Shrines and prayers: two missing elements of comprehensive mass fatality

Rhonda Keyes Pleasants

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As a Licensed Funeral Service Provider, I am aware of the special issues which surround mass fatalities. A study of numerous mass fatality plans yielded identification of two missing elements from most plans which are critical to mass fatality management. The first missing element is ritual used in the respectful treatment of the dead. The second missing element is religious precepts regarding caring for and final disposition of the dead based upon the particular belief system of the deceased, their family, surrounding community, and culture.

Specific qualitative methods of research used were a review of the professional literature, identification of a benchmarking model, comparative analysis using the model, and reporting my own professional observations.

The results yielded no inclusion of ritual or religious precepts in the plans studied; therefore, recommendation is made to include ritual and religion in mass fatality plans.
I certify that I have read this thesis and find that, in scope and quality, it satisfies the requirements for the degree of Master of Disaster Science.

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SHRINES AND PRAYERS: TWO MISSING ELEMENTS OF
COMPREHENSIVE MASS FATALITY PLANS

By

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To my family, especially my sister, Gisele and my brother, Tyrone, who served as my readers, thank you for listening even when you didn’t understand and offering love, encouragement and your faith in my ability to complete this project.

To my husband, Charles, "... But The Greatest Of These Is Love". To my daughter, Jaleesa, you are my queen and my son, Adam Michael, you are my king. Thanks for loaning me out for five years. It's good to be back.

Finally, to the One who orders my steps, directs my path and continuously favors me with grace and mercy: thank you God for all that you have been, all that you are and all that you will always be to me in my life. Because You are, I am.
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CHAPTER 1

INTRODUCTION: A LACK OF RITUAL AND RELIGIOUS CONSIDERATIONS

Many individuals within the emergency services profession share the responsibility of recovery after a mass fatality incident. These individuals include firefighters, police officers, pathologists, dentists, medical examiners, clergy, psychologists, psychiatrists, social workers, and funeral service providers. Other individuals within the emergency services profession are emergency medical personnel, demolition experts, safety specialists, public officials, and pathologists. As a Licensed Funeral Service Provider, I am aware of the special issues which surround mass fatalities.

A common question asked after mass fatality events such as the bombing of the World Trade Center in 2001, the Asian Tsunami in 2004, and Hurricane Katrina in 2005 was “What do we do with all these dead bodies or body parts?” It is essential that the Funeral Service Provider (also referred to as a Funeral Service Licensee or Licensed Funeral Director and Embalmer) be prepared to assist in their area of expertise when participating in the recovery phase of a mass fatality event. The recovery phase involves the removal of dead bodies or body parts (also referred to as “the remains”) from the disaster site. The funeral service provider will remain involved after recovery when assisting the surviving family with plans for final disposition of the remains. It is important for the Funeral Service Provider to know how to treat the remains with regard to the rituals and religion of the deceased and their community.

Robert W. Habenstein and William M. Lamers in their book The History of American Funeral Directing state Americans take for granted that “every person, no matter what the
circumstance, has the right to a decent burial.” (Haberstein and Lamers 2001, page 3)

Later in this study, I will prove that all cultures expect some form of decent disposition of their dead.

In my recent academic studies of disasters, I have noticed the focus seems to be upon attending to the survivors.

“Some will argue that saving survivors is the one and only priority of disaster management. While this may be true, it is important to also remember that very often lives are lost in a disaster, and these lives demand the same respect as those who have survived.” (Klicker 1998, page 130)

While reading several comprehensive mass fatality plans, I have identified two elements missing from those plans. The two elements are critical to mass fatality management as it involves the role of responding Funeral Service Providers, surviving family members, and the community at large. The first missing element is rituals used in respectful treatment of the dead. A ritual is a set of symbolic actions which may be dictated by a certain religion or cultural tradition. Religion does not have to be a part of ritualistic symbols or actions.

The second missing element is religious precepts regarding caring for and final disposition of the dead based upon the particular belief system of the dead, their family, surrounding community, and culture. Religion is a system of beliefs in an object or person that is sacred and or supernatural. Members of a religious group adhere to these beliefs and base their moral and ethical behavior upon the established doctrine of the religion. Religion, often used synonymously with the term faith, is the personal conviction of the practicing party. All religions have ritualistic precepts in which its believers participate.
The purpose of this thesis is to advocate the inclusion of ritual and religion in comprehensive mass fatality plans. In the future, when a Funeral Service Provider or other member of a recovery team reads a mass fatality plan, they will be able to function optimally in their role by knowing how to handle the disposition rites for the dead based on his or her faith.
CHAPTER 2

METHODOLOGY FOR STUDYING MASS FATALITY PLANS:
PAST, PRESENT AND FUTURE

To accomplish the purpose of advocating the inclusion of ritual and religion in comprehensive mass fatality plans, I will use qualitative methods of research. These methods will be (1) a review of the professional literature, (2) identification of a benchmarking model, (3) comparative analysis using this model, and (4) reporting my own professional observation.

In addition to the benchmarking report, a study of three types of common mass fatality plans used within the United States will be presented: a mass fatality plan for a municipality, a military mass fatality plan, and a pandemic influenza plan. I will identify similarities and differences of each plan, showing that each plan neglects religion and ritual. Then guidelines will be offered for the religious and ritualistic precepts of the Abrahamic faiths, the most commonly practiced faiths in the United States. The Abrahamic faiths include Judaism, Christianity, and Islam.
CHAPTER 3
LITERATURE REVIEW AND BENCHMARK

In his book, Funeral Directing and Funeral Service Management, Ralph Klicker states that disasters may be natural or man-made events. Natural disasters include floods, ice storms, heat waves, tornados, and hurricanes. A man-made disaster event could be a hazardous material spill, airplane or train accident, fire, or acts of terrorism. Additionally, Mr. Klicker states that “disasters vary in size, scope, extent of damage, loss of life, injury, and degree of disruption to the family and the community.” (Klicker 1998, page 129)

“By definition, a mass fatality incident is any situation where there are more bodies than can be handled using local resources. There is no minimum number of fatalities to become a mass fatality incident because communities vary in size and resources.” (Ralph 2005)

Resources include, but are not limited to, manpower and funds to assist with fatality recovery, personal protective equipment for those serving in the capacity of recovery, and storage facilities for the remains or body parts of the fatalities. It is important to remember that because mass fatality incidents are classified as such by available response resources, what may be considered a mass fatality incident in one community might not be considered the same in another.

In his article, “Mass Fatality Management: What Industry Response Teams Should Know,” Thomas H. Ralph states that “one of the sad realities of disasters is that they can result in the loss of human life.” (Ralph 2005) Rick Tobin in his article “Dealing With Death” speaks of the inevitability of loss of life from disaster in every community. So,
what then is the foundation of any mass fatality plan? The three major operational areas in a mass fatalities incident response plan are Search and Recovery, Morgue Operation, and Family Assistance. If the event is a man-made disaster, it may be considered a crime scene and other jurisdictional personnel such as the medical examiner/coroner and law enforcement personnel will be involved. A mass fatality plan mobilized as a result of a conflict-based incident may have additional specifications, especially if members of the military or certain religious cultures are involved. This will be detailed later in this paper.

