

Plain Talk

From the Funeral Consumers Alliance of Maryland & Environs (FCAME)

Six myths revealed

Public views of embalming are often wrong

Here are some misconceptions about embalming, countered with the facts.

1) **Myth:** *Embalming is required by law.*

Reality: Embalming is not necessary or legally required if a body is buried or cremated shortly after death. Refrigeration (which involves no toxic chemicals, no invasive procedures, and is usually far less expensive than embalming) can be used to maintain a body awaiting a funeral or cremation.

Embalming usually costs between \$600 and \$1500. The price is determined partly by the amount of cosmetic restoration that is needed. Three states (Alabama, Alaska and New Jersey) require a body be embalmed before it is transported across state lines. Four other states (California, Idaho, Kansas and Minnesota) require embalming when a body will be shipped by common carrier.

2) **Myth:** *Embalming preserves a body indefinitely.*

Reality: Most embalming today merely delays the inevitable and natural consequences of death for a few days or possibly a week. Medical schools use stronger solutions of chemicals to preserve cadavers for study for six months to a year or so.

No process or products have been devised to preserve a body in a grave indefinitely. The rate of decomposition varies depending on the strength of the chemicals and the methods used, and the humidity and temperature of the final resting place. Body mummification practiced in ancient Egypt thousands of years ago for royalty took months to complete and bears little resemblance to embalming practices used today.

3) **Myth:** *Embalming prevents the spread of disease.*

Reality: Embalming provides no public health benefit, according to the U.S. Centers for Disease Control and Canadian health authorities. Public health experts say immediate burial or cremation is needed for bodies with virulent diseases such as Ebola and rabies. Not only does embalming not protect the public health, it can be a danger to morticians if they are exposed to fluid-borne pathogens when diseased bodies are opened. The National Cancer Institute has found that morticians (who are required to wear a respirator and full-body protective attire when

embalming) have increased risk for cancer of the blood, abnormal growth in bone-marrow tissue, and myeloid leukemia because of exposure to toxic chemicals used in embalming.

4) **Myth:** *Embalming is considered routine and an ordinary practice before funerals in most developed countries.*

Reality: Embalming is common only in the U.S. and Canada, where it got started in the early 1860's to facilitate transport of dead soldiers' bodies back to their families during the Civil War. Embalming is considered a desecration of the body by orthodox Jewish and Muslim religions.

(Continued on page 2)

Mortician writes a candid memoir

By Brian Ditzler

There seems to be a book published every few years that provides useful information and suggestions related to death care. *Final Rights - Reclaiming the American Way of Death*, by Josh Slocum and Lisa Carlson, is a good example.

Published in 2011, it provides information on funeral laws and regulations nationally and by state, with chapters on such topics as "tricks of the funeral trade," embalming, cemeteries, pre-need sales, home funerals and green burial. The book can be purchased from the Funeral Consumers Alliance national office. I keep a copy of it in my home office for reference.

A more recent and quite revealing book on death care by Caitlin Doughty is autobiographical in nature and delivered in a more humorous, anecdotal manner. Titled *Smoke Gets in Your Eyes & Other Lessons from the Crematory*, the book describes the author's thoughts and experiences during six years beginning as an untrained crematory operator in Oakland, CA, and later as a licensed mortician in Los Angeles.

She also is creator of the humorous "Ask a Mortician" series on YouTube and "The Order of the Good Death" blog on the Internet.

Ms. Doughty writes in a self-deprecating, irreverent, indelicate manner about things the funeral industry would rather the public not know. She had me laughing out loud and staying up late to finish the book because it was such an unusual read. *(Continued on page 3)*

Embalming & cosmetic restoration practices explained

(Be forewarned: what follows may be disturbing to some people.)

In her memoir *Smoke Gets in your Eyes & Other Lessons from the Crematory*, mortician Caitlin Doughty succinctly explains why most funeral homes require embalming and restoration before a viewing. "Untreated, a dead person's face looks horrific, at least by our very narrow cultural expectations."

Ms. Doughty also offers candid insight on embalming and cosmetic restoration processes. "It is a not-so-well kept funeral industry secret that the processes used to make someone appear natural are often highly *unnatural*."

First, the body is placed on a stainless steel or porcelain embalming table that has a trough to catch fluids and route them to a drain that usually connects to the public sewer system. The body

exterior and insides of the mouth and nose are washed with a disinfectant solution, and the limbs and joints are massaged to counter the effects of rigor mortis (stiffness) so the body can be positioned as needed. If limbs are distorted by arthritis or other disease, some tendons and muscles may be cut.

Massage cream is used on the face and hands to keep the skin soft and pliable. To set facial features, the first step is to put cotton in the nose.

Flesh-colored, plastic "eye caps" with tiny spikes emanating from them are placed under the deceased's eyelids to make the eyes look rounded and to prevent an eyelid from possibly opening and giving the appearance of a wink during a viewing.

