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MAGAZINE

SPRING 2018

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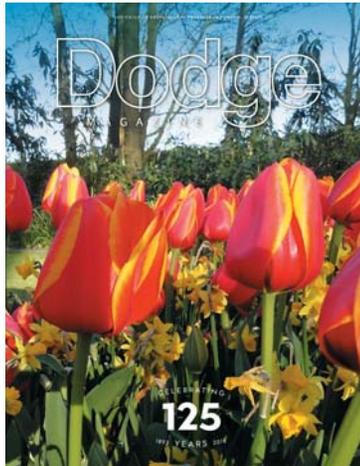
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MAGAZINE

SPRING 2018

Quarterly Publication

Dedicated to Professional Progress in Funeral Service



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White Paper on U.S. Dept. of Health and Human Services Research Report on Formaldehyde and Cancer

by Jacquie Taylor, PhD

In August 2017, the National Toxicology Program (NTP) of the U.S. Department of Health and Human Services (HHS) published an important research study which concluded that exposure to formaldehyde does not cause nasal cancer, leukemia, or lymphohematopoietic tumors.

Introduction

In August 2017, the National Toxicology Program (NTP) of the U.S. Department of Health and Human Services (HHS) published an important research study which concluded that exposure to formaldehyde does not cause nasal cancer, leukemia, or lymphohematopoietic tumors. This contradicts more than 40 years of persistent efforts to classify formaldehyde as highly carcinogenic. In fact, this development turns on its head a previously long-held position taken by this very agency. This paper is intended to provide a simplified description of the new study which is extremely important for funeral service practitioners.

Background

Formaldehyde has been under attack worldwide since the 1970's. Supposed evidence for the carcinogenicity of formaldehyde was first reported in October 8, 1979. In a study of rats and mice sponsored by the Chemical Industry Institute of Toxicology (CIIT) indicated that for exposures of 15 ppm for 6 hours/day, 5 days/week for 16 months formaldehyde is carcinogenic in rats. The fact of the matter is that after 16 months of exposure at 15 ppm, just three rats out of 120 developed squamous cell carcinomas in the nose. The required "cause and effect" relationship is not established in this study. In other words, there is no proof that the tumors were, in fact, caused by the formaldehyde exposure. Moreover, no tumors occurred in rats exposed to 2 or 6 ppm or in mice exposed to 2, 6 or even 15 ppm formaldehyde.

To put this in a more familiar context, when the aforementioned study was released, the U.S. Department of Labor, Occupational Safety and Health Administration (OSHA) permissible limit for an 8-hour time-weighted average (TWA) concentration limit of was 3 ppm. A maximum "peak" exposure of 10 ppm for no more than a total of 30 minutes during an 8-hour shift was permitted. At this writing, the TWA limit is 2 ppm. This means that the exposures in this study far exceeded anything that would be experienced by an embalmer both in strength of dose and in duration. At the time, Dodge chemist and researcher, Margaret S. Boothe, made the point succinctly when she said: "At 15 ppm, a human being would run screaming from the room. A [person] would be blind from tearing and unable to stand the pain of breathing at 15 ppm."

Despite legitimate questions about the efficacy of this and similar research, formaldehyde was first listed by the NTP as "reasonably anticipated to be a human

carcinogen" in 1981. By way of explanation, ranking systems for chemicals vary among agencies but, in general, follow a ranking order (from low to high) such as: "probably not," to "possibly," to "probably," and finally "known to be" carcinogenic. These distinctions become important in the chronology of events that follows.

In 1987, the U.S. Environmental Protection Agency (EPA) classified formaldehyde as a "probable human carcinogen *under conditions of unusually high or prolonged exposure* [my emphasis]." The research behind this decision was roundly criticized by numerous esteemed scientific institutions and governmental agencies. But that did not stop the onslaught. The exhaustive academic debate continued for years but the ranking stayed the same.

Then, in 2004, the International Agency for Research on Cancer (IARC) labeled formaldehyde a "known carcinogen" which placed it in the highest risk category. Their decision was influenced heavily by a single study of workers in ten manufacturing plants where exposures are magnitudes higher than in embalming. While concerns about exposures in certain environments are valid, the methodology and conclusions of this study were heavily criticized. But the NTP continued to maintain its 1981 position that formaldehyde was "reasonably anticipated to be a human carcinogen" until 2011.

Among the strongest critics of the aforementioned decisions was the National Research Council (NRC) of the National Academy of Science (NAS). Academy membership is composed of 2,100 renowned scientists and 380 foreign associates, of whom nearly 200 have won Nobel Prizes. In April 2011, the Academy issued a landmark report which detailed numerous flaws in the previous research methodology.

Nevertheless, on June 10, 2011 the NTP changed the status of formaldehyde, listing it as a "known human carcinogen." Although the NTP did acknowledge that "the mechanisms by which formaldehyde causes cancer are not completely understood (especially the means by which it causes myeloid leukemia)," it concluded that there was sufficient evidence of cancer from studies in humans to classify formaldehyde as a known human carcinogen. Then, for reasons that remain a mystery, on August 8, 2014 the NRC reversed its previous critique and accepted the listing of formaldehyde as a "known human carcinogen" as recommended by the NTP. That is where the matter rested until this new report.

Current Study

This latest study is significant not only for its scientific conclusion but because it was conducted by the very agency that just six years previous had condemned formaldehyde. The complete “about face” – especially in such a short period of time – is stunning for the academic community and a governmental agency.

Cancer is caused by changes in a cell’s DNA – its genetic “blueprint.” The genesis of this study was a previous theory that formaldehyde induced mutations in a gene that suppresses tumor growth leaving subjects vulnerable to proliferation of the types of cells that eventually lead to cancer. So these scientists tested the theory by exposing mice with this gene mutation. Mice were exposed to either conditioned air (the control group) or to 7.5 or 15 ppm formaldehyde for six hours per day, five days per week, for eight weeks. After the exposure, the mice were monitored for 32 weeks for the development of neoplasms.

Results

In this study, as in others, formaldehyde did cause significant cell injury and inflammation to the anterior nasal epithelium. Metaplasia (cell growth and change) of the respiratory epithelium was observed in the nasal cavity of many mice exposed to 7.5 and 15 ppm formaldehyde. The incidence and

average severity (minimal to mild) were greater in the 15 ppm group than the 7.5 group. But the damaged nasal epithelium was rapidly replaced by more resistant squamous epithelium and keratin. The study authors speculate that this strong tissue prevented the transmission of formaldehyde to underlying stem cells where cancer would be expected to foment. In other words, the formaldehyde did not get deep into the upper respiratory system.

Thus, formaldehyde exposure did not result in squamous cell carcinoma (nasal cancer), or in an increased incidence of leukemia or lymphohematopoietic neoplasms. Neoplasms were observed in both the control and formaldehyde-exposed mice but none was considered caused by formaldehyde exposure because the incidence in the exposed mice was not significantly higher than that of the control group. So, simply put, something else caused all of the observed cancer. No additional explanation has been forthcoming from the NTP.

This latest study is significant not only for its scientific conclusion but because it was conducted by the very agency that just six years previous had condemned formaldehyde.

Dr. Jacquie Taylor is the Special Projects Coordinator at The Dodge Company and a consultant in the areas of management and leadership. She is a veteran funeral service practitioner and educator.



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The Heart to Heart pendant holds a small amount of cremated remains and features an engraved heart outlined in black. An adjustable black fabric cord is included with each pendant.



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Font: Victoria Script

Font: Clarendon

Font: Regular Block

Victoria Script, Clarendon, and Regular Block font samples shown engraved on backside of pendant.

The Cards You're Dealt

by Jack Adams, CFSP, MBIE



DISABILITY

Over my years in funeral service, I have been inspired by individuals who somehow, in spite of physical disabilities, could not only embalm, but even excelled in their jobs.

Many of us are lucky enough to live our lives relatively healthy or at least without any physical problems that would interfere with making a living or trying to provide for our families. We take health for granted at times. Every once in a while we see a person with a physical challenge, not only working, but working efficiently, just as if they had no disability.

Embalmers need to have good health and stamina. Standing for a busy day in the prep room calls for strong legs and feet. Busy embalmers need to be in good physical condition because of the demands on one's body. The size and weight of remains are not getting smaller or lighter. This calls for strength and smart ergonomic lifting techniques during the embalming process. Even though most funeral homes have body lifts, there is still enough lifting around the funeral home to warrant fitness awareness or what I sometimes call embalming aerobics. Maintaining an exercise program helps out with any job where strength and coordination are a factor.

Over my years in funeral service, I have been inspired by individuals who somehow, in spite of physical disabilities, could not only embalm, but even excelled in their jobs. When I was a young student I was acquainted with an embalmer who had a metal hook for a forearm and right hand. It had an adjustment that allowed him to lock the hook and hold an instrument. He adjusted the lock using his other hand. It would take a few extra seconds to get set up, but, once adjusted, he did all types of things, even using it for tying knots and setting features. It actually became a working hand.

He used his left hand for his skilled work like raising or opening arteries and inserting cantulaes. He used his right hand with the metal clamp end to separate tissue and hold accessory items like sutures and extra hemostats. He could close the clamp to hold an item and then release a lock lever to loosen it. He did feature setting with some help with the hooked hand but for the precise procedures he mostly used his left hand. By the way, he lost his

hand and part of his arm in an automobile accident when he was twelve years old. He was right handed, so losing that hand made everything more difficult. He eventually used the left hand with great control. He shared some tough high school stories about not so kind kids. He said that these bullying experiences made him more determined to be independent.

I was amazed at his strength, balance, and coordination. He adapted his disabled hand to be a working asset. He also directed funerals and became an extra pallbearer when needed. His name was William and he never complained and he never felt sorry for himself.

Another trade embalmer I worked with named Mike came down with cancer of the bowel resulting in his needing a colostomy. He had some rough years and multiple surgeries taking much of his colon. Once his surgeries were over and had a permanent colostomy bag, he was back working hard for 32 more years. He retired at age 74 and lived to be a happy 86. Happy because he was relatively healthy and lived at an assisted living facility where there were lots of things to keep him busy and many people to talk to.

His condition never slowed him down or prevented him being the best embalmer that I ever knew. He took me under his wing and I worked with him for several years to learn what I could and to be able to pass his knowledge on to future students.