Following the terrorist bombing attack of the Murrah Federal Building in Oklahoma City in 1995 the U.S. Department of Justice suggested in its Office for Victims of Crime (OVC) Bulletin, the following parameters for creating a Mass Fatality Plan:

.... when a mass-fatality event occurs, the community should already have in place a crisis response plan to effectively respond to the needs of victims and families. The many tasks and challenges involved in crisis response and recovery efforts require prior planning to ensure that adequate resources are identified, procedures are in place, and protocols are established. As communities plan for a mass-fatality event, they need to realize that the chain of command will be altered with the arrival of each new group of volunteers and staff members. During the preplanning process, the community should put in place memorandums of understanding and service agreements in anticipation of the many changes that occur during the management of a mass-fatality event. (OVC Bulletin 2002, page 13)

The types of United States government agencies that respond to a mass-fatality event might include the Department of Health and Human Services, Disaster Mortuary Operational Response Team (DMORT), Federal Emergency Management Agency (FEMA), American Red Cross, Federal Bureau of Investigation (FBI), and in the case of an air transportation disaster, the National Transportation Safety Board (NTSB).
In his Dodge Magazine series, “Reverence for the Dead: Universal Convictions and Moral Feelings,” Todd Van Beck acknowledges that “the ethic of Reverence for the Dead is actually something built into our human nature, and hence it becomes an integral part of what may be called instinct.” (The Dodge Magazine 2006, page 21) Humans outwardly express grief through rituals, symbols, and traditions. Few emergency responders have knowledge of the different and appropriate expressions of the cultures they encounter after a mass fatality event thus lending itself to lack of coordination of the rituals in handling the dead.

Most of the emergency plans I read contained a section which addresses the issue of mass fatality management. I reviewed a broad range of emergency management literature regarding mass fatality plans and emergency plans that included a section about handling mass fatalities. In order to condense the types of mass fatality plans for presentation, I chose two municipality plans. One of the municipality plans is a mass fatality plan; the other is an emergency operations plan which has a section that addresses mass casualties. In this particular plan, mass casualty is defined as critical injuries or deaths which emergency medical services are unable to handle within their normal response capability. Another plan I chose to present is the Department of Army Mass Casualty Response Plan. Finally, I chose two state pandemic influenza mass fatality plans.

In order to set up a comparative analysis using a current document, I chose the Pan American Health Organization’s Management of Dead Bodies After Disasters: A Field Manual for First Responders. This manual is a benchmark for what should be included in
a comprehensive mass fatality plan. This document was published in 2006 by the Pan American Health Organization (PAHO) and is also used by the World Health Organization (WHO), International Committee of the Red Cross, and the International Federation of Red Cross and Red Crescent Societies.

In her foreword to the document, Mirta Roses Periago speaks of the importance of further guidance for managing the dead after a disaster, especially in light of the South Asian Tsunami of 2004 and Hurricane Katrina in 2005. The Introduction of the Pan American Health Organization manual states that its two aims are “first, to promote the proper and dignified management of dead bodies and second, to maximize their identification.” (Pan American Health Organization 2006, page v)

The chapter on Coordination recognizes the need for coordination at the local, regional and national level. Coordination accomplishes the tasks of managing and assessing information, identifying required resources, implementing a plan of action for managing dead bodies, and disseminating information to families and communities regarding the missing and the dead.

The chapter on Infectious Disease Risks explains that dead bodies will not cause epidemics after disasters. The dead person would have to already be infected with an epidemic-causing infection such as anthrax, cholera, plague, or typhoid. Most infectious organisms do not survive beyond 48 hours in a dead body” (Pan American Health Organization 2006, page 5) except HIV which may survive up to six days beyond death. There is the undocumented potential that drinking water supplies may become contaminated by fecal matter from dead bodies. The chapter also highlights the risks
body handlers may encounter and what precautions they can take to avoid contracting disease from blood and body fluids of the dead.

The Body Recovery chapter shares that the aim of body recovery is rapid retrieval as a priority in aiding identification and reducing the psychological effect on survivors. Another aim of body recovery is that it should not interrupt the tasks of helping survivors.

A chapter titled Storage of Dead Bodies offers guidelines on storing bodies to inhibit the rate of decomposition. Storage options include refrigeration, temporary burial, dry ice, or ice.

The chapter on Identification of Dead Bodies explains different processes and procedures for identifying the dead and what procedures work best. This chapter also stresses the importance of making sure personal belongings are handled in a secure manner and kept with the body or body part at all times.

The chapter on Information Management states how important it is to keep families and the public informed. Facts will be disseminated regionally and locally about missing persons, as well as recovery and identification of the dead.

The Long-term Storage and Disposal of Dead Bodies chapter offers an overview which states “all identified dead bodies should be released to relatives or their community for disposal according to local custom and practice.” (Pan American Health Organization 2006, page 21) This chapter recognizes the importance of burial for its practicality in preserving remains that have yet to be identified. The finality of cremation is realized and discouraged when identification procedures are incomplete. When discussing graves
for burial, the chapter offers suggestions regarding the importance of prevailing religious practices in dictating how a body should be placed in a grave.

The chapter on Communications and the Media stresses the importance of communication with the media for delivering accurate, timely and up to date information. The chapter titled Support to Families and Relatives recognizes the importance of respect for the bereaved at all times and respect for cultural and religious needs. Guidance from the religious community is encouraged for those responders participating in the recovery, management and identification of the dead. Religious and cultural differences should be respected when handling the dead bodies as well. It may be necessary to provide funerary supplies such as caskets and shrouds to aid families in final disposition of their loved one.

The Pan American Health Organization’s Management of Dead Bodies After Disasters: A Field Manual for First Responders should be considered an accurate benchmark not only for first responders but for emergency management personnel in the United States and all over the world. I consider this plan an appropriate document and will it as a template from which to compare five United States Mass Fatality Plans. I will specifically focus upon the sections in these plans that deal with handling of the dead.