Cotton or gauze is inserted into the throat to absorb and block any purging fluids. A curved piece of plastic called a

"mouth former" is placed in the mouth so the mouth appears as it formerly would have. Then the mouth is tied shut with sutures or with wires shot into the decedent's gums from a metal device called a "needle injector". Superglue may also be used on the eyelids or lips to keep them closed. Facial hair is shaved, if necessary.

Then comes arterial embalming - the draining and flushing of blood from the body. An incision is made in a major artery in the neck, an armpit or the groin as well as in a nearby vein or the heart. Drainage forceps are put into the vein to allow blood to flow from the body into the table trough.

An injection needle connected to an injection machine is inserted in the artery. The machine pumps into the artery a mixture of formaldehyde, alcohol and water that is dyed pink or whatever color is needed to have the body color appear normal. Limbs are massaged to help disperse the chemicals through the vascular system. Chemicals are also injected by syringe into other areas of the body.

If the deceased had certain cancers, diabetic conditions or certain drugs were taken prior to death, a stronger solution of chemicals often is used for better body preservation.

The next step is called cavity embalming. A long, skinny and pointed metal instrument known as a trocar, which has a metal tube connected to a suction hose, is forced into the stomach just below the navel.

The trocar is then jabbed around inside the abdomen and chest to puncture every organ that might contain gas, fluids or waste. The latter is sucked out and sent down the drain into the sewer. Then the torso is injected (and filled) with a formalin solution to kill microorganisms and retard decay.

(Continued on page 3)

Views of embalming often wrong (cont.)

(Continued from page 1)

Hindus and Buddhists usually want cremation and aren't interested in embalming. Use of embalming may be on the decline now because of the increasing popularity of cremation, home funerals and green burials.

5) **Myth:** *Seeing a body is a necessary part of the grieving process to achieve closure.*

Reality: Most funeral establishments require a body be embalmed and receive cosmetic restoration before one or more "viewings". When a body is made to appear lifelike after it was embalmed, it may be difficult to say goodbye. What's more likely is that a prepared body looks like a mannequin or representation of the departed, which isn't desirable either. A large portion of consumers report that viewing a dead body is an unpleasant experience for them. And, people who learn what has to be done to embalm a body and make it look natural after a death (*see accompanying article*) may question whether they want those procedures performed on a deceased family member or friend.

6) **Myth:** *Embalming is done at the local, family-owned funeral establishment hired to handle all the funeral arrangements.*

Reality: An increasing number of local funeral establishments are sending bodies entrusted to them to centralized facilities at other locations for embalming, cosmetic restoration and temporary storage. This outsourcing to centralized facilities with all the necessary equipment and facilities can achieve economies of scale and help funeral establishments keep their costs down. This is true for small, independent funeral homes as well as for the increasing number of funeral establishments owned by large corporations such as SCI. The latter routinely keeps the name each funeral establishment (and cemetery) had when it was acquired so people are often unaware the local establishment is no longer family-owned and operated.

Mortician writes a candid memoir (continued from page 1)

I should note that the author uses colloquial language, including occasional use of the “f” word, and she devotes most of her commentary to what she saw and did handling dead bodies. I mention this so people who are uncomfortable reading swear words or who don’t want to learn about what happens to our bodies after we die will know to avoid this book.

Radio commentator, Terry Gross, host of the “Fresh Air” program that is heard on many NPR stations, is clearly one of those people who find the topics of death and handling dead bodies to be creepy and uncomfortable. This was quite evident when Ms. Gross interviewed the author about her book on air last fall.

The author clearly has thought and read extensively about death and death-related practices around the world past and present, and quotes philosophers, historians, anthropologists and other authors throughout her book. For those who want to explore various topics she mentions in greater detail, she has a lengthy listing of sources by chapter included at the end.

Ms. Doughty is not shy about expressing her opinion that too many Americans think too little about death. Consequently, most don’t do the necessary planning for it beforehand and don’t realize what they’re asking for when they agree to have themselves or their loved ones embalmed and made to look “natural” for a viewing.

She points out this lack of planning is all the more surprising because most deaths come after a long illness or an individual has lived a long life, so the likelihood of death sooner rather than later should be obvious.

Most of the book is devoted to describing actual interactions the author had with a number of individuals as well as bodies brought into the crematory where she worked. A typical example involved the cremation of Mr. Huang. A dozen or more older Asian women arrived early and set up a makeshift

altar in the supply closet prior to witnessing the afternoon cremation.

The author had the misfortune to be wearing a red dress that day and was the subject of much criticism from the women because the color red, which is associated with happiness, should never be worn at a Chinese funeral.

A number of the women turned out to be professional mourners hired by the family to express grief and wail loudly, and who were videotaped by someone else hired by the family. The event concluded after Mr. Huang’s son was allowed to push the button to start the flames after the casket was slid into the cremation chamber.

