no capacity for loving anything or anybody, that his heart –

"His heart is in the grave with that wee slip of a colleen who gave her life rather than mar his career," my Monica broke in. She dabbed at her eyes with a wisp of handkerchief, then, "But do you know avourneen." she told me, "I'm after thinking that though she paid a cruel hard price for his political success, she paid it willingly. It may be wrong, it may be wicked, but that's the way a woman's love for her man is."

Jerome is an old funeral director who has told his tales to numerous generations of *Dodge Magazine* readers.

Jerome Burke

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