See Table 1 for a summary of the major categories of a mass fatality plan according to Pan American Health Organization’s Management of Dead Bodies after Disasters: A Field Manual for First Responders.
Table 1

Consideration of Culture and Religion within a Mass Fatality Plan:

Review of the International Benchmark

<table>
<thead>
<tr>
<th>Main Recommendations:</th>
<th>Body Recovery</th>
<th>Body Identification</th>
<th>Storage &amp; Handling</th>
<th>Family Support</th>
</tr>
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<tbody>
<tr>
<td>• Rapid retrieval</td>
<td>• Sooner is better because of decomposition</td>
<td>• body should be in a body bag or wrapped in a sheet prior to storage</td>
<td>• respect for dead and bereaved at all times</td>
<td></td>
</tr>
<tr>
<td>• Uninterrupted aid to survivors</td>
<td>• Separate body parts should be labeled and numbered as if they were a whole body</td>
<td>• waterproof labels attached to bodies with identification numbers</td>
<td>• sympathetic and caring approach toward families at all times</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Mandatory processes: unique identification number, label, photograph, record</td>
<td>• refrigeration, temporary burial, dry ice, or ice</td>
<td>• psycho-social support</td>
<td></td>
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<th>Cultural Considerations:</th>
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<th>Body Identification</th>
<th>Storage &amp; Handling</th>
<th>Family Support</th>
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</thead>
<tbody>
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<td>• not considered in this plan</td>
<td>• not considered in this plan</td>
<td>• cultural needs should be respected</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>• need to identify loved ones</td>
<td>• religious needs should be respected</td>
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<table>
<thead>
<tr>
<th>Religious considerations:</th>
<th>Body Recovery</th>
<th>Body Identification</th>
<th>Storage &amp; Handling</th>
<th>Family Support</th>
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<td>• not considered in this plan</td>
<td>• not considered in this plan</td>
<td>• not considered in this plan</td>
<td>• religious needs should be respected</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• need to identify loved ones</td>
<td>• seek advice from religious leaders</td>
</tr>
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Mass Fatality Plans for a Municipality

Pottawatomie County Mass Fatality Plan

The purpose of the Pottawatomie County, Kansas, Mass Fatality Plan “is to assign responsibility for the activities involved in a catastrophic disaster which may exceed the local resources for handling fatalities.” (Pottawatomie County Mass Fatality Plan 2004)

The plan highlights the three major operational areas of a mass fatality incident response plan: Search and Recovery, Morgue Operation and Family Assistance.

Search and Recovery

Search and Recovery includes the tasks of locating and removing bodies, body parts, and personal belongings. Documentation of all findings is as important in the investigation of the incident as it is with the morgue operation area. While this plan states the importance of treating all bodies with dignity and respect at all times, it makes no mention of following the ritual and prescribed religion of the deceased or their community during the recovery operation.

Morgue Operations

The Morgue Operation will be established by the medical examiner. “The main purposes for the morgue are to determine the cause of death and identify victims. After identification is established, the medical examiner can release the body and/or body parts based on the desires of the ‘next of kin’.” (Pottawatomie County Mass Fatality Plan 2004) It would not be unusual for a temporary morgue operation to be established if the morgue for the geographical area where the incident occurred is not within close proximity or is overwhelmed by the number of fatalities. Examples of places to establish
temporary morgue operations are a warehouse or airplane hanger. Considerations for establishing the morgue operation include condition of the bodies, the number of bodies, and the number of individuals needed to work in the morgue operation. Personnel in the morgue operation area may include dentists, pathologists, medical examiners, professional photographers and clerical staff. Morgue operations include but are not limited to functions such as receiving, photography, x-ray, dental, pathology, storage, and shipping.

**Family Assistance Center (FAC)**

The FAC has three purposes following a mass fatality event:

- "To provide relatives of victims with information and access to services they may need in the days following the incident"
- "To protect families from the media and curiosity seekers"
- "To allow investigators and the medical examiner/coroner access to families so they can obtain information more easily"  (Pottawatomie County Mass Fatality Plan 2004)

Suggestions for a venue to establish a FAC are a conference center, church, or hotel. This area should be secure and private. The families will be briefed twice each day by the medical examiner. Other key personnel on hand should be a grief counselor, American Red Cross counselors, and funeral service personnel. If there is a language barrier, translators will need to be available as well.

**Responsibilities**

The County Coroner's primary responsibility will be to establish "the cause and manner of death for the purposes of identifying the deceased and issuing death certificates."  (Pottawatomie County Mass Fatality Plan 2004) Victim identification will
identify the deceased. A security and credentialing system will be established to keep the area secure by allowing only authorized personnel to enter the staging. Staging areas for parking emergency response vehicles and the media will be set up in addition to an area for handling bodies that may be chemically contaminated. A forensic pathologist will be on hand to provide analysis of the mass fatality event. Notification will take place under the directive of the medical examiner/coroner. Additional resources may be obtained from federal sources such as the Federal Emergency Management Agency (FEMA), Urban Search and Rescue (USAR) Teams, National Transportation Safety Board (NTSB), and Disaster Mortuary Operational Response Team (DMORT) if the mass fatality event is too large for the County resources to handle.

There is a section in this plan that addresses mortuary services, realizing that expanded operations may be necessary depending upon the magnitude of the mass fatality event. The medical examiner is expected to request support from local, state, and federal mass fatality operations agencies if needed. There is no specific directive in this existing plan for ritual and religious recognition and how it is to be handled by mortuary services.

The final section of this plan is Evaluation and Corrective Action. This is the area where the plan requests an evaluation of deficiencies and capabilities be addressed and recommendations made to improve. The County Emergency Manager will be responsible for coordinating this effort.
Municipality of Anchorage Emergency Operations Plan

The Municipality of Anchorage Emergency Operations Plan will be mobilized in Anchorage, Alaska for emergency management activities for natural, man-made, and national security emergency events. This plan was developed by the Anchorage Office of Emergency Management in December 2005.

Introduction

The stated goals of the Anchorage Plan are to:

- "Formulate policies designated to protect life and property within the Municipality"
- "Provide guidance and assign agency roles to mitigate against, prepare for, respond to, and recover from incidents threatening life or property within the Municipality and"
- "Establish the Incident Command System as the organizational structure to guide activities during an emergency affecting the Municipality." (Municipality of Anchorage Emergency Operations Plan 2005, Page 9)

This plan states that each agency within the municipality should be responsible for creating and testing its own emergency plans and use this plan as a partner to be sure the individual agency plan will operate efficiently. "When applicable, this plan would be used along with the State of Alaska Emergency Response Plan, the National Incident Management System, and the National Response Plan." (Municipality of Anchorage Emergency Operations Plan 2005, Page 9) The plan will be updated annually according to state and federal requirements.

The Emergency Operations Plan for the Municipality of Anchorage will be made available to the public on the Office of Emergency Management's website or a hard copy will be made available by request. The plan will also be made available to all department
emergency management heads. This will allow individuals who work in emergency services and the general public to familiarize themselves with the plan.

Contrary to popular belief, one of the main principles of emergency management is that all disaster events are handled first on the local level. To that end, it is imperative that the Municipality of Anchorage be prepared to handle a disaster event while waiting for state and federal resources to become available. Once local resources are exhausted assistance can be coordinated from the state through the Alaska Division of Homeland Security and Emergency Management. Federal assistance is coordinated through the U.S. Department of Homeland Security by way of the Alaska Division of Homeland Security and Emergency Management. Additionally, individual households should develop an emergency plan and be prepared to function for at least one week with supplies such as medications, bottled water, and non-perishable foods. Businesses are also encouraged to develop an emergency plan that would work with this municipal plan.

