



Natural Transitions

Volume 3 Issue 2

Conscious, holistic approaches to end of life



Looking at the Dead after
Sudden, Traumatic Death

Take Me to Alex!
A Father's Need for His Son

For the Victims:
An Advocate's Role

Proud and Humbled: Joe Sehee
on the Green Burial Council

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Final Passages is a non-profit educational 501c3 dedicated to compassionate choices in conscious dying, natural death care, family-directed home funerals and green burial. Our work has appeared in major newspapers, television and in film. www.finalpassages.org

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Symphony in the Eye of God by Claudia Helade
30" x 30", Hubble space telescope photograph, mixed media.
Claudia Helade, PhD, has been a psychotherapist, teacher, and artist since 1984. She volunteers with hospice, and her business, Into the Center, provides education and support for institutions and individuals serving vulnerable populations. You can contact her at claudiahelade.com.



Karen van Vuuren


Responding to the Good, the Bad, and the Ugly by Karen van Vuuren

Noah Pozner's mother chose to see his body after he was killed in the Newtown, CT, school shooting of 2012. She felt that she "owed it to him as his mother" to be with him through the "good, the bad, and the ugly." The viewing happened at the funeral, as he lay in a box, looking "like he was sleeping." She described how his thick, shiny black hair lay on the pillow and his "beautiful, long eyelashes" rested on his cheeks.

Noah's mother was one of the few Newtown parents to see their child once the bodies were released for cremation or burial. After the massacre, Chief Medical Examiner, Dr. H. Wayne Carter II, allowed families to identify their children from photographs rather than permitting them access to the remains. In his opinion, it was "easier on the families" to do it this way.

Blog posts soon appeared raising questions about the authority of the medical examiner to restrict access to the dead. How hard it must have been for those grief-stricken parents to be separated from their children. Yes, coroners and medical examiners have the right to bar individuals from the scene and from the victims' remains, especially at a crime scene, if this could compromise an investigation into the cause and nature of death. But should officials have the right to determine whether a body is viewable?

The edited research article from the *British Medical Journal*, "Looking at Death" (our title), was the inspiration for the theme of this issue of *NTM: Responding to Crisis*. The authors consider whether officials should encourage or discourage viewings after traumatic death or whether they should promote informed choice.

Grief that arises after sudden death can be more complicated simply because no-one had a chance to prepare. There were no advance farewells, reconciliations, confessions of love—all of which can bring closure to life. So the aftermath of death is of even greater significance. In cases of unexpected bereavement, families may experience an even more urgent need to find closure and resolution. Compassionate support staff like victim advocates (see "For the Victim") and grief counselors can make a difference—helping families find opportunities, not simply to survive and cope with loss, but to integrate and heal from it. 



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OUR VISION

- Acceptance of death, loss, and grief as a natural part of life

OUR MISSION

- To share holistic approaches to end of life
- To provide a forum for end-of-life caregivers and educators

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In Unity for Families' Rights to Their Dead



The idea of creating a white paper on families' rights to care for their dead was first conceived during the national gathering of home funeral advocates in Boulder, CO, during the fall of 2010, as a collaboration between The Funeral Consumers' Alliance (FCA) and the newly formed National Home Funeral Alliance (NHFA).

The FCA was already poised to further promote home funerals and illuminate the need for reform with the publication of "Final Rights: Reclaiming the American Way of Death," co-written by Josh Slocum of the FCA and Lisa Carson of the Funeral Ethics Organization. The 2010 event in Boulder, CO, was where the NHFA was born, designed to bring together death midwives, home funeral guides, and end-of-life educators under one umbrella. Board members of both the new NHFA and the FCA recognized the potential for fruitful collaboration and their mutual commitment to enshrine families' rights to care for their dead.

It was Slocum who proposed the joint project to the NHFA board; the NHFA board accepted, and Josh took on the task of writing the initial paper, dubbed "Josh's white paper." Once the first draft was complete, Slocum forwarded it to the other board, which assembled a task force to add the distinctive voice of the NHFA. The document was birthed just in time for its presentation at the FCA biennial gathering in Tucson, AZ, in the early summer of 2012. The final collaborative product is being proudly promoted and distributed by both organizations and is also available for free download on their respective websites.

Advocates of families rights to after-death care can use the paper to educate the public and legislators and to press for change where it is needed. Many thanks to Natural Transitions for echoing this important call for legislative change to safeguard our final rights as families to care for our own. [🔗](#) See pages 6–9 "Restoring Families' Right to Choose."

Heather Massey is a proud volunteer with both the NHFA and the FCA (Eastern MA affiliate). She is a home funeral guide and educator, and the founder of "In Loving Hands," a center for natural deathcare and home funeral education, based on Cape Cod, MA. To contact her, email: inlovinghandshomefunerals@gmail.com.

Natural Transitions has always focused on building community. With that goal in mind, our Community Forum page is to encourage communication among our subscribers and within this movement for more conscious, holistic, and greener approaches to end of life. We welcome comments on the articles and sharing news and inspiration from your part of the world! Email your letters to mag@naturaltransitions.org.

Restoring Families' Right to Choose

A Call for Legislative Change

The following is the main text of the joint white paper created by the Funeral Consumers Alliance and the National Home Funeral Alliance, first published in May 2012.