His condition didn't affect his hands, arms, legs, or coordination, but it curtailed his stamina from time to time. His desire to be independent helped him be the best he could be and his positive work ethic and attitude helped many funeral homes and the families they served. I'll never forget Mike and always be grateful for the time I knew him and had the pleasure of working with him.

Several years ago, there was a terrible automobile accident involving a truck and a removal wagon that killed the funeral director who was driving the station wagon and seriously injured the passenger who was an embalmer. The drunken driver of the truck that caused the accident was

uninjured. After several surgeries on both legs and back, the young embalmer was told he might never walk again. He was close to being paralyzed from the hips down.

He had a wheelchair and got pretty good at getting around once his arms got strong enough. Eight months of therapy followed the surgical procedures. He was depressed and didn't feel too good about himself. His boss, who also was his uncle, encouraged him to stand on crutches to try to make an incision and raise an artery. This worked somewhat but was slow and awkward.

Eventually he was able to get a stand-up wheelchair. It was a normal wheelchair but had an adjustable back for standing up with a lock that would permit him to work without the fatigue factor. Billy could lock the position in and put on a belt to hold the position and move as necessary for embalming.

Fortunately, his hands were still in good shape and he didn't lose his hand coordination. He not only got his job back but he was able to do about 600 embalmings a year and did the best he could on all of them. The support of his uncle and coworkers was instrumental in making the following years successful for Billy who, despite his injury not only worked but was able to get back his self-esteem and feel useful again in funeral service. We won't forget you Billy!

One other student who I was privileged to work with and teach had a hand and forearm disability from birth. His left hand never fully developed properly from the elbow to the hand. He had several surgeries but was not able to get complete coordination in his hand because of the extensive tendon damage. It was slow and difficult just getting a glove on the impaired hand. I got him a glove that was a few sizes larger and helped him get it on before classes. This type of disability can become frustrating, especially when you need coordinated hand skills. We got to the point where he had to learn new skills with the disabled hand because both hands were needed in the embalming process. So we started pushing the training on both hands and he did some improvised, at-home, therapy to gain better use for both hands.

The left hand became the go to hand for keeping an incision open, balancing a body, or using its strength to lift a leg or turn the remains. This frequent usage began to make it stronger and more coordinated. It got to a point in school where he could raise the arteries and do mouth closures, even though it did take more time than some of the other students. His people skills were outstanding so working with families came easy. A funeral director took him on as an apprentice and was patient with his hand issues.

The young man asked me about Fountain Academy training and if I thought it would be a good thing for him. Of course, I said yes, not only because of the great training but also because my friend Vernie Fountain has a disability in his hand and wrist from bullet wounds he received in the Vietnam War. Most everyone in funeral service knows of Vernie Fountain and the Fountain Academy. Vernie

has helped many embalmers over the years improve their reconstructive surgery skills to allow families to have open caskets when loved ones have died of severe trauma.

Vernie worked at a funeral home doing odd jobs like cutting the grass, cleaning cars, and general maintenance before he joined the Marines and served in Vietnam. When he returned home he went back to the funeral home where he had worked. He thought he could go back to doing his old maintenance job. The owners said no to his application because they felt he wouldn't be able to do those maintenance tasks he did before. He feels like this might have been one of the best things that happened to him. The rejection gave him the guts, energy, and drive he needed to go on to retrain his hand and reach his goal of becoming the best he could be.

Seeing him in action makes us realize that we all can achieve skills and goals if we believe in ourselves enough to go for it. Vernie helped this young man whose hand was damaged by a birth defect. His desire to be a funeral director and embalmer gave him the drive to train his hands and body to do what is needed to embalm and do the work in a funeral home.

Their disabilities were similar, they both needed to train their hands to work skillfully enough for embalming purposes. They both believed in the value of embalming and wanted to help families have a successful viewing. Embalmers understand the importance of having good hand coordination while embalming. Vernie gave him that extra motivation that he needed to realize that you can do just about anything if you are determined enough to try. He was inspired and definitely went to the right place for his additional training.

I keep in touch with this young man to make sure he still has the drive to be his best and he does. The best part of this story is he has gained more self-esteem because families like him and he is getting his share of the thanks, hugs, and kisses that we all like and need in this business. It has been about six years since this young man has been licensed and he not only carries his weight at the funeral home but he has become a good embalmer and asset to funeral service.

Oftentimes individuals with disabilities or physical challenges can be valuable, even golden employees in our business. If you are a funeral home owner looking for a sincere employee and one that could be great for your team, consider giving someone with a disability a chance and you may find out that your faith and patience turn out to be a good thing for all.

Jack is Dodge's busiest embalming educator and lecturer. Along with working for Dodge as a sales representative in northern Illinois, he is an Embalming Lab Instructor at Worsham College.

Jack Adams, CFSP, MBIE



Eventually he was able to get a stand-up wheelchair. Billy could lock the position in and put on a belt to hold the position and move as necessary for embalming.

His desire to be a funeral director and embalmer gave him the drive to train his hands and body to do what is needed to embalm and do the work in a funeral home.

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Infant Preparation: Have A Plan, Follow the Process

by Tom Buist, MBIE

In my day, we had the common "baby box." Today I use a quilted blanket and wrap the infant and carry it in my arms to the transfer vehicle.

When we have to prepare an infant for his or her funeral, we should have a well thought out plan in mind, and we should follow this process carefully. Things we should think about include: Will there be mementos of the infant at the funeral? Will the parents want to assist with the final clothing of the infant? What options should be available for visitation and services? How flexible should we or do we need to be? Does the size or weight of the infant determine our plan and what we offer? Does our merchandise selection need to be refined? We are comfortable around our products but to any parent it is staggering to view caskets.

From the initial death notification to the transfer, the embalming, the arrangements, the merchandise selections, and the care of the family, every aspect is different, due to the emotional relationship with the little one. Parents, grandparents, and even siblings may need to continue to participate in the physical care of the infant. We need to have a plan and a process in place to make sure we meet the needs that will arise after this very special loss.

The First Steps

This process starts at the point of transfer from the location of death. In most situations it will be an institution. Whatever the location, careful thought should be given to how you transfer out of the institution's care. In my day, we had the common "baby box." Looking back now, it was functional but did not create the best visual effect. Today I use a quilted blanket and wrap the infant and carry it in my arms to the transfer vehicle. There are also products such as the Precious Cargo Transporter which have a much better appearance than some other devices. Once we arrive back at our facility it is critical to begin preparing the infant for viewing as soon as possible.

The pre-embalming considerations are important for the process. Will the infant be handled by the family? Are delays in visitation and services expected? Is the position of the infant an important consideration?

First, the infant should be bathed with a good prep soap, followed by a bathing with baby soap. The hair should be cleaned with baby shampoo. This will remove the institutional scent of the prep soap and give the hair the natural scent the family expects to encounter. Upon completion of the preparation, repeat the bathing process.

To start, the embalming table needs to be set up properly. I build a little working platform for the infant to rest upon. Placing the infant on the table could result in a flat back and head. By using a piece of non-porous, soft foam or rubber wrapped in a towel, one can avoid the flat back and head.

The Arms and The Mouth

How to position the infant and how to pose the features are major decisions in the process. The debates over the years on the position of arms and if the mouth should be closed or open, lead us to ask what is most natural. The mouth presents a significant challenge. Should it be closed or left open, as babies rarely sleep with a closed mouth. When the mouth is left open keeping the appearance natural can be difficult. The interior of the mouth is a mucus membrane and will quickly dry out and the result will be dark tissue. By far the majority of embalmers will close the mouth with the upper and lower lips just making contact which will produce a comfortable image for viewing. Several methods of closure can be used and each person should find the process that works best for them.

Next, determine the position of the arms. Older embalmers use the term "fencing position," where one arm is raised with the hand even with the shoulder, and the other arm and hand rest on the abdominal area. The size of the casket is important because, if it is too narrow, this position does not work well. You could place one hand on the abdominal area and one hand on the hip. Both give the viewing public a sense of a sleeping position and one of comfort. In many situations it is best to have both arms down the sides with the hands on the hips.

I believe the least natural position is to have the hands together. This is how we position most adults, but infants don't usually sleep in this position. The last step prior to embalming is to have a plan for the casket position. Infants almost never lie with their head looking straight up. I prefer a slight angle with one cheek tilted on the pillow facing outward, which will appear more natural to all who come to view.

Beginning the Process

The embalming process for infants, in most cases, will follow a post-mortem examination. That examination could be under the direction of the Medical Examiner or requested by the family and doctor to determine the manner of death. Most autopsy procedures are basically the same, but the skill of the technician is critical in providing the embalmer a means for arterial injection.

As we discussed early in this article, the washing is first on the list of proper procedures. Once completed, the sutures from the autopsy can be removed and the embalmer can assess the needs of the case at hand. If a medical legal autopsy has taken place, the process of "stripping" will have taken place on the back, buttocks, and legs. They do this to look to see if any previous damage was done to tissue causing old bruising. Use Dis-Spray at this time for the entire body surface, front

and back. Pay special attention to the mouth, eyes, ears, nose, and groin area.

All these areas need to be cleaned to prevent bacterial issues occurring which might cause odor problems in the casket. Infant tissue is very delicate and the spray will not harm it but will destroy the bacteria that could cause an embarrassing situation for the director. Now the infant can be placed on the soft, padded platform. Prior to arterial injection, place a light coating of white Kalon Massage Cream over the face, arms, and hands. This will help protect the delicate tissue and provide a better base for cosmetics later in the process.

Once the sutures are opened, the viscera bag can be removed along with the sternum. Treat the viscera with a mixture of Dri Cav and Edemaco. The two chemicals working together will preserve and dry the organs. With an infant case I prefer to dry pack the viscera and this chemical combination will ensure the organs will be dry. Wrap the sternum in Webril and treat it with Dryene II in a plastic bag. Next, remove the sutures from the cranial autopsy and treat the tissue interior with Dryene II Gel prior to injection. I then treat the thoracic walls by placing Webril saturated with Dryene II.

The Mouth and Eyes

The closure of the mouth is the next step and, depending on the situation, one of many types of closure techniques may be used. Most important is to make sure the lips just touch.