... No guarantee is implied by this plan. Because municipal assets and systems may be damaged, destroyed, or overwhelmed during an emergency, the Municipality can only endeavor to make reasonable efforts to respond based on the situation and the information and resources available at the time. (Municipality of Anchorage Emergency Operations Plan 2005, Page 9)

While the Anchorage Emergency Operations plan realizes that the fire, police, and health and human services departments are equipped to maintain routine emergencies, when a major emergency or disaster event occurs beyond the scope of what these departments are equipped to handle alone, the Office of Emergency Management, under the directive of the Mayor or his appointee, will be mobilized to carry out the duties of
response and recovery (preparedness and mitigation should be on-going steps in any emergency management phase cycle).

Operational Concepts

Anchorage defines a major emergency or disaster as events that may include but are not limited to:

- "A significant number of casualties"
- "Severe or widespread property damage"
- "Non-routine multi-agency response"
- "Shortage of needed resources"
- "Extended interruption of vital services such as transportation or utilities"
- "Extended evacuation requiring sheltering"
- "Extensive news media coverage" (Municipality of Anchorage Emergency Operations Plan 2005, Page 13)

Emergency preparedness for Anchorage will be coordinated by the Office of Emergency Management located in the Emergency Operations Center. The mayor shall have the power to assign responsible agencies to certain emergency tasks as well as order evacuations, request state and federal assistance, and make emergency declarations.

The Municipality of Anchorage will use as its command guide the Incident Command System (ICS) as dictated by the National Incident Management System. As the plan outlines the command structure, it matches hazard element priorities with lead disciplines. When addressing the Hazard Element Priority of mass fatalities – criminal investigation, the Anchorage Police Department is the lead discipline. The Fire
Department and Health and Human Services Department are expected to be the lead discipline in the case of mass casualties. Nowhere in this section of the plan is the need for funeral service personnel mentioned.

**Continuity of Government**

In case a key government officer is killed or injured and public government records are destroyed or damaged, the Municipality of Anchorage Emergency Operations Plan realizes the importance of the continuity of government functions of leadership, and direction of emergency and recovery operations. This plan allows for and ensures continuity by dictating that if the Mayor’s seat becomes temporarily vacant, the municipal manager will be acting mayor in all mayoral duties except emergency and veto powers. If the municipal manager is unable to act, the assembly member with the most seniority will act in the mayor’s stead. If more than one assembly member has the same amount of time seniority, the one with the largest number of votes will act as mayor and will have emergency powers until a new mayor is elected. A plan shall also be in place at all municipal agencies to ensure that vital records are preserved during and after emergencies.

**Emergency Support Function Annexes**

An evacuation may be initiated by the Mayor, Police Chief, Fire Chief, Health and Human Services Director, Emergency Operations Center Director, or senior law enforcement, fire, or health officer who is at the scene of an emergency. A mass evacuation will only occur in the case of a terrorist incident, and the intensity, magnitude, duration, and spread of onset will determine the specific type of evacuation required.
Businesses, private learning institutions, child and adult care centers, hospitals, nursing homes, and public schools are encouraged to establish individual evacuation plans. Again, households are urged to be prepared with life-sustaining necessities to last at least seven days.

The Municipality will establish and maintain a communications system that ensures expedient transmission of information, provides a common operating picture, and facilitates accessibility to emergency resources. Communications are a critical function to assist emergency response and ensure continuity of operations. (Municipality of Anchorage Emergency Operations Plan 2005, Page 29)

Congregate care functions will include mental health services, sheltering individuals who have had to leave their homes, medical services which will support hospitals and sheltering domestic animals. The Municipality of Anchorage will protect human lives over those of domestic animals. Since most shelters do not allow animals, persons who own animals should have an evacuation and shelter plan in place for their animals in case of emergency.

Consideration is given to the importance of domestic animals in the lives of many households. The Municipality realizes that many individuals will endanger themselves or hamper evacuation efforts in order to save domestic animals, and then the Municipality will partner with Health and Human Services, Animal Care Control, and the Anchorage Office of Emergency Management/Emergency Operations Center and Health and Human Services to insure human life and the welfare of animals are considered. The Municipality of Anchorage Emergency Operations Plan defines a mass casualty incident as

"an event with critical injuries or deaths exceeding the normal response capability of an emergency medical services organization. A major earthquake, hazardous materials
release, or acts of terrorism are examples of emergencies where a mass casualty incident might occur.” (Municipality of Anchorage Emergency Operations Plan 2005, Page 41)

The plan addresses hospital functions, non-critical medical care, assignment of personnel in case communication systems are interrupted, use of the State Medical Examiner’s Office, and security. The plan allows for the state medical examiner to provide support in the areas of identification, storage, disposition, and documentation of deceased persons. No funeral service personnel are included in these tasks.

Persons who are mentally or physically disabled, housebound, or have compromising medical conditions are considered vulnerable populations. These individuals will be provided with special care to include assistance with evacuations, provisions for food, and needed medical attention.

It is important, after any disaster event, for provisions to be made for mental health services for those who have suffered loss of material possessions, life, or other losses. Mental health services will be available at evacuation points, at or near the incident site, and at initial care and congregate care facilities.

Support Annexes

The support functions of the Municipality of Anchorage Emergency Operations Plan include Public Information and Warning, Human Resources, Resource Management, and Volunteer Management. The Public Information and Warning annex will insure that the inhabitants of Anchorage are warned of an impending emergency, and once an emergency occurs that information and instructions for action are distributed. Notification methods will include door-to-door contact and portable loudspeakers. Provisions will also be made for individuals who are visually or audibly impaired. The
baseline information that will be transmitted to the inhabitants will be the type and location of the emergency, what effect the emergency may have, how those affected should protect themselves, where help is available, and when the situation will be resolved.

The purpose of the Human Resources Annex is to make all municipal employees aware that they may be called upon to aid in tasks associated with the emergency at hand. Municipal functions that are not directly related to the emergency may be suspended by the mayor. Individuals who are in supervisory or department head positions may be asked to assist in manning the Emergency Operations Center and give directives to their employees from that point. If necessary, temporary employees can be hired and volunteers may be asked to assist as well.

Resource Management involves making sure there are enough supplies, equipment, and facilities to continue to accomplish daily tasks during an emergency. This is accomplished through inventory of supplies, making sure there is a way to get the supplies where they need to be, procuring only supplies that are necessary to life and property saving tasks, and using only supplies necessary to be used during the emergency at hand. All resource inventory lists will be updated according to the National Incident Management System (NIMS) protocols.

The Plan dictates that volunteer resources will be coordinated and used in case of a natural disaster when professional emergency response resources become overwhelmed. It is important for volunteer organizations to establish memorandums of understanding with the Municipality and not just show up as responders to an incident. This is
important so everyone will know what their assigned duties are under the direction of the Emergency Operations Center. Volunteers are protected by the Alaska Good Samaritan Law.