One of the many tricks of the trade the author describes involves the timing of when different sized bodies are cremated during the business day. Larger bodies need to be cremated in the morning when the cremation retorts are cool. Without a cold chamber, the extra mass burns too quickly, and thick, dark puffs go up and out the smokestack, which may cause the

fire department to respond. Small or thin bodies with little body fat are generally saved for cremation at the end of the day. The description of what happened when the very plump Mrs. Greyhound was cremated is somewhat shocking, and best not retold here.

Another interesting lesson the author shared was how to get a body that had increased in size into (smaller-sized) clothing the family provided for the deceased’s viewing: saran-wrap the arms and legs.

A discussion of what happens when a body is embalmed and prepared for a viewing also is included in candid detail in the book, but is not related here because it is described in a separate article in this issue.

In summary, *Smoke Gets In Your Eyes* is a provocative and lively memoir for individuals who have a certain sense of humor and are open to learning more about death and death care. Admittedly, that may exclude a lot of people.

Embalming & cosmetic restoration practices explained (continued from page 2)

About two gallons of chemical mixtures are normally used for an embalming. However, embalming a body to last for six months or longer for use in a medical school requires eight gallons of a much stronger, even more toxic fluid mixture comprised of phenol, formaldehyde, alcohol, saline and glycerin.

The anus and vagina are packed with cotton, or an “A/V Closure” that is a 4 & 1/2 inch white plastic self-tapping screw is used to prevent leakage. A close-fitting plastic garment may also be used to capture seepage. Incisions and holes made in the body are sewn closed or filled with trocar “buttons”. The body is washed again and dried, and fingernails are manicured.

In most cases, the face and hands (and the upper portion of the torso, if necessary) are then cosmetically restored. How much is done depends on the condition of the body and the wishes of the family. Sometimes simple makeup on the face and hands, as well as hair styling, is sufficient.

Additional steps may include injection of substances with a hypodermic needle into portions of the body so they appear fuller, replacing missing features with molded wax or plaster of Paris, and using sophisticated airbrushing systems.

The body is then dressed and placed in the casket, with fingers glued together if necessary. Embalming a body to be dissected and studied in medical school is handled somewhat differently from what was described above.

Plain Talk is the newsletter of the Funeral Consumers Alliance of Maryland & Environs, the volunteer-run regional chapter of the national non-profit consumer education and advocacy organization, the Funeral Consumers Alliance (FCA). FCAME serves residents in Maryland, DC and Delaware.

President & Acting Secretary-Treasurer - Barbara Blaylock

Vice President & Director of Communications - Brian Ditzler

Director of Social Media - Jennifer Round Browne

Financial assistant- Dimitrios Rizos

Board members at large - Brian Kildee & Earl Kragnes

FCAME phone: 301-564-0006
email: info@mdfunerals.org

Funeral Consumers Alliance of Maryland & Environs

9601 Cedar Lane
Bethesda, MD 20814

Return Service Requested

Nonprofit
Organization
U.S. Postage
PAID
Suburban MD
Permit # 2146

FCAME needs your support to fulfill its mission

To join or remain a member of FCAME, we encourage an initial contribution of at least \$25, plus a similar donation at least every other year to help support FCAME as well as our national organization, FCA, which is sent a portion of the donation we receive.

What you get for being a member of FCAME:

- Information and advice that enable you to make more informed choices when planning funerals, burials, cremation, memorial services and other options for after-death care.
- Periodic newsletters with current information and advice that supplement what we provide on our website, www.mdfunerals.org.
- Results of periodic price surveys of the funeral industry in our area.
- An invitation to our annual meeting.
- Membership in the only regional and national non-profit organization that focuses solely on consumer education and advocacy of fair practices in the after-death care industry through state

and national legislation and regulation.

Individuals who give FCAME gifts of \$100 or more will be recognized

periodically in a special section of *Plain Talk*, the FCAME Newsletter.

If you'd might like to become more involved with FCAME, let us know.

Citizen Advocacy Center recognizes FCAME collaboration w/ regulators

FCAME Vice President Brian Ditzler joined public health officials and assistant attorney generals from a number of states, healthcare media, a town chief of police, a prominent state senator and others from across the country as speakers at the Citizen Advocacy Center's 2014 two-day annual meeting in Baltimore in October. CAC's mission is to increase the accountability and effectiveness of health care regulatory, oversight and governing boards.

The theme of the meeting was how to work collaboratively with other government agencies, officials and citizen organizations. The Maryland Department of Health and Mental Hygiene, which co-sponsored the meeting, suggested Ditzler be invited to discuss FCAME's successful collaboration with the Maryland State Board of Morticians over the past several years.

Ditzler discussed how FCAME and the State Board's working relationship has grown over time. By teaming together, they have helped get nine bills passed in the Maryland General Assembly since 2012 to strengthen regulation of funeral establishments in the state, and helped get three bills defeated that would have weakened consumer protection regarding funeral establishments.