Pay special attention to the eyes. If the vitreous humor was removed for forensic reasons you should be able to inflate the globe with Feature Builder Regular. Working the 20 gauge or smaller needle through the sclera, inflate the globe to about 80% of the height you want to achieve. This will give you a workable range if swelling occurs during injection or some other problem affects the eye. I do use a small eye cap that I trim to size and frequently press the perforations down as the infant eye tissue is so thin that with time they may show through. Kalip on the inside and outside of the eye cap also helps with positioning. Once the embalming is completed, if the eye needs more inflation it is easy to do.

The Arterial Solution

Prior to embalming you should select the arterial tubes for this delicate procedure. I prefer the straight small infant tubes with probe points. I will also have two or three suction cup hose holders on hand. Once the tube is in place I use the holders for the arterial hose, keeping it straight and lessening the chance that the weight or angle will dislodge the tube.

The main issues with infant embalming are the small vessels, the high moisture content, the post-mortem examination, the onset of decomposition due to time factors, and the infrequency of this type of operation.

Preparing the arterial solution is a key factor in the success of the procedure. I use a formula that I was taught back in the mid 1970's. It has proven to be reliable and consistent. I believe it is a Don Sawyer formulation. It is based on weight and among today's

chemical selections I would use Plasdopake, Proflow, Rectifiant, and Restorative. The plan is based per pound of infant weight:

- 1.5 ounces of humectant arterial (20 index or less)
- 3 ounces of co-injection
- 3 ounces of water corrective
- .5 ounces of humectant
- No water ever!

For a six-pound infant, I would use 9 oz. of Plasdopake, 18 oz. of Proflow, 18 oz. of Rectifiant, and 3 oz. of Restorative. I prefer to use a pulsation control on the machine. I will start at a rate of flow 4 to 5 oz. per minute for the arms and legs. For the head I will use 1 to 2 oz. per minute. On a Dodge Embalming Machine with Automatic Pressure Control, no worries on pressure. On an original Dodge Embalming Machine, I will start at 120 psi for the arms and legs and drop to 50-80 psi for the head. If during injection you discover the penetration is disrupted you should treat under the skin with a gel.

In the face area, hypodermic treatment may be necessary but be very careful not to over inject and distort the features. Hypodermic treatment may well be necessary in other areas. Pay attention to the thoracic walls, the buttocks, the groin, the neck area, and the legs.

The Thoracic and Abdominal Cavity

Following the arterial injection we can start to prepare the thoracic cavity for the return of the viscera. Remove the treated Webril and check the tissue for untreated sections. I would coat the thoracic cavity with Dryene II Gel which produces great results with little odor or fumes. Cover that gel with a coating of Viscerock FF. Remember to reshape the neck with Webril coated with gel.

I remove the chemical from the viscera bag and place the viscera in a stainless steel bowl filled with Viscerock FF. I make sure the organs are well coated and, if any problems or odor occur, you can add Action Embalming Powder to the mix. If needed, you could place plastic wrap in the cavity prior to placing the organs in the chest cavity. I then dry pack the organs in the thoracic cavity. Once the organs are in place the wrap can be drawn up and over the organs.

The combination of the chemical mix will ensure the viscera will be dry. The sternum can be unpacked from treatment and placed into position. Your suture techniques should be what you are most comfortable with, but concentrate on consistent suture spaces. If areas need to be filled, the Viscerock FF works well, or you could fill them with one of the absorbent products on the market.

The Cranial Area

The cranial area is the next focus. The skull in most situations will be in four separate pieces due to the lack of development. After opening the skull I remove and clean any material left inside. As in all cranial autopsy situations the floor of the skull must be sealed off with Inr-Seel. This fills any voided space and covers the internal carotids

The main issues with infant embalming are the small vessels, the high moisture content, the post-mortem examination, the onset of decomposition due to time factors, and the infrequency of this type of operation.

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AND THE RESEARCH TEAM AT DODGE — INTRODUCING

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7" adapter
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Attach the cavity bottle to the injector and turn over for use.
The control vent for regulating flow, can be adjusted for either right or left hand use.

and optic openings, making sure no leakage can occur.

I then make a ball with Modeling Wax wrapping it with Webril. I use this to fill the voided brain area and create weight for the infant's head. If the mother, father, or grandparents hold the infant I do not want the head to feel too light. When anyone holds an infant the head always needs support as the neck muscles have not yet developed. If we do not create weight in the head, when someone holds the head, if it's too light, it's very disconcerting. It may take several attempts to find the perfect size needed for the wax and Webril combination.

The next step is get the cranial bone alignment correct. Use a small bore drill bit to tap holes in the cranial bone flaps. Use very thin suture material to draw and secure the cranial bones into proper position. With a small amount of Inr-Seel you can make the cranium appear smooth under the skin even with very little hair on the scalp. If the skull can be cleaned with a little Dry Wash II, a gel adhesive will work very well. A light coating of gel on the skin of the skull will provide the final topical preservation. As you suture, if any area appears void, a little Inr-Seel will balance the proportions of the head and add leakage control.

As you suture, adding a little Q-S Powder will insure against any fluid leakage and, if a problem area appears, cover the powder with Inr-Seel and suture through the putty to provide extra insurance.

If the incisions on the back and legs appear fine, I still would open them up to treat with a gel and then Q-S Powder, prior to new sutures. If mom is going to hold the infant I need to make sure I have done everything in my power to create a good appearance.

Now we are ready for the final bathing of the infant. I would use Dodge Prep Soap followed by baby soap and shampoo to create that distinctive smell. When sealing the incisions, I use Perma-Seel Spray. I can apply the product and then place a thin covering of Webril over it. The spray is not thick and creates a consistent seal.

I prefer plastic wrap around the torso and the legs. When done correctly, the plastic wrap is tight and prevents leaks. It also makes dressing the infant easy as no extra bulk is created like so many plastic goods do. When dressing the infant, I have always tried to have the parents bring in the appropriate size clothing. If the clothing is too big or too small, it will never create a good viewing experience.

Cosmetics

Cosmetic guidelines are needed for infants, as all too often we are in a time crunch and miss the fine aspects of this delicate process. Less is always better with infants.

I prefer translucent creams like Aquachromes and Kalochromes. Emollient creams can be used after embalming and with a light application, in several hours the color will penetrate into the tissue and make the final application easy. We need to keep in mind that if damage or severe bruising has occurred, an opaque cosmetic like the Perma line will be needed.

The selection of the cosmetic is critical to

creating the natural appearance. The foundation is, and always will be, well embalmed tissue. Nothing sabotages cosmetics more than bad preparation. One more consideration regarding infants is the possibility of "downy hair" on the infant. Depending on the situation, hair removal may become necessary for the cosmetic to be applied. If you need to shave, remember how delicate the tissue is going to be. Use a new razor and a mix of equal parts Restorative and Rectifiant, and an ounce of a good moisturizing soap. Clean the razor in a bowl of Rectifiant.

Remember the infant facial pores are so tiny that heavy cosmetics will not penetrate and the skin will appear waxy. If you do need to conceal any bruises, make sure you use a soft, quality sable brush for the application. If you need to, while working with any cosmetic, carefully moisten the brush with Dry Wash II which will thin the cosmetic and help work it into the pores of the tissue. This will present a non-painted effect.

Base cosmetic selections can include alcohol-based tints such as French Rose, Complexion Spray, and Soft Touch for a warm color skin tone. If the infant has a light complexion we need to create a warm appearance with an application of red-tone, but make it less intense. If using a cream cosmetic, try to create a pale red or rose color by toning down the dark intense red by blending it with an Ivory color.

In the event you encounter discolorations or bruises that become difficult to conceal, the airbrush may be the best option. This method can cover any dark area with progressive applications that will become completely opaque while maintaining a sheer appearance. You will be surprised how much cosmetic is applied to the surface of the skin and has no appearance of being "caked on." Remember that lighter is better. Using an undercoating method works well, and the color Ivory works as a very good base cosmetic. Once the cosmetic has set you can use a light complexion color in layers to cover the bruised area. If the clothing selection has legs and arms exposed, the airbrush is an excellent, quick aid to apply cosmetic to the exposed skin area.

Conclusion

All of us are thankful that we do not have to care for infants and their families very often. The parents are in such a fragile state and it requires the funeral service team to provide extraordinary guidance, support, and care which can drain our strength and our patience. This, for all of us, is a worst case call to receive in our business life. I have participated in this process and I have watched the men and women of funeral service walk families past the abyss and find the courage to keep making one more step in life.

Tom has been a licensed funeral director and embalmer for 40 years. He holds a certification in eye enucleation and corneal excisions. Tom is the Dodge sales representative in Michigan.



I then make a ball with Modeling Wax wrapping it with Webril. I use this to fill the voided brain area and create weight for the infant's head. If the mother, father, or grandparents hold the infant I do not want the head to feel too light.



Don't Be Afraid to Ask!

by Duane Hedrick

I wanted to challenge myself and help this funeral home help their family. I wanted to under-promise but, hopefully, over-deliver!

Prep room predicaments will often find us over the course of our careers, sometimes more often than we care to experience. Difficult cases in the prep room can be welcome challenges for some of us, while for others they can be overwhelming. We all know the result we strive for, that is, to have the most natural looking deceased for the family to view. Sometimes it's not easy to achieve.

Some advice I give to mortuary students is to have patience, and don't be afraid. Having the basic knowledge of embalming and the restorative arts may only take them part of the way towards success. Sometimes we have to find our "inner MacGyver" to find a creative solution to the problems we face. If we feel that we have reached the limits of our skills or patience, or perhaps both, for the sake of the grieving families and their final memories of their loved ones, we can't be afraid to ask for help.

Whether you reach out to a co-worker, a colleague in the business, or a trusted rep, it may be worth putting your ego aside and admit that sometimes things may be beyond our abilities. We all have our strengths and weaknesses when it comes to dealing with difficult prep room situations. We all need to take as much pride in our work as funeral directors and embalmers as possible. The work we do today will determine the kind of future we have in the funeral profession tomorrow.

On occasion, representatives for the Dodge Company get asked to help out with certain situations or simply for advice. We certainly encourage this type

of interaction with our customers. If we do not know the answer we have many resources to reach out to.