**Incident Annexes**

The Incident Annexes of the Plan include Terrorist Incident and Chugiak-Eagle River Emergency Coordination. The Municipality defines an act of terrorism as kidnapping, hijacking, chemical, biological, radiological attacks, explosive weapons, cyber attacks, assassination, and extortion, contamination of food or water or air sources. The Plan will mobilize the four precepts of emergency management to deal with the threat of terrorism: Mitigation, Preparedness, Response and Recovery. Again, the Anchorage Office of Emergency Management/Emergency Operations Center will be the lead agency along with Health and Human Services, the Fire Department, Municipal Light and Power, Police Department, and Water and Wastewater Utility. Supporting Agencies will include the American Red Cross of Alaska, Area Hospitals, Maintenance and Operations Department, Street and Park Maintenance Division, and the School District.

Normally, the Municipality of Anchorage Emergency Operations Plan along with the Anchorage Emergency Operations Center would be used to handle emergency or disaster events in the areas surrounding the Chugiak and Eagle Rivers; however, when these operations are unable to handle such an emergency or disaster event in these areas by protecting life and property, the Municipality will mobilize a local coordination center in Eagle River. Such activation would take place if transportation or communications with
Anchorage were blocked, if the emergency occurred in the Chugiak and Eagle River areas, and was large enough to open a local emergency operations center.

A Mass Fatality Plan for the Military

"Until the latter years of the twentieth century, planning for disaster victim identification — for disasters in general — was based upon battlefield models usually taking into consideration civilian casualty experiences from the Second World War. Military personnel files contain ante mortem data. Military records can show quite accurately which soldiers are missing in action (MIA). In military incidents there is also strong control of the press, and families of soldiers are usually far away from the fighting. All of these characteristics are lacking in civilian models." (Levinson 2002, page 147)

The following presentation of a mass casualty response plan for the Department of the Army will reinforce Mr. Levinson’s findings.

Introduction

When using its Mass Casualty Response Plan, the Department of the Army defines a mass casualty incident as constituting “a significant number of Army casualties produced in a relatively short period time (sic), usually as a result of a single incident, such as a military or civilian aircraft crash, hurricane, flood, earthquake, terrorist or armed attack that exceeds local administrative and logistical support capabilities.” (Mass Casualty Response Plan, Department of the Army 2003, page 7) The Chief of Staff of the Army (CSA) or the Secretary of the Army (SECARMY), in domestic incidents, is responsible for determining which incidents are mass casualties and whether or not to execute this plan. This plan supports all efforts to care for and dispose of remains and personal effects as well as forensic pathology investigations. For overseas incidents, the U.S. embassy’s consular offices will assist in recovery, identification, shipment, and documentation of remains.
Some assumptions of this plan are that: (1) the majority of casualties are Army personnel; (2) a foreign country where an incident occurs "may allow U.S. military and civilian personnel to assist in recovery; and (3) the Armed Forces Medical Examiner (AFME) has primary jurisdiction over the remains of active duty fatalities in exclusive federal jurisdictions." (Mass Casualty Response Plan, Department of the Army 2003, page 9) A Geographic Combatant Command will be responsible for coordinating the entire mortuary affairs process. A Major Command and Major Subordinate Command Commander will assist with casualty operations and will provide support in anticipation of media and congressional interest. The local Garrison Commander shall be responsible for securing the site for investigation as well as protecting those near the site from hazardous materials. This Commander will be responsible for cleaning the site once all remains have been moved and the investigation is complete. There will also be a designated Commander to assist with briefing families as information about the incident becomes available.

Task Assignments

Certain tasks will be assigned by the Deputy Chief of Staff (Personnel) to personnel such as maintaining an emergency notification roster, leading the recovery liaison team, designating a primary and alternative site for the Mass Casualty Response Team to set up, and appointing personnel to work on that team. Additionally, a Chief from the Family Liaison Office will assist in preparing insurance documentation as well as accessing transportation and counseling services for families. Mortuary affairs support teams will be mobilized as well. The Deputy Chief of Staff (Operations and Plans) will
have the primary responsibility of mobilizing and implementing the Mass Casualty
Response Plan. The Deputy Chief of Staff (Logistics) will be responsible for shipping
mortuary affairs collection supplies and equipment to the site. The Assistant Secretary of
the Army for Financial Management and Comptroller will provide financial management
and support to the mass casualty operation. The Management Actions Directorate,
Director of Management, will coordinate air transportation to the site, and the Director of
the Army Staff will coordinate with top national leadership regarding the incident. The
Assistant Chief of Staff for Installation Management will be responsible for activating the
Community and Family Support Center and coordinating efforts of the American Red
Cross and Army Emergency Relief. The Chief of Public Affairs will be responsible for
release of information to the public. The Chief, Legislation Liaison, Army will be the
information officer to communicate with Congress regarding the incident and coordinate
travel arrangements for members of Congress who may need to travel to the incident site.
The Judge, Advocate General, Army (OTJSG) will provide legal counsel to those
affected by the incident. Cause of death and identification of remains will be determined
by the Armed Forces Medical Examiner (AFME). The Armed Forces Medical Examiner
may call upon the Federal Bureau of Investigation to assist in fingerprinting tasks.
Medical and mental health services for the teams working at the incident site will be
coordinated by the Surgeon General, Army (OTSG). Chaplaincy support will be
provided under the auspices of the Chief of Chaplains, Army (OCCH). Transportation
incidents as well as accident investigations will fall under the Director of Army, Safety.
Incidents involving members of the Army Reserve will be handled by the Chief, Army
Reserves (OCAR), and incidents involving members of the National Guard would be handled by the Chief, National Guard Bureau. Casualty information and updates will be provided by the Commander, U.S. Army Personnel Command (PERSCOM). Other personnel involved with coordinating response efforts to an incident include the Commander, U.S. Army Military District of Washington (MDW), the Commander, Forces Command (FORSCOM), the Commander, U.S. Army Medical Command (MEDCOM), and the commander, U.S. Army Criminal Investigation Command. Additionally, assistance will be coordinated by the Commander-in-Chief, U.S. Transportation Command (USTRANSCOM), Headquarters, U.S. Air Force (USAF), the Federal Bureau of Investigation (FBI), and the Department of State.

**Coordinating Instructions**

This plan will be executed by the Directory, Army Operations Center, with the point of contact being the Chief, Operations Division. Most individuals will serve on their assigned team for a minimum of one year, and an After Action Report will need to be submitted within 180 days of task completion. Annual training will be conducted with each team.