One day in September of 2016 I received a call in the late evening from an embalmer concerning what was sure to be a high profile service, based on the deceased gentleman's standing in the small community in which he had lived. It had been an unusually warm day in September when he was found, having spent most of the day slumped over in the fields. The initial concern for this preparation was the risk of tissue gas because of the length of time that this man had been deceased outside on a very warm day.

In many cases, unfortunately, some prep rooms are not fully prepared for all situations. Many products are worth having just for insurance, if nothing else. Halt GX, one of Dodge's newest products, is formulated to kill tissue gas. This is a product I would much rather have on the shelf and never need, rather than have a serious tissue gas case and not have anything to rectify the problem. As it turned out, tissue gas did not cause a problem, but a dark and discolored face was a problem, an enormous concern for the funeral directors. This gentleman was a well-known farmer in a small community. Everyone would be out to pay their respects. These are the types of scenarios that put elevated anxiety in the minds of those who are given the responsibility to care for the deceased and their family.

When the embalming was completed, the next concern was obvious. The gentleman's face

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With the airbrush you will be able to apply cosmetic past the hairline and into the scalp. In this case, if I had stopped at the hairline, the discoloration would have been visible through the white hair. This would have been an unnatural look.

was severely stained, that dreaded, dark purple color. Cosmetics in this situation would turn out to be challenging. Heavy cosmetics would be required to cover up the unpleasant staining, not to mention the challenge of the hairline of this white haired gentleman. We never want to see a person with heavily caked on cosmetics and a definite line where the cosmetics stop at the hairline. I can image the conversation that took place in the prep room. How are we going to handle this? You want to make him look natural, but how do you achieve that without using an extreme amount of cosmetics? Your reputation is on the line, people are aware when someone does not look natural, this is not a comfortable position for any of us. Our pride is at risk, we want people to be pleased with the work that we do. This is when the phone call took place.

"Do you think we can show him?"

I responded that we could certainly give it a shot. This would be a great case on which to try the airbrush! I had only dabbled in using an airbrush, maybe one other complete airbrush cosmetic job to this date. I was inexperienced, but I knew we had to give it a try. I knew that no matter how good he turned out, he would still have to be heavily cosmetized.

I agreed to make the trip to the small farming community and was willing to do whatever needed to be done to help. I made no promises of superior results, because I did not have much experience, but I wanted to challenge myself and help this funeral home help their family. I wanted to under-promise but, hopefully, over-deliver! I am a believer in the importance of having an open casket, if at all possible. I lost my dad, father-in-law, brother-in-law, and grandmother in a seven-year span. I value the importance of going through the entire process of an open casket visitation and funeral.

As with anything we do in the preparation room, proper case analysis is not only important, it's an absolute must. A vital part of this process is attention to the fine details. I will stick with the factors that have serious effects on cosmetic application. This would be preparing the skin to the best of our ability right from the start. Shaving is probably my #1 issue. Shaving in a precise manner. Shave multiple times, if necessary, to be sure all the whiskers are removed on the men, in the corners of the mouth, under the nostrils, and in the age lines. These areas are easy to miss. As far as women go, I believe they should be shaved as well. If they have peach fuzz on their face, it is magnified when cosmetics are applied.

In cases of trauma, be sure that the areas are sufficiently cauterized. We do not want to try to apply anything on weeping tissue. This can be accomplished with any of the variations of Dryene: Basic, Penetrating, Dryene II, or Dryene II Gel. Also, look for loose skin. Be sure to take these areas off before you attempt any wax restoration. These imperfections will stick out like a sore thumb once you start your cosmetic application. At that point we waste valuable time by starting over. But remember that starting over is not the worst thing in the world. If you do not like how it is looking, please start over.

When applying wax, be sure that you create some texture in the wax that closely matches the texture of the skin. This can be accomplished in one of several ways. Some suggestions for this procedure would be utilizing a stippling brush, a sponge, wet gauze, or sandpaper of varying grits, depending on the desired effect. You can try the method you feel would give you the best results.

Another helpful tool to have at your fingertips is a tissue reducer, or, as some know it, a heat spatula. I have witnessed swollen eyes and wrinkled skin that were not going to be properly fixed, due to not having the necessary equipment in the prep room. Most of these items for your preparation room are not cost prohibitive items, but they can be priceless when you need them.

Armed with my airbrush kit and my limited experience, I walked into the funeral home and made my way to the preparation room to encounter a gentleman with white hair in his late 70's. He was certainly discolored, but it was far from something we couldn't fix.

I started out by studying the photo of this man, coming up with a plan on the shades of cosmetic I would use. This has to be a judgment call on your part. As I mentioned before, and most certainly will again, Be Patient! This goes along with EVERY aspect that goes into caring for the deceased, this is not a race! The faster you do something, the greater the chance of it not turning out right.

I closely analyzed every fine detail of his face, I made sure there were no whiskers, nose hair, or ear hair present. I checked his eyebrows and eyelashes. Were all of these in order? Be sure the eyes and lips are properly closed and sealed before you start. The airbrush is not a difficult thing to learn, the biggest hurdle is getting over our self-doubt and away from the mindset of, "I have always done it this way or that way."

Just like everything else we do, you will find your comfort zone when working with an airbrush. Start by filling the reservoir with the airbrush cosmetic. I like to mix a couple of colors to make lighter shades somewhat darker and vice versa. Hold the wand like a pencil, for better control and comfort. I like to start from the inside and work toward the outside. It is important to apply thin layers by keeping the wand in constant motion. This is where patience is key. As you apply one thin layer after the other, you will slowly see the discoloration disappear, while keeping the age lines and pores visible. This is important as it keeps a more natural appearance by not completely clogging the pores.

With the airbrush you will be able to apply cosmetic past the hairline and into the scalp. In this case, if I had stopped at the hairline, the discoloration would have been visible through the white hair. This would have been an unnatural look. One may ask, what do you do about the cosmetic in the hair? The easiest solution is to have Dry Wash II at your disposal along with Webril prep towel and a comb. A clean mascara brush is handy. You want to be precise with this process and not be careless and rushed. You can easily mess up what you've already accomplished.

Take a small strip of Webril prep towel and wrap it around a small spring forceps. Using a comb as a barrier against the scalp, carefully remove the cosmetic from the hair. This will take some patience. You'll need to get as close to the skin as possible to remove the overspray from the hair without scraping against the skin and accidentally damaging the cosmetics that you just applied. My final step in this process was to use a powder brush and white Kalon Finishing Powder. I sprinkled the powder into the scalp to accomplish a final blend and mask any imperfections, if there were any.

In the end, the results of this airbrush application was quite astounding. That day, more than one of us found a new approach to applying cosmetics in difficult situations. This was the first time I tried the airbrush under tough circumstances, and I knew it would not be my last.

Just a month and a half later, I received another call. A young lady in her early 20's went missing only to be discovered deceased, outside in the November elements. By best estimation, she was deceased three to four days before being found. This gave the embalmers many hurdles to clear. She had been embalmed to the best of their ability by the time I received a request for advice and help. The first question was about controlling a small infestation of maggots, which can turn into a huge issue if not treated properly. I suggested treating the areas of her hair, along with the orifices, with Padco cotton saturated with Dry Wash II. The next question was about trying to restore her appearance to a state in which her parents and the rest of her family could see her one last time. I agreed to try to help. I would not classify myself as an "expert" by any stretch of the imagination, but I am willing to try anything at least once.

I arrived at the funeral home at 8:30 a.m. and approached this daunting task head on. Of course, I had to let things soak into my head for a time to figure out where to start. The biggest favor I did for myself was take my time. I had to dedicate the day to this case with nothing else on my mind.

I studied every inch of her face before I began because, as I said before, you want your surface to be as perfect as possible. Any little thing will be magnified greatly. This young girl's face needed some major restoration before I could even think about cosmetics. There were many areas, very small to quite large, that were dark and depressed, and the leathery skin needed my attention.

I begin with Dodge Surface Restorer which is a great product to restore superficial wounds. I was fortunate that she was young with smooth skin which made it easier and, when finished, it was unnoticeable that she had any wax restoration. This was a tedious part of the process, given the number of areas that were in need of repair. One other thing that was helpful was the use of a shower cap before I started applying airbrush cosmetics. This young lady had long dark hair, which would be styled in a way that the hairline would not be visible. The last thing I wanted to do was to clean overspray out of her hair, unnecessarily.

The airbrush cosmetics were sprayed on very thinly and with a great degree of care so that I wouldn't have to start over. One thin layer at a time the imperfections slowly disappeared. With these types of cases, it is good to walk away once in a while to gain a fresh perspective. I suggest when doing this, you clean the airbrush reservoir out to prevent cosmetic from drying and clogging the sprayer.

The process of restoration and cosmetic application was complete, but we were not done. This was a team effort. The funeral director/embalmer at the firm now utilized her talents in the fine tuning of the eye makeup and hair styling. In this case, and in others, it was important to tread lightly on the work that had already been accomplished. The last thing we want to do is touch up, but we now have something that will help with this. Available through Dodge, the Kryolan Ultra Setting Vaporizer will set any cosmetics to withstand light to moderate contact with a cosmetized area. We have all experienced the transfer of cosmetics onto the casket interior. This product will help prevent that.

The final steps had finally arrived, dressing the young woman, transferring her to the chapel, and getting the cosmetic lighting just right. We were all pleased with the result, considering where we started. We all know, our opinion is only just that, our opinion. What was really important was what her family would think.

Based on the communication between the medical examiner and her family, they were not sure if they would have the opportunity to say goodbye in person. The time arrived for this young woman's family to come in to see her. They were happy that they were able to see her again, and they wanted to keep the casket open for the public viewing.

We were relieved that we were able to give this family what they so needed in this dark time of their lives. We do not always know the true impact we have on people, at that time, let alone down the road. This had a huge impact, especially on her father. Four months AFTER the funeral, he reached out to the funeral home to thank them again for what they did for him and his family. He was better able to come to grips with what had happened by being able to see her. It was not closure for him, this word is overused and misused too often in our profession, but maybe there was some acceptance for him and his family after seeing her in a peaceful and restful state.

It is so important to treat these difficult situations head on and give it everything we have. If you truly do not believe you can do it on your own, there is help out there...*Don't be afraid to ask!*

Duane has been working in the funeral service industry for over 30 years. He is Dodge's sales representative in the northwest and southwest regions of Ohio. He has been a Member of the Board of Trustees at the Cincinnati College of Mortuary Science since 2015 and is currently a team member on the Ohio Mortuary Operations Response Team.



With these types of cases, it is good to walk away once in a while to gain a fresh perspective.

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The Family Knows Best: Prepare for The Unexpected



by Ben Whitworth, Dip FD, MBIE, MEAE

I was asked if I could attend to the gentleman in the cold room, as his family had now requested a viewing. A quick look told me that I was not going to be leaving any time soon and that this was not going to be straightforward.

Not for the first time, a family had called to make arrangements and had been quite sure of all their requests and needs. We all know that these things can change and frequently do. However, in this case, they were quite certain of everything that they wanted. The funeral was to be relatively straightforward, with a coffin made of pine, the deceased dressed in his own suit, and a service at the crematorium chapel, followed by cremation, and definitely no viewing.

In this case, the funeral director collected the deceased, kept him in a cold room, and dressed him in his own clothes. They did not embalm him as the family did not want this. In fact, apart from dressing the deceased, the family did not want him touched in any way, shape, or form. Dressed in his clothes, this particular deceased was left to rest in the cold room, pending the arrival of the coffin from the joinery company.

Over a week had passed with the gentleman resting in this way, when I arrived to embalm two other cases. Halfway through my first case, I was asked if I could attend to the gentleman in the cold room, as his family had now requested a viewing. A quick look told me that I was not going to be leaving any time soon and that this was not going to be straightforward.

After finishing the other two cases, I turned my attention to the “not to be viewed, now to be viewed” gentleman. Removing his clothing and placing him onto an embalming table I started to make a case assessment. Despite resting in the cold room for over ten days, he showed signs of dehydration and decomposition. He had been left without his dentures and his mouth had not been cleaned or closed so his lips were sunken and dehydrated. His eyeballs

and eyelids were dehydrated and sunken as well. Decomposition was advanced and the abdomen was a dark green color, which was spreading up the lower rib cage. There was skin slip around the scrotum and a foul odor. The funeral would be in a couple of weeks’ time and several viewings were anticipated.

I started with the gentleman’s clothes and, having removed them, wrapped them up and sent them to be dry cleaned. Next, I treated him with a good application of Dis-Spray. Given the length of time between death and embalming, I did not want to wash the deceased and risk causing more issues with skin slip. Then I used an aneurysm hook to gently lift the eyelids and lips and applied more Dis-Spray. I let this sit for a few minutes before I made a second application, and then I cleaned the eye orbits, as well as the mouth, with cotton. I was then able to set the features. I used eye caps and a good quantity of Kalip Stay Cream on the eyes. I used a round mandibular suture to close the mouth and then secured the false teeth in place. They didn’t fit very well, so using a little Aron Alpha Gel, I glued them into place.

Owing to the length of time between death and embalming, the facial tissues were sunken and a natural mouth closure was difficult to achieve. Using a Heavy Compound Injector and Inr-Seel, I reinstated the contours of the mouth and a more natural appearance was taking shape. The nose had also been altered during the time lapse with a sheet resting on it, so I shaped it with some Inr-Seel, which I injected into each nostril, after treating them with Dis-Spray and swabbing them clean. The use of Inr-Seel is perfect for this type of work, because it will not dry out the tissues like cotton or wool, and it can

be shaped as the embalming progresses, to ensure a natural appearance is maintained.

With the facial features set, I moved on to treat the genital area. This region showed advanced decomposition as well as skin slip and some leakage. I decided to paint the entire area with Dryene II Gel, which would deodorize and cauterize at the same time, as well as offer some preservation. An adult diaper was placed over the genital area to hold the Dryene II Gel in place and control any leakage during the embalming process. I then moved on to raise vessels for injection and drainage.

I decided to start with a single point injection, using the right common carotid artery for injection and the right jugular vein for drainage. These were raised and ligated for placing injection and drainage tubes. I then moved on to mix the required fluid.

This type of case presents many different challenges for the embalmer, but many of these can be overcome with the correct choice and mixture of the arterial fluid. A high index is required to overcome the decomposition, but this needs to be tempered with a good humectant quality to help with the dehydration. My arterial chemical of choice was Regal 30. This chemical offered what I can only describe as a hybrid between Introfiant and Plasdopake. With the power of Introfiant but with the subtle cosmetic finish of Plasdopake, Regal 30 has become a firm favorite of many embalmers in the UK since its introduction. I added 48 oz. of Regal 30 to the tank of the embalming machine along with 32 oz. of Proflow, 32 oz. of Rectifiant and 32 oz. of Restorative. Hot water was added to make a total solution of 2.5 gallons. This solution had an overall strength of 4.5%.

When dealing with delayed cases where dehydration is a problem, I often find that a large quantity of an additional humectant chemical is helpful. It not only helps to replenish lost moisture but increases the absorption of arterial fluid by the cells. I have also found that Proflow makes an enormous difference, especially with delayed cases. In this case, despite the length of time between death and embalming, good vein drainage was achieved and staining was cleared from the hands and facial features of the deceased.

I set the pressure of the embalming machine to 60/80 psi and used a rate of flow of 500/600 ml per minute. I started with direct injection and changed to pulsation halfway through. Good distribution was achieved from a single point with all tissues receiving sufficient fluid. The arterial tube was reversed so the right side of the head could be embalmed and this was done with 600 ml of fluid, at a pressure of 60/80 psi, and a rate of flow of 200 ml per minute with pulsation. Once the arterial injection was completed, I ligated the artery and vein closed and used a wormian suture to close the incision.

Whenever I suture close an incision, I like to make sure there is no risk of leakage. I start by drying the incision with a cauterizing chemical like Basic Dryene or Dryene II. Once cauterized, I apply a suitable quantity of Q-S Powder and then cover this with Inr-Seel. This forms a great barrier and will protect against leakage. This particular technique

is particularly effective for remains that will be repatriated or that have edema present.

After the incision was closed I continued to prepare the deceased, but all the time delaying the cavity aspiration and treatment. By maintaining the internal vascular pressure after arterial injection, the arterial fluid will continue to diffuse into the tissues and ensure a thorough embalming. Nails were cleaned and scrubbed, the deceased was washed from head to toe, and the hair was washed, dried, and styled. The facial features were adjusted and the diaper removed, so the genital area could be re-treated, before a fresh diaper was applied and a pair of plastic underpants placed over it. Kalon Massage Cream was applied to the face and hands of the deceased.

Only after all other tasks were completed, did I perform the aspiration. Once the aspiration was completed, I then injected 32 oz. of Dri Cav, distributed evenly between the cavities, with one ounce being directed into the scrotum, by directing the trocar over the pubis symphysis and down.

This case was challenging, but a good outcome was achieved and the family was very happy when they visited the deceased. It could have been a different outcome, had the embalming not been successful. The firm that I embalm for only calls me when they have a deceased to embalm. If the family selects a "no viewing" option, then I do not attend to the deceased, so we have reviewed company policies to address the issues that no embalming can create. A deceased not to be embalmed is now brought into the funeral home and washed and disinfected. The facial features are disinfected and swabbed before being set. Massage cream is applied to the face and hands, and where possible 16 oz. of cavity fluid are injected into the abdominal cavity without aspiration. I have found that this will delay some decomposition until a funeral can take place and will not adversely affect the deceased if embalming is selected at a later stage. Embalming can still be performed, using extra injection sites if needed.

The family knows best and we as funeral professionals are there to deal with their needs and expectations, however, we must be prepared to deal with the consequences of these needs and expectations changing. The care of the deceased is, in my opinion, the foundation stone on which funeral service is built. I would advise everybody to have an active policy for the care of the un-embalmed remains to avoid potential problems at a later stage.

Ben works for Dodge in the UK and represents the company across the country, calling at crematoria and cemeteries, medical examiners' facilities as well as medical and veterinary anatomy departments. He also works with capital equipment and the designing and building of embalming and autopsy rooms. He is a qualified funeral director and embalmer and holds the CANA certificate for Crematory Operation.



Owing to the length of time between death and embalming, the facial tissues were sunken and a natural mouth closure was difficult to achieve.

A high index is required to overcome the decomposition, but this needs to be tempered with a good humectant quality to help with the dehydration. My arterial chemical of choice was Regal 30.



True Heroes

by Dennis Daulton

A knock on the door, a telegram read in a doorway, a doorway that their loved one would never again walk through. So many telegrams, so many hopes and dreams, for too many, suddenly gone.

New Mexico State Senator John Pinto and pilot Daryl J. Daulton. Photo courtesy of a Southwest Airlines flight crew member (Aug. 5, 2017)

It was our ritual each and every Memorial Day morning as I was growing up. My dad would quietly open my bedroom door to see if I was awake. I usually was, eagerly waiting to go with him to Forest Hill Cemetery for the early morning Memorial Day exercises. The parade on Main Street would take place later in the day. We would climb into the old two-door 1948 green Chrysler and drive the three miles to meet other family members.

My father has since died. Oh what I'd give for just a day, or even an hour to ride alongside him once again, and to smell the aroma of the Half & Half Tobacco coming from his ever present pipe.

Sadly enough, the gathering at the cemetery had grown smaller in the late 1950's. Many of the parents of the World War II veterans had passed-on, and only a few brave soldiers from our community had fought and died in the Korean War. The military band led by George S. Talcott, a beloved, fragile, and frumpy public school music teacher, was also showing its wear. There were fewer members, the uniforms were ill-fitting, worn, and torn, and a few

sour notes were sometimes heard. But all that was overlooked because year after year they showed up, until one day they, too, disappeared. Nothing is forever.

My cousin Billy was one of those who did not return home alive from the Korean War. Tragically he was killed in action on March 1, 1953. I vividly recall that day, those many years ago, when this sad news arrived. While preparing dinner, my Aunt Clarice answered a knock on the door. As she stood in her kitchen doorway she was handed a telegram informing her that her son was dead. It read, "The Secretary of War regrets to inform you..." The Western Union carrier then turned and quietly walked away. That's how it was done. A knock on the door, a telegram read in a doorway, a doorway that their loved one would never again walk through. So many telegrams, so many hopes and dreams, for too many, suddenly gone.