**Army Personnel Contingency Cell**

The mission of the Army Personnel Contingency Cell (PCC) is to provide a crisis management facility, provide guidance, monitor and coordinate the activities of various response teams, and prepare information updates to the senior Army leadership.
Recovery Liaison Team (RLT)

The mission of the Recovery Liaison Team is to represent the Department of the Army at the incident site, establish a relationship with the person in charge at the incident site, and locate, provide, and determine the status of injured Army personnel, assist with recovery and evacuation of remains, personal belongings, and accountable military items, and work with the Disaster Mortuary Response Team (DMART). While this team will monitor recovery operations, no specific directive is given to religion or ritual of the deceased being recovered. There is a Chaplain (OCCH) Representative on the Recovery Liaison Team who has an assigned task to “provide guidance concerning the religious aspects of handling remains.” (Mass Casualty Response Plan, Department of the Army 2003, page 39) No directive is included in this part of the plan for recognition of ritual and religion of the dead.

Mortuary Liaison Team (MLT)

The Mortuary Liaison Team (MLT) will represent the Department of the Army Headquarters at the preparing mortuary. Additionally, this team is the direct line of communication between the Army, the preparing mortuary, and the medical examiner. The Chaplain Representative on this team is also mandated to provide guidance with regard to religious issues and the disposition of remains. Other members of the Mortuary Liaison Team are the Surgeon General (OTSG) Mental Health Representative, Mortuary Affairs Officer, Administrative Section, and the Mortuary Affairs Section.

Mass Casualty Response Team (MCRT)
This team will provide information about the incident via telephone and electronic means of transmission. A daily log will be kept regarding all inquiries.

**Army Casualty and Memorial Affairs Operation Center (CMAOC)**

This center will be responsible for news releases regarding the incident, fatality reporting and notification of next of kin, disposition of remains, and coordination of mortuary affairs actions and benefits. No reference is made to the importance of the preparing mortuary having knowledge of the ritual or religion of the deceased.

**Army Community and Family Support Center (CFSC) Operations Center**

The Mission of this operations center “during a mass casualty disaster is to coordinate the flow of assistance through installations to Army families.” (page 55) This center will provide support to families and Army base installations on a 24 hour per day basis.

**Other Agencies**

Other agencies which may respond to an incident include the National Transportation Safety Board (NTSB), Air Mobility Command (AMC), The Federal Emergency Management Agency (FEMA), and the Department of Health and Human Services (HHS).

**A Mass Fatality Plan for a Pandemic Influenza**

**North Carolina Pandemic Influenza Plan**

North Carolina has created a Mass Fatality Plan for pandemic influenza which lists the roles and responsibilities of the North Carolina Division of Public Health, North Carolina Board of Funeral Service, North Carolina Funeral Directors Association, and the Funeral Directors and Morticians Association of North Carolina, Inc.
The assumptions of the North Carolina Pandemic Influenza Plan are:

- "Approximately 75,000 deaths occurred in North Carolina in 2004.
- "During a six to eight week wave of pandemic influenza, North Carolina could experience approximately 5600 deaths due to influenza.
- "There are approximately 732 funeral service firms and 72 crematories in North Carolina.
- "An autopsy is not required to confirm influenza as the cause of death; however, autopsies may be performed early in the pandemic to confirm the presence of pandemic influenza in North Carolina." (North Carolina Pandemic Influenza Plan)

The North Carolina Division of Public Health (NC DPH) will have charge over the Office of the Chief Medical Examiner (OCME), the General Communicable Disease Control branch (GCDC) of the Division of Public Health, and Vital Records. The Medical Examiner will decide which deaths should be considered medical examiner cases and provide directive for handling mass fatalities based upon its Mass Fatality Incident Plan.

**North Carolina Division of Public Health (NC DPH)**

The General Communicable Disease Control branch will provide information about the pandemic influenza to the North Carolina Board of Funeral Service, the North Carolina Funeral Directors Association, and the Funeral Directors and Morticians Association of North Carolina. An assessment will be made as to the morgue capacity at hospitals, and other health care facilities and non-health care facilities such as county morgues and refrigerated trucks.
Vital Records will be responsible for keeping a daily total of the number of deaths from influenza and pneumonia in comparison to other deaths in the state. All deaths of children from influenza are mandated to be reported.

**North Carolina Board of Funeral Service (NCBFS)**

This plan recommends that inactive funeral service licenses be reactivated and that trainees and mortuary students be issued temporary licenses so they can assist with mortuary operations during the pandemic. All mortuary workers and personnel involved with transportation and disposition of remains would receive vaccines. Communication with funeral service licensees will take place via computer list serve and a bimonthly newspaper.

**North Carolina Funeral Directors Association (NCFDA)**

The Association will help coordinate mortuary services such as transporting, preparing, and disposition of the deceased; procuring funeral supplies; providing clergy support and providing support to families. This would be the opportunity for funeral service licensees to familiarize themselves with and assist the family in carrying out the rituals and religious precepts of the dead. Unfortunately, this plan does not offer any guidance for how the Funeral Service Licensee should handle the ritual and religious precepts of the dead.

The Association will also aid in disseminating information regarding the pandemic influenza to its members using fax and e-mail systems and the Association will communicate with the National Funeral Directors Association and the local community college which houses a funeral service program.
Funeral Directors and Morticians Association of North Carolina, Inc. (FDMANC)

This organization is mandated to provide education and updates to its members and partner in communication with the National Funeral Directors and Morticians Association, Inc.

Virginia Department of Health Pandemic Influenza Plan

The purpose of the Virginia Department of Health Pandemic Influenza Plan Attachment is to “define the public health role in response to pandemic influenza, as well as provide planning guidance for local health departments as well as healthcare and private sector partners.” (Virginia Department of Health Emergency Operations Plan, Attachment Pandemic Influenza 2006, page 4) It is important to note that while this plan is specific to a pandemic influenza, it is an attachment to the Virginia Department of Health Emergency Response Plan which covers disasters requiring health services, response to terrorism, medical service and mortuary services. The plan states its priority is to “assure the continuation and delivery of essential public health services while providing for the emergency needs of the population.” The document includes appendices which provide guidance for healthcare providers, infection control, and influenza anti-virals. The Executive Summary includes the Background and Purpose, Guiding Principles, Situation and Assumptions, Authority, Coordination of Decision Making, Background Information about Seasonal and Pandemic Influenza, Phases of Pandemic Influenza, and Virginia Morbidity and Mortality Projections. As the reader can see from this list of topics, there is no reference to the funeral service practitioner and their role once deaths occur from the pandemic influenza. The supplements to the plan
include Pandemic Influenza Disease Surveillance, Laboratory Diagnostics, Healthcare Planning, Infection Control, Clinical Guidelines, Vaccine Distribution and Use, Antiviral Drug Distribution and Use, Community Disease Control and Prevention, Management of Travel-Related Risk of Disease Transmission, Public Health Communications, and Psychosocial Workforce Support Systems. Again, no mention is made of the Funeral Service Practitioner and their role in the Pandemic Influenza and the deaths that are anticipated.

The organizations represented on the Virginia Department of Health Pandemic Influenza Advisory Committee include no representation from the funeral service profession. Again, all emphasis is being placed upon the living with no consideration of who shall care for the dead and what procedures shall be used.