Aunt Clarice, Uncle George, their daughter, her husband and their three sons, my grandparents, and other family members were always at Forest Hill Cemetery on Memorial Day morning, rain or shine. Along with remembering Billy, we also honored and remembered other family members buried there, and all men and women who fought for our freedom, as countless still do today.

Perhaps some things are forever.

My grandparents eventually died, and George and Clarice's visits gradually fell by the wayside. Physically they could still attend, but Clarice had developed dementia. One day Uncle George, a man of few words, announced, "Well I guess we've done it long enough."

They didn't need to attend a ceremony to remember their precious son. Billy's framed military picture hung on the wall behind and directly above their television set. I often wondered if they were actually watching television or mostly thinking about their handsome boy who left for war only to return in a flag-draped gray metal casket. All that remained was the flag which draped his casket, their memories, and a check from the government. Uncle George called it blood money. He deposited it in the bank and never touched it.

Billy would be 87 years old today. Now he is frozen in time at the age of 22. He did not experience a fruitful life with perhaps a family and a dog to love and care for, a home with a large yard and vegetable garden to tend to as his parents proudly had, and an occupation which honorably serves others as ours does. Countless fought, and too many died, so that you and I can enjoy our freedom, our families, and our possessions. They paid dearly for this, and so have their loved ones. Freedom is never free. Are we worthy of their sacrifices?

Two recent books which describe profound heroism during World War II are *Unbroken* (copyright 2010) by Laura Hillenbrand, and *All the Gallant Men* (copyright 2016) by Donald Stratton and Ken Gire. I recall someone writing, "Boys became men, and men became heroes." First responders, firefighters, EMTs, police officers, coaches, teachers, medical personnel, airline pilots and crew members, parents, friends, spouses, our children and grandchildren, and even strangers can be and are also heroes. Given the chance, there are numerous heroes amongst us.

Senator John Pinto is the oldest and longest serving state senator in New Mexico. He is a true hero who I knew nothing about. I do now thanks to a photo our son Daryl sent in a text message. When I opened it I wondered who that was seated next to him in the cockpit of the Southwest Airline Boeing 737 aircraft. I thought perhaps it was a captain on his last flight. It was Senator Pinto. A link was attached which directed me to the Navajo Code Talkers. Senator Pinto was a Navajo Code Talker during WW II.

My wife Janis knew about these Navajo Native Americans and their contribution during World War II since she had seen the movie, "Windtalkers" (2002). They are credited with helping save humanity. There is much to be read on Google and in history books about them so I will not go into great detail. Navajos were recruited by the U.S. Marines to develop a code which the Japanese and Germans could not break. This led to victory for the United States and Allied troops in World War II. How ironic it was that these Native Americans helped preserve for us that which was taken from them.



Pvt. William G. Daulton
U.S. Army
(1931 – 1953)
Killed in Action – Korea
Hometown: Fitchburg, Massachusetts

Navajos were recruited by the U.S. Marines to develop a code which the Japanese and Germans could not break. How ironic it was that these Native Americans helped preserve for us that which was taken from them.

Senator Pinto's story is amazing. Take a moment to look at his kind face. You can envision that he has a gentle manner, which Daryl confirmed when I asked him what he was like. "He was very quiet, very observant, and a true gentleman," Daryl said. Senator Pinto was on a flight from Albuquerque, NM to Baltimore, MD in August of 2017 when he was recognized by the flight crew. They asked, he did not request, that he sit in the cockpit ... the left seat, the captain's seat ... so that they could take a picture of him. He politely obliged.

Imagine what life might be like today if it wasn't for Senator Pinto, his fellow Navajo Code Talkers, and all those who fought and died during World War II ... in all wars. There certainly would not have been a picture of a respected and esteemed senator sitting next to a young pilot, one enjoying his freedom and perhaps looking back at what he and his comrades accomplished and preserved. The other, experiencing the opportunity to work at a career he loves while supporting his family.

Senator Pinto (born December 14, 1924) came from humble beginnings. He has been referred to as, "A Navajo Code Talker, Marine, statesman, lawmaker, husband, father, grandfather, and tireless advocate." In the early 1940's as war loomed on the horizon, a Marine bus (the Corps coordinated with the Bureau of Indian Affairs) arrived at a boarding school that young John Pinto was attending. John and his fellow classmates were suddenly on their way to basic training. There was no time to contemplate, and there was no resistance. They just went.



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May 10 & 11, 2018 | Atlantic City, NJ

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<u>TIME</u>	<u>THURSDAY</u> MAY 10TH NOVEMBER 8TH	<u>FRIDAY</u> MAY 11TH NOVEMBER 9TH
9:00am - 10:00am	Jack Adams Embalming Obese Bodies - A Growing Problem!	Jack Adams Turning Challenges into Opportunities
10:15am - 11:15am	Rory McKeown Dehydration and Emaciation	Tom Buist An A-Z Look at Organ Procurement & Donation
11:30am - 12:30pm	Jacquie Taylor The Opioid Epidemic and Funeral Service	Group Q & A Troubleshooting - Problems & Treatments
12:30pm - 1:30pm	LUNCH For Registered Seminar Attendees	DONE For The Day - Enjoy The Afternoon!
1:30pm - 2:30pm	Duane Hedrick & Tom Buist Almost Everything You Ever Wanted to Know About Mortuary Cosmetic Application, Part 1	
2:45pm - 3:45pm	Duane Hedrick & Tom Buist Almost Everything You Ever Wanted to Know About Mortuary Cosmetic Application, Part 2	
4:00pm - 5:00pm	Jacquie Taylor Color Theory & Discolorations	

CEUs: Continuing education credits for licensed funeral directors will be available, pending individual state/province approvals. Due to high-fee filing requirements, we no longer apply for credits from Virginia.

We'll be applying for a total of 9 credits - 6 for Thursday & 3 for Friday.



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After his swearing-in he revealed that he was a Navajo. The Navajo language is unlike any other Native American language. Senator Pinto was in the second group of Navajo Code Talkers. The young Navajos were trained as Marine radio men. Their mission was to translate coordinates and messages into a code based on the Navajo language.

He returned from war, married, and graduated from the University of New Mexico in 1963 at the age of 39 with a master's degree in elementary education. His teaching career was spent in the Gallup-McKinley County school system. It has been written that he entered politics because he saw the need for services for people, especially those on the Navajo reservation ... the Navajo Nation, established on June 1, 1868. It encompasses land in northwestern New Mexico, southeastern Utah, and northeastern Arizona and contains 17,544,500 acres and 27,413 square miles.

An article in the *Albuquerque Journal*, written by Leslie Linthicum, dated February 25, 2007, explains how a Mr. Manny Aragon was headed for the opening session of the New Mexico legislature during a terrible snowstorm in January of 1977. He spotted a middle-aged Navajo man standing in downtown Albuquerque with a blanket over his head and his thumb out. Aragon stopped and gave the guy a ride.

After some initial conversation Aragon asked the gentleman where he was headed. Mr. Pinto replied that he needed to get to Gallup because he was a new state senator. Mr. Aragon replied, "And

so am I." Thus their friendship began. Senator Pinto later bought an old Nissan truck and drove himself.

Life most likely would have been very different today if it wasn't for the Navajo Code Talkers. Their contribution to the war effort during World War II has been extraordinary. So, too, was the determination and sacrifices of every man and woman who put on a uniform and got the job done. Let us not forget those who remained at home, the spouses, grandparents, relatives, and neighbors who kept families together, and those who worked in manufacturing and farming, supplying our troops with everything from food to fuel.

Memorial Day will soon be upon us. According to the U.S. Department of Veterans Affairs, approximately 372 World War II veterans die every day. As funeral service professionals we care for these heroes with dignity and with respect now that their days on earth have ended. To ears which cannot hear we gently and quietly whisper, "Thank you," and bid them farewell.

"The home of the free *because* of the brave."

Dennis divides his time working in his Dodge sales territory in northeastern Massachusetts, and being in the office manning the technical support line, along with helping out with customer service.

Dennis Daulton



As funeral service professionals we care for these heroes with dignity and with respect now that their days on earth have ended.



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Grief Notes



Drug Buster

by Glenda Stansbury, CFSP

I'm always shocked when a doctor prescribes major pain relievers for minor issues. I looked in my medicine cabinet and found three prescriptions for hydrocodone. These were from an oral surgery and a shoulder surgery.

I'm kind of a terrible traveler. I go to many cities all over North America, but I'm there to work. I see the airport and hotel and don't get out and look around. Not much of a tourist. But, if there is a memorial museum somewhere, I'm going to figure out a way to see it. I don't care about art museums, and statues and parks have no appeal to me. Give me a place that tells a story. Open the doors to an experience where we can learn from our past and dedicate ourselves to creating a better future. That's my kind of must see.

The National Civil Rights Museum at the Lorraine Hotel in Memphis took my breath away and brought me to tears. The Holocaust Museum in Washington, DC required a couple of hours to just sit and take it all in after I left the building. The Lincoln Presidential Library and Museum in Springfield, IL, reminds us of a past that still seems to be part of our present. Of course, we in Oklahoma City are proud of the Oklahoma City National Museum built on the site of the Oklahoma City bombing and I've taken many visitors there to experience the horrors of that day when the world seemed to stop . . . for the first time.

Last summer, I was privileged to go to the National September 11 Memorial & Museum in New York City. It was just as you would expect—heartbreaking, awe-inspiring, terrible, and wonderful. Words cannot explain the wide range of emotions that one experiences while walking through that sacred space.

When I joined the tour group of about twenty people who had stood in pouring rain for an hour to get in, the guide asked each of us where we were from. The answers were typical—people from all over the US and a few from other countries. One woman said she was from New Jersey and the tour guide almost hugged her. He explained that he always was glad to see people from the area because so many native New Yorkers, and those from surrounding states who lived that awful day

in person, refuse to come to the Memorial. It's too hard, it's too close, it's too real. I told one of my funeral director friends from New Jersey where I was going and he said, "Never been, never will."

I understand that sentiment. I was in Oklahoma City the day of the bombing. I could see the black smoke rising from the building and thought, in that moment, that it was a gas explosion until the reality sank in. I watched my city try to figure out how to find bodies and comfort survivors. I drove with my lights on for weeks to honor the dead and wore ribbons to symbolize the grief for innocence lost. Some people say that they will never be able to walk into the memorial. The memories are too close, even 22 years later, and they do not believe they can survive the pain.

There is a myriad of reasons why people refuse to engage in these situations that bring distress and grief. As a funeral professional, I see this every day. Individuals who choose not to have a funeral because it will "be too hard." Families who refuse to see their loved one after death, fearing what that look might do to them. People who sit with me at family meetings as we plan a service and say, "Nothing sad or morbid. Just make it happy. And quick!"

We are a civilization of avoiders. We do not want to consider that abyss of reality, loss, sadness, or hurt, because we are afraid that we'll never recover. So, we find every way imaginable to absent ourselves. When I was in Brazil last year and learned that their funeral traditions called for a viewing and committal the same day of the death, I was taken aback at the speed. When I asked why, the professionals said, "So they can feel better quicker."

When did we become so fearful of pain?

One of the narratives of the opioid epidemic that is flooding the country right now is directly tied to this avoidance of pain or the possibility of

pain. There are many, many people with medical issues that demand and require medications so that they can get through their days. However, there are also many people who received these medications for short term problems who found that alleviating pain was easier than walking through it. The proliferation of medical answers which rely on a script and a bottle has established the norm. Don't want to hurt? Take a pill.

I'm always shocked when a doctor prescribes major pain relievers for minor issues. I looked in my medicine cabinet and found three prescriptions for hydrocodone. These were from an oral surgery and a shoulder surgery. You know the drill ... the doc writes a prescription and you dutifully go and fill it. Then you get home and look at it and say, "I'm not taking that. I don't need that." Never once did one of my medical practitioners ask if I had issues with addiction, whether I thought I needed such powerful pain suppressants, or whether I wanted that type of medication in my hands or in my house. It was an automatic answer to an unasked request.

For some people, the opportunity to relieve pain—physical or emotional—is a powerful siren call. Long after the procedure, long after rehab, long after healing has occurred, the fear of future pain keeps coming back. So, the pills keep coming. And, when they are no longer available, they turn to the streets to find a substitute and new horrors begin.

The other pressing problem has become availability. I cannot count the number of people who have told me the heart-breaking stories of a kid who found his/her way into the world of addiction by going through the meds in the bathroom. We are reluctant to throw these away or flush them, for fear of the ecological impact, so we just stick them in the cabinet and forget about them. And, then, an inquisitive teenager who is looking for answers in all the wrong places discovers them. Another path to lifelong consequences has begun.

I gathered up all the bottles to take them to a safe drop-off at one of the pharmacy stores that advertised they would take them. When I got there, I found that they had discontinued that program. So, I'm driving around with these drugs in my car, wishing I could find a place to get rid of them. Even though they are legal and have my name on the label, it feels a little scary and dangerous to have pills that could be sold for big money on the street in the glovebox of my car.

So, how can you become a safe space for your community around this topic?

The Dodge Company is now carrying Drug Buster Drug Disposal System. It looks like an innocuous plastic shampoo bottle. But inside are enzymes that dissolve and deactivate the harmful chemicals in the pills. You just shake it a couple of times, wait two hours for the neutralization to take place and then the bottle can safely be thrown away. Or wait 24 hours and the solution can be safely emptied into the trash and the bottle

can be recycled for plastic.

What a great way to advertise a much-needed service to your community. I'm sure there are a myriad of people like me who would like to rid themselves of the medication, but don't know how to do it safely and securely. I'm sure there are parents who worry daily about having pills in the house. I'm sure there are schools or community service centers who would welcome an uncomplicated procedure for eliminating the threat.

You put on your website, on your ads, on your social media sites, on your brochures that you have the Drug Buster and invite the public to come take advantage of this service. We are always looking for ways to get people to walk into our firms and see what we have to offer. What better way than to be proactively involved in dealing with a crisis?

This is a no-brainer purchase, in my humble opinion. And please note, this is not an InSight product and I'm not getting any kind of royalty on the sales. I just think it's a brilliant opportunity for funeral professionals to answer a need. And yes, as soon as I got mine, I got all the bottles out of my car and disposed of them. I no longer feel like a drug dealer driving around in a Mercedes.

Perhaps we should also create a new narrative for those situations that make us uncomfortable or present the opportunity for pain or sorrow. Perhaps we should bravely go and face those fears, embrace the sadness, walk into a building that can bring you to tears and let them flow. Tell people to go to funerals because it's good for the family and good for their souls. Encounter those demons of the unknown in order to learn something from them. Know that the apex of physical and emotional pain always finds a way to diminish.

As funeral professionals, we need to get much more comfortable in confronting those terrors and be the guiding presence for the family as they try to find ways to experience and embrace all the feelings that come flooding over them.

The one message of all the books that we sell at InSight Books is that what you feel after a death is NORMAL and it will find a way to soften and lessen as you walk the path of grief. If you utilize our resources, your families can find great solace and hope in the fact that they will survive. They will be forever changed and forever touched, but they will walk on at some point. (And, yes, I do make money when you buy our books. Full disclosure.)

We all need to know that sometimes our bodies or our hearts are going to hurt, but it will pass and we will endure and, maybe even, celebrate. We might just be a healthier and happier nation if we could bravely go where we are afraid to tread.

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.



The Dodge Company is now carrying Drug Buster Drug Disposal System. It looks like an innocuous plastic shampoo bottle. But inside are enzymes that dissolve and deactivate the harmful chemicals in the pills

Tell people to go to funerals because it's good for the family and good for their souls. Encounter those demons of the unknown in order to learn something from them.

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More and more funeral homes are being asked by families to assist with the safe disposal of unwanted and leftover drugs. The Drug Buster medication disposal system provides a safe, economical and environmentally responsible system for destroying pills, controlled substances, liquids, and transdermal patches.

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circa 1934

This article is about the “National Recovery Administration (NRA)” which was established in 1933 by President Franklin D. Roosevelt as one of his “New Deal” initiatives that were designed to stimulate business recovery during the “Great Depression.”

The NRA and Funeral Service

by Jacquie Taylor, PhD

Yes, I thought that headline would grab your attention! The “NRA” acronym sure did catch my eye when I saw it in a 1934 copy of *The Casket and Sunnyside* magazine. It took me a few minutes to realize that the article was not about the “National Rifle Association” whose name has become synonymous with gun rights advocacy. Instead, this article is about the “National Recovery Administration (NRA)” which was established in 1933 by President Franklin D. Roosevelt as one of his “New Deal” initiatives that were designed to stimulate business recovery during

the “Great Depression.” Before this, Roosevelt had also tackled a banking crisis and challenges facing farmers. Like farmers, businesses were suffering due to high output and low prices.

With each passing day, there are fewer members of the funeral service community who were actively working during this era, and as the decades accumulate, the reminiscences of the Great Depression fade. If you do have someone in your life who lived through it, sit down with them and ask them to share their lived experience. There is

no question that what they experienced has had a deep impact on American culture ever since. While somewhat familiar with the Depression in general, I, for one, had never heard of this “NRA” until I saw this article. It did bring back the recollection that everyone I knew in outdoorsy Oregon took a “hunter’s safety” course in middle school from the early version of what we now know as the NRA. It was as customary as scouting and church camp back then. But let’s clear up any confusion about the two organizations.

The National Recovery Administration (NRA) was under the direction of Hugh S. Johnson, a member of the ‘Brain Trust’ of Franklin D. Roosevelt. Mr. Johnson was an “energetic, domineering and outspoken man” who pushed the campaign to reorganize American business in order to raise wages and prices and to reduce competition. The symbol of the NRA was the “Blue Eagle” and cooperating businesses were allowed to display it, along with the slogan “we do our part,” much like the “Good Housekeeping Seal of Approval” or a “Better Business Bureau” endorsement. The public was urged to do business with only firms that displayed the blue eagle as a sign of patriotism.

The NRA of which we speak here was borne out of the “National Industrial Recovery Act (NIRA)” of 1933 which President Roosevelt signed on June 15. It was emergency legislation, limited to two years. The purpose of the law was to address the crisis in industry by suspending the antitrust laws so that government, business, and labor could work together to set up new, voluntary rules of fair competition and “business codes.” The codes addressed issues such as working hours, minimum wages, union membership, price setting, and restraint of trade. The mechanism utilized to pursue the specifics in our area was the “Code Authority for the Funeral Profession” – a “loosely-woven fabric of the mortuary calling under [one umbrella].” It was comprised of representatives from the NRA and “four major professional associations:” The National Funeral Directors Association, the National Selected Morticians, the Funeral Service Bureau of America, and the Independent National Association. Their first meeting was held on Monday, June 11, 1934.

Predictably, “doubts and fears” about the NRA and the Code Authority were expressed by many funeral service practitioners. They objected to both the creation of federal agencies to manage the

economy and to the ceding of power to the Code Authority which small funeral homes did not feel represented them fairly.

Many of the provisions of this initiative collided with persistent dilemmas that have always faced funeral service. For example, codes to prevent “price fixing” were put into place but this failed because companies were unable to cut costs, prices, or increase their market share. In addition, codes were established to raise the minimum wage and reduce working hours with the intention of creating more jobs. But there was only so much of the labor “pie” to go around without raising costs and prices. Finally, codes were put into place to limit the amount of work at a single business – so that the work could be spread out among as many different companies as possible. Obviously, this created an impossible situation for funeral directors who have no way to increase the number of deaths to create more demand.

One of the provisions of the NIRA law that had a direct positive impact on my family was the establishment of “The Public Works Administration (PWA),” created by the NIRA law which put public works programs under the control of the federal government to organize the construction of roads, bridges, dams, and public buildings such as schools, hospitals and post offices. My maternal grandfather worked for the PWA and growing up, we rarely went anywhere in Oregon without being able to point out a structure and declare “Pampo built that!” The PWA completed more than 34,000 projects around the country and was one of the successful elements of the NRA.