While some of the plans presented in this section include activities of mortuary personnel, none of the plans went far enough to highlight how the personnel should handle the remains according to ritual and religion. Table 2, in Chapter 4 will summarize my findings from each of the five plans.
A September 2005 article in New Scientist magazine speaks of the ramifications of not knowing what to do with so many dead bodies and not being able to dispose of them fast enough following Hurricane Katrina. A recent Washington Post article predicts an overload of dead bodies if a pandemic influenza should strike again and the inability to dispose of the bodies. Later in this paper, I will offer guidance for ritual and religion that will assist mortuary personnel in carrying out their duties as they prepare for final disposition of the dead.

Table 2 will offer a comparison of the five plans previously presented. This table will highlight the similarities, differences, and missing elements of the five plans studied.
Table 2

Consideration of Culture and Religion within Mass Fatality Plans:

Analysis of Five U.S. Plans Against the International Benchmark

<table>
<thead>
<tr>
<th>Model Plans:</th>
<th>Body Recovery</th>
<th>Body Identification</th>
<th>Storage &amp; Handling</th>
<th>Family Support</th>
</tr>
</thead>
</table>
| Pottawatomie County Mass Fatality Plan | • Documentation of remains  
• Treat remains with dignity and respect | • Security  
• Credentialing system | • Handled through morgue operations | • Provide information and access to services  
• Allow Medical Examiner access to families |
| Municipality of Anchorage Emergency Operations Plan | • Not discussed in this plan | • Not discussed in this plan | • Not discussed in this plan | • Not discussed in this plan |
| US Army Mass Casualty Response Plan | • Chaplain representative will be present | • Not discussed in this plan | • Not discussed in this plan | • Coordinate assistance through base installations |
| North Carolina Pandemic Influenza Plan | • Funeral Service Personnel may be asked to assist | • Not discussed in this plan | • Department of Public Health will assess morgue capacity | • Not discussed in this plan |
| Virginia Department of Health Pandemic Influenza Plan | • Not discussed in this plan | • Not discussed in this plan | • Not discussed in this plan | • Not discussed in this plan |
CHAPTER 5

OBSERVATIONS OF A FUNERAL SERVICE PROVIDER

As a Licensed Funeral Service Provider, I also consider myself and members of my profession to be important members of the Emergency Services Management profession. In most cases, a family will not receive the remains of their loved one until the body has been released by the medical examiner or coroner. Medical Examiners, Coroners, and Funeral Service Practitioners are two of the key players in communication during the recovery effort. Communication between the two professions will create a better understanding of ritual and religion in Emergency Services Management so that the dead can be honored with dignity, care and respect.

The Abrahamic religions trace their origin to Abraham, a figure in the Old Testament of the Holy Bible believed to be the father of all descendents. In the Holy Qur’an (the Moslem Bible) Abraham is believed to be a prophet. The Abrahamic faith is comprised of a group of monotheistic (belief in one God) religions. These religions include Judaism, Christianity and Islam. I chose to discuss the ritual and religion of the Abrahamic faiths as they relate to mass fatality management because they include most of the western world’s religious believers. None of the Abrahamic religions believe in reincarnation, but most believe in some form of eternal life.

Every culture has some form of ritual to honor their dead. Some rituals take place before death as in the case of someone who is ill and known to be dying. These rituals include prayers, poems, songs, flowers, and photographs of family members and friends. Other rituals begin to take place immediately after death. In large scale disaster events,
rituals span across different cultures and religions. Depending on the religion of the
death, rituals may include a memorial service or gathering (a service of remembrance
where the body is not present), offering flowers, stuffed animals, candles, and
photographs at or near the scene of the incident. Scriptures, poems or other writings may
also be read at or near the scene of the incident as well. Signs and religious icons (such
as a cross) are often erected at the place of death. Often a simple calling out of the names
of the dead will suffice until a formal funeral service can take place. Following a mass
fatality incident, the funeral service practitioner will be instrumental in helping to
coordinate rituals based upon the culture and community that exists. Members of the
clergy will be assisting the funeral service practitioner as he or she meets with the
families of the deceased. In this section, the concentration will be on following the
precepts for removal and preparation of the remains.

The Christian faith can be divided into Protestant and Non-Protestant (Roman
Catholic) belief. Protestant religion is all the Western Christian faiths that do not adhere
to the Roman Catholic Church precepts. Historically, the Protestant church is the
Christian church which disconnected itself from the Roman Catholic Church during the
Protestant Reformation. Protestant denominations include Baptist, Methodist, Church of
Christ, Episcopal, Lutheran, Presbyterian, Assembly of God, Church of God, and
Nazarene. The main difference in the Protestant religions is the manner in which they
conduct their worship services. Some Protestant churches follow a liturgical (a set,
consistent order of worship) order of worship service while others follow a non-liturgical
order of worship whereby the church and its clergy determine the format. Protestants
place no restrictions on removal or preparation of the remains. Prayers and scripture may be offered over the dead or near the incident site before the bodies are removed. Neither Protestant nor Non-Protestant Christians place specifications on the type of casket that shall be used.

Christians place value upon prayer and short scriptural readings. It would be appropriate to offer either in the case of a dying Christian or one who is already dead as a result of a disaster event. The offering of Holy Communion and or the Sacrament of the Sick is not limited to the dying but may also be offered to the injured Christian. The Sacrament of the Sick is believed to have healing powers as is the laying on of hands. Because the Christian faith prefers a clergy person or officer of the church (deacon, elder, Eucharist minister) offer Holy Communion or the Sacrament of the Sick, I recommend the funeral service practitioners familiarize themselves with these individuals at the incident site for easy access and communication.

Preparation and disposition of the remains may be in the form of embalming, dressing, casketing and subsequent burial. The family may also choose cremation. The type of clothing used to dress the deceased is left to the discretion of the family. The Protestant funeral does not have to be held at a church or funeral home. Protestant funerals can be held at community buildings, government buildings, or school auditoriums.

The precepts for handling the dead in the Roman Catholic faith are more detailed. Roman Catholics believe that their dead “should be buried from the Church with a Mass.” (Funeral Services and Ceremonies 1994, page 27) There are no requirements regarding the removal of the remains. Embalming is preferred by the Roman Catholic
faith, and cremation is allowed only if the deceased requested this form of disposition.

Members of the Catholic clergy or religious order may have their remains prepared in the local monastery or convent by other members of the clergy or religious order. This task may be difficult to accomplish depending on the location and circumstances surrounding the mass fatality incident. If they are available, members of the religious order may dress and casket the remains of their member. Members of the Catholic clergy will be dressed in their priestly garments. Religious icons such as rosary beads are placed in the hands of the deceased. Although flowers may be offered honoring the memory of the deceased, they are not allowed in the church during the funeral. Flowers should be left in the narthex (vestibule or entrance foyer) of the church.