Almost from its inception, the NRA was fraught with problems and support from almost every sector soon eroded. It was re-organized in June of 1935 with many areas of the original agency scaled back. The focus turned to gathering data and analyzing which, if any, provisions had merit and should be retained. The NRA was formally terminated on January 1, 1936 and all remaining work was transferred to the Commerce Department. The review concluded and the work related to the NRA was brought to a close in February 1937. So the original NRA was a very early episode in the development of modern American funeral service where practitioners organized with the intent of self-regulation. It is a shame that our institutional memory is so short-lived because some of the deliberations of the Code Authority for the Funeral Profession might well have informed our current leadership organizations.

The mechanism utilized to pursue the specifics in our area was the “Code Authority for the Funeral Profession.”



Dr. Jacquie Taylor is the Special Projects Coordinator at The Dodge Company and a consultant in the areas of management and leadership. She is a veteran funeral service practitioner and educator.

Miss Julie

by Jerome Burke

I joined him and bent down to see what manner of man the storm had cast up on my doorstep. It was no man, but a young woman, thin to the point of utter emaciation.

It was on a hard, cruel night in January, that I met Julie. The facts are fixed in my mind, for it was the night old Mrs. Mulcare died. The snow came down as if it would drag the black sky with it, and the freezing wind shrieked like a pack of Furies through the dark streets, then paused to snarl like an evil-tempered dog before it screamed again. One of my assistants was off, another was home sick with the flu, the third had gone to Masterstown to pick up a body. I could have said, "I'll send somebody as soon as possible," when the call was relayed from the office to my house. But there was more than twenty years of Burke's Service tradition behind me, and ever since I first hung out my shingle I've remembered what my Monica said to me the day I first met her, "Funeral directing requires a dedication almost like that of the priesthood." And so I put my heaviest overcoat on, climbed into the runabout, and headed for the shop to pick up one of the station wagons we used for first call work.

The Mulcares were poor people, and lived in a poor neighborhood. St. Theresa's was a poor parish... Father Russell used the bus or trolley car or walked when he made his calls. It was long after midnight, and by 10 o'clock the trolley cars and buses had conceded victory to the storm and tucked themselves snugly in their stables. Father Russell had fought his way through knee-deep snow to the house of death.

"I'll be glad to give you a lift home, Father," I told him when I was ready to leave. "You'll not be minding if I stop by my place first to leave herself there?"

"Not at all, and thank you kindly for the offer," he told me, and we set off through the howling tempest.

I was just turning into the driveway leading to the parking area and garage at the rear of the funeral home when I saw a figure staggering and lurching through the drifted snow that covered my front lawn. "Holy Mother," I muttered, "what a night for a drunk to be out!" and just as I spoke the figure tottered like a tree under the last stroke of the lumberjack's axe, and fell sprawling in the snow.

"Drunk or sober, he's in trouble, bad trouble," Father Russell told me. "He'll die as sure as we're all sinners if we leave him out here."

"True for you," I agreed, but I was talking to the empty air, for Father Russell had already climbed from the car and was kicking the snow from his path as he made for the prostrate figure.

I joined him and bent down to see what manner of man the storm had cast up on my doorstep. It was no man, but a young woman, thin to the point of utter emaciation, inadequately clothed in a thin, threadbare cloth coat. One other thing I noted as I made a quick survey. There was no smell of liquor on her.

She was no burden when I got my arms about

her and lifted her into the wagon. A half-grown child would have weighed more, and even through the folds of her cheap coat I could feel the fleshless hardness of her bones.

We got her to the office and laid her on a couch, and I snapped on the switch of the electric percolator we keep ready for the night staff. In a few minutes she revived enough to take a few sips of the hot coffee, then finished the cup in two gulps. "Hungry, too?" I asked as she put by the empty cup. She nodded dumbly, and I could see a look like that of a famished animal in her eyes. There were sandwiches ready in the icebox, and when I'd filled a second cup with coffee for her, I handed her one. She wolfed it down in two or three bites, and held her hand out pleadingly. "More!" she begged, then, seeming to recollect herself, "Please, may I have another? I'm so..."

"You're hollow as a bass drum," I interrupted as I shoved the plate toward her. "But take it easy, sister; you can make yourself awful sick, eating too fast on an empty stomach."

When she'd eaten all the sandwiches and drunk three more cups of coffee, she seemed a little more human. "Thank you. Oh, thank you so much!" she smiled gratefully at me. "You don't know what you've done for me."

"Faith, and I do," I told her. "I picked you up out of the snow, where you had no business being, and filled your stomach. Now the question is, what are we to do about you?"

"Couldn't I stay here tonight?" she begged. "In the cellar, maybe, if you wouldn't want me upstairs. It's so cold outside, and..."

"Do not be talkin', woman," I broke in. "I know where I can put you up for the night, and where your breakfast's coming from tomorrow morning. It's the long haul I'm after thinking of. What'll we do about you later on?"

"I don't know," she told me. "Nobody seems to want me, but... I'm so tired, sir. Mayn't I go to sleep now, and talk about it in the morning?"

We had several small apartments — one room with adjoining bath — put in on the third floor when we remodeled the place. Such things come in handy for the staff at times. One of these was unoccupied, and I led my foundling up to it. "Sorry, we're all out of bedgowns," I told her with a grin, "but maybe you can make out with this." I handed her one of the surgical smocks we wear while operating. "You'll feel better after a night's sleep, and we'll talk about you in the morning."

* * *

She looked refreshed, and neat as a new pin, when I saw her in my office the next morning. There

was a scrubbed, soap-and-water look to her that told me she had made good use of the bathroom attached to her sleeping quarters. The longer I listened to her story, the more inclined I was to shake my head and wonder about her.

Her name was Julie Fernandez. Her father had been Cuban, and her mother a woman of color from New Orleans. Ten years before, when she was barely eight, Lola Baumer, the Alsatian actress, had played New Orleans, and saw her dancing in the street. Actuated by some whim, the fiery, temperamental star decided then and there that "*Miss Julie*" should be her combination traveling companion-lady's maid-plaything. Arrangements were quickly made with Julie's parents, and for the next ten years the actress, favorite of dukes, princes and – some whispered – even kings, and Miss Julie were inseparable companions. They toured Europe and the world together, and Julie learned to speak French and German fluently, and her English became the cultured speech of London and Dublin. She learned other things, too. She was an expert hairdresser, manicure and masseuse; she could repair and clean and mend her mistress's most delicate costumes; she became a practiced "dresser," helping her mistress make quick changes of costume for her stage appearances. She was, in fine, an invaluable helper for Lola Baumer – as she'd been trained to be – and utterly useless in any other occupation. Then suddenly, temperamentally and unexpectedly as she did everything, Lola Baumer died while playing in Boston. Lola had a large income, and lived up to every cent of it, and more. When hotel bills and funeral charges had been paid there was not enough left to pay Julie the two months' wages owing her.

America was in the trough of a depression. There were about as many jobs for ladies' maids open as there were requirements for expert toothbrush-bristle counters. In two weeks Julie was virtually penniless; in two months she was completely destitute. Piece by piece she pawned or sold the few pieces of really valuable jewelry Lola had given her during their ten-year association. Meanwhile, she sought work as a lady's maid, then as a "beauty operator," then as a waitress, domestic servant, and scrub-woman. She had no training as a cook or household drudge; she wasn't strong enough to mop and scrub floors. The night before, she had been locked out of her lodging house room and, with only the few threadbare clothes she stood in, had been wandering hopelessly in the storm when she collapsed on my front lawn. The sandwiches I'd given her had been the first food she'd tasted in forty-eight hours.

Suddenly, an idea struck me. "Are you afraid of dead folks?" I asked her with brutal suddenness.

Her eyes widened, not with terror, but in astonishment. Then, "No, sir," she told me. "I can't

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

Jerome Burke



Suddenly, an idea struck me. "Are you afraid of dead folks?" I asked her with brutal suddenness.

Today, when any of us has a particularly difficult piece of cosmetic work to perform, we send out a call for "Miss Julie."

think of anything more harmless – or more pitiful – than a dead person."

"All right, we'll see about that," I told her. "Come with me." I took her downstairs to the little room where Mrs. Mulcare lay, her tired old work-worn hands crossed meekly on her breast. "See what you can do with those," I told her, pointing to the poor old hands. "You'll find a manicure kit in the closet there."

In half an hour I looked in on her. She had done a beautiful piece of work. True, the old, work-hardened hands were not those of a fine lady, but they were neatly manicured, the callouses removed or deftly hidden, even the up-standing blue veins skillfully massaged until they did not show conspicuously against the pale skin.

"Good work," I complimented. "Now see what you can do with her hair. Pretend you're working for Madame Baumer again. She's playing the part of a poor respectable old woman. Dress the hair to fit such a part."

Mrs. Mulcare had worn her long white hair untidily and unbecomingly in a knot on top of her head. When I next saw her, the hair was braided in a heavy coronet that curved across her head a little above the brow. Underneath the braid it had been neatly parted in the middle and fluffed out becomingly above the ears. The hair-do was precisely the thing needed to set off the inherent motherliness of her face.

* * *

Three days later we conducted Jabez Lee's funeral from his big house on Tuscarora Avenue. Dressed in a neat black uniform, with contrasting white apron, cuffs and cap, Julie was at the house half an hour before the services commenced. When the family returned from the cemetery, there was not a chair out of place, not a stray, scattered rose petal to be found on the floor, no sign a funeral service had been held in the big house. When the check – no small one, either – came in response to my bill, a letter thanking us for our "thoughtfulness in seeing everything was in such perfect order after the burial" accompanied it.

* * *

Today, when any of us has a particularly difficult piece of cosmetic work to perform, we send out a call for "Miss Julie." She has a knack amounting to positive genius for applying just the right shade in just the right amount to bring out the life-look. Her hairdressing is as truly an art as a science. As she did for poor old Mrs. Mulcare so long ago, so she's done for hundreds of others – selected *just* the right hair-do to bring out the latent loveliness in the calm, still face. Long since she graduated from the little third-floor apartment, and now has her own neat three-room flat within a mile of the Burke Funeral Home, and her own small car to come to us in a hurry if an emergency arises after hours.

I guess it was just the Luck of the Irish, having that black storm bring to my door that girl who, unlike most laymen, thought "there's nothing more harmless – or more pitiful – than a dead person."

Dodge

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