There are three groupings of Judaism in the western world. The Orthodox Jewish still practice the ancient traditions and beliefs of the religion. The Conservative Jewish have more modern practices and the Reform Jewish subscribe to some ancient and some modern day practices of Judaism.

Individuals that practice Judaism will desire a quiet place for prayer for the dying and distressed. Dying Jewish people expect a companion (Shomer) to remain with them to read or say prayers. The dying should not be touched or moved.

The role of the funeral director is very limited in the case of a deceased member of the Jewish faith, except as directed by the local Rabbi. The body of an Orthodox Jew cannot be removed from sundown Friday to sundown Saturday, which is the Jewish Sabbath. Death in a public place or possible interference with the public health will supersede this law. The funeral service provider (unless they are Jewish) will have no part in the
preparation of the remains. Jewish law dictates that once a believer dies, no post-mortem exam (autopsy) be performed unless approved by the Rabbi and then only if the findings will benefit others. Civil law can take precedence over this religious law. An autopsy may be mandated after a mass fatality event for purposes of identification and determining a cause of death. All body parts should remain with the corpse if possible. Additionally any blood-stained clothing or other personal belongings should stay with the remains at all times and be buried with the remains.

When a member of the Jewish faith dies, their eyes are closed, limbs straightened, and their jaws tied shut with a piece of cloth or a handkerchief. Fingers should be straightened. The Orthodox Jews do not practice embalming, however, embalming may be allowed by the Conservative and Reform branches of Judaism. If civil law requires embalming, all blood is placed in containers in the casket and buried with the body. In cases where embalming is not performed, the body is ceremoniously washed (Tahara) and wrapped in a plain white sheet with its feet facing the door. The Chevra Kadisha (Holy Brotherhood or Sacred Society) will perform the washing and wrapping of the remains. Men prepare men and women prepare women. When the deceased is casketed, a plain wood box is used with no ornamentation, lining, metal parts, or glue. Wooden dowels are used to hold the casket together. A watchman (Shomer) will remain with the body at all times until the funeral. While with the deceased, the Shomer will recite prayers and psalms. Smoking, eating and excessive conversation are forbidden in the presence of the deceased. Burial usually takes place before sunset the next day, unless it is on their Sabbath (sundown Friday to sundown Saturday). Flowers are generally not
used in the Orthodox Jewish funeral. There are three elements of mourning in the Jewish faith: Shivah begins on the day of the burial and lasts seven days after burial. During the thirty day period of Sholoshim, after the death of a relative, Jewish mourners have no festivities or amusement. Yahrzeit is the anniversary of a death. A candle burns in the home for 24 hours. The Reform and Conservative Jewish faith place no restrictions on embalming, dressing or casketing the remains. These decisions are left to the family’s discretion. Reform and Conservative Jews do not, however bury their dead on the Sabbath (sundown on Friday to sundown on Saturday).

The origins of the Islam religion date back to 622 A.D. and are based upon the teachings of Mohammed. Mohammed is believed to have been the prophet who wrote the Qur’an as dictated by the archangel, Gabriel.

Members of Islam come together as a community when one of their own is dying. The Articles of Faith are read to the dying and a dying or terminally ill Muslim’s face should be turned towards Mecca. The head should be positioned above the rest of the body. The Shahadah prayer (testimony of faith) will be said by the dying Muslim if they are able.

In the case of a mass fatality event, all dead Muslims should be kept together (male and female bodies separate). Autopsies are allowed if mandated by the coroner to determine a cause of death. Detached body parts should be treated with the same respect as a whole body and if possible should stay with the rest of the body. Embalming and cremation are forbidden by the Muslim faith; however, an eight step ceremony of washing called Ghusl will take place. Muslim men will handle male bodies and Muslim
women will handle women’s bodies. Muslim bodies will be laid in a clean area and wrapped in a plain cloth (muslin) until only the face and hands are visible. The Muslim community will make arrangements for the burial of their dead, usually within 24 hours. A plain wood casket is used. Flowers are generally not present at the funeral which is usually held at the cemetery. Only men pray the funeral prayer (Janaazah Namaaz) to Allah.
CHAPTER 6

CONCLUSIONS AND RECOMMENDATIONS TO THE EMERGENCY SERVICES MANAGEMENT PROFESSION

What conclusions can we draw from the information presented within this thesis?

1. In the field of emergency services management the role of the Funeral Service Provider is not included.

2. Since the role of the Funeral Service Provider is not included, little thought is given to handling the dead with regard to ritual and religion.

3. The Funeral Service Provider is not the only recovery team member that will need instructions for handling the dead according to ritual and religion. All members of the recovery team need guidance because everyone may participate in the early stages of the recovery process.

4. Funeral Service Providers should have access to a listing of clergy willing to assist in providing appropriate services for the dead. This listing can be included in each local mass fatality plan.

5. All recovery personnel should have baseline knowledge of religious and ritualistic precepts.

6. This baseline knowledge can be disseminated to recovery personnel by way of professional association meetings and trade magazine articles.

Let us return to the question asked after many mass fatality events: “what do we do with all these bodies?” Given the fact that the western world does not look favorably upon mass burials, we can conclude that care must be given to the final disposition of all dead following a mass fatality incident. Final disposition begins with caring for the dead with regard to their religion in a dignified and respectful manner. The research presented here gives recommendations for body recovery, identification, storage, handling, and family support. My recommendation is that in future mass fatality plans, cultural and religious considerations be included with regard to rituals over the dead body such as
prayers, poems and scripture. Whether to embalm the remains or whether cremation is allowed by the religion of the deceased are further considerations. Each of these considerations as well as specific instructions for handling the dead based upon their religion deserves inclusion in all mass fatality plans for the respectful and ethical treatment of the deceased. The best manner to begin to integrate this information in mass fatality plans is for the emergency managers who write and update the plans to partner with clergy and funeral service personnel and collectively write and include a section on religious and ritualistic precepts for handling the dead. The push for inclusion in all mass fatality plans should become an industry standard.
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WORKS CITED (continued)


LIST OF TABLES

Table 1  Consideration of Culture and Religion Within A Mass Fatality Plan: Review of International Benchmark

Table 2  Consideration of Culture and Religion Within Mass Fatality Plans: Comparison of Five U.S. Plans Against the International Benchmark
Rhonda Keyes Pleasants is an instructor in the Funeral Service Program at John Tyler Community College in Chester, Virginia. She is a Licensed Funeral Service Provider in the Commonwealth of Virginia.

Rhonda earned a Bachelor of Science Degree in Office Automation Management from Virginia Commonwealth University in 1988; an Associate of Applied Science Degree in Funeral Services from John Tyler Community College in 2000 and a Graduate Certificate in Disaster Science from the University of Richmond in 2006.

A member of numerous state and national Funeral Director Associations, Rhonda has received numerous awards and honors in her field.

She and her husband Charles reside in Richmond, Virginia with their two children. Her spare time pursuits include reading, gardening, and singing.