The Call for Change in Funeral Law

The Funeral Consumers Alliance (FCA) and the National Home Funeral Alliance (NHFA) stand together in the call for revision of all state laws and regulations that unreasonably impede a family's ability to care for their loved ones after death.

We believe in clarifying and restoring the rights of Americans regarding after-death care, while providing for the necessary medical and public health safeguards. The NHFA and the FCA are united in calling for all states to clearly articulate the rights of families to perform their own funeral rites without government required commercial businesses involved. We ask all lawmakers and public officials to include a statement in their funeral, burial, and vital statistics laws that clearly states the rights of families to care for their own.

We ask lawmakers and public officials in Connecticut, Illinois, Iowa, Indiana, Louisiana, Michigan, Nebraska, New York, and New Jersey—states where these rights have been compromised—to join us in restoring the rights of Americans to self-determination in funeral processes and practices.

This is not a partisan matter: Democrats, Republicans, Independents and those of every political creed deserve the right to choose. Neither is it a sectarian issue: Christians, Jews, Muslims, Buddhists, atheists, and adherents of all faiths or none, deserve this right. This is a fundamentally American idea: that individuals, families, and households are best equipped to decide for themselves how to carry out the duties, joyous and sad, that we all have or will experience when a loved one dies.

Restoring Family Rights in Nine States

Most states do not impose a legal requirement that compels citizens to patronize a commercial funeral home, but nine do. The ways in which state laws and regulations entangle families in forced commercial transactions are varied and inconsistent. The effect of these laws goes unnoticed until a family wants to take care of their loved one after death and meets resistance.

“This is a fundamentally American idea – that individuals, families, and households are best equipped to decide for themselves how to carry out the duties, joyous and sad, that we all will experience...”

Connecticut—requires a funeral director's signature on the death certificate and bars anyone but a funeral director or embalmer from removing a body or transporting it.

Illinois—defines “funeral director or person acting as such” to include only funeral directors and their employees, according to Illinois administrative code.

Iowa—recently changed its law to disallow local registrars from being able to supply burial transit permits, thus forcing families to hire funeral directors or to engage medical examiners to file for them.

Indiana—says burial permits can only be given to funeral directors, though other statutes clearly refer broadly to the “person in charge” of the disposition (e.g., the next-of-kin).

Louisiana—mandates funeral director involvement in obtaining all necessary permits and the presence of a funeral director at the final disposition of the body. In plain terms, the state literally

requires families to hire an undertaker to supervise them.

New York—has requirements similar to Louisiana's.

Michigan—requires that death certificates be “certified” by a funeral director, although the statute doesn't define what that means. Additionally, the wills and probate section of the law requires all body dispositions be conducted by a licensed funeral director.

Nebraska—law requires a funeral director to supervise all dispositions and gives funeral directors the right and authority to issue “transit permits” to move a body out of state.

New Jersey—requires a funeral director's signature on the death certificate and mandates the presence of a funeral director at the final disposition of the body.

In the nine states listed above, families lose the right to independent, private control of their affairs when a loved one dies. Few occasions are as trying or intimate for any family as a death; it's especially unfortunate that families should be compelled to engage in an expensive and unnecessary commercial transaction when death occurs. While it is true that a minority of Americans will choose a home funeral, and most will gladly rely on funeral directors, it is the right to choose that must be protected.

It is more than unfortunate when the state compels a citizen to hire a private business—at considerable cost—to perform something he or she can do independently. Consider this: In all states, expectant mothers may have their babies at home; fathers may cut their children's hair to avoid the expense of a barber; engaged couples may plan and carry out their own wedding without hiring professional planners or caterers; homeowners may snake their clogged drains to save on professional plumbing

in the US

fees. And all Americans have the right to be cared for at home by their family as they near the end of life, where most people prefer to die.¹

How Did We Get Here?

“From colonial days until the nineteenth century, the American funeral was almost exclusively a family affair, in the sense that family and close friends performed most of the duties in connection with the dead body itself. It was they who washed and laid out the body, draped it in a winding sheet, and ordered the coffin from the local carpenter. It was they who carried the coffin on foot from the home to the church and then to the graveyard, and who frequently...dug the grave.”
— *The American Way of Death*, pp. 190, 199²

It wasn't until the Civil War and the ensuing trend toward professionalization in all spheres that families began to relinquish the care of their dead. In time, the emerging funeral industry's practices and recommendations were accepted as the norm, and middle class families lost touch with traditional methods and values. However, many less affluent throughout the country continued to lay out their own in the parlor as late as the 1950s. With the exception of the nine states that deliberately block families, the ability to care for one's own after death has continued. Unfortunately most people do not know this is an option, including, at times, those in critical positions who should know, such as medical examiners, vital statistics staff, hospital personnel, and others.

In recent years, a growing number of Americans have sought to return to these earlier customs, customs our great-grandparents would instantly recognize and consider a normal part of family life. Beth Knox, a home funeral advocate from Maryland, illustrates this through the telling of her daughter's tragic death in a car accident:

“She left suddenly at the age of seven. When the life support at the hospital was about to be removed, I was told that the hospital could only release her to a funeral home. I had given birth to her. She had lived with me every day of her life. I had carefully chosen what she was exposed to, what she ate, where she went to school. I was required by law to care well for her. But now that her heart had stopped beating, I was being told that her care was no longer my concern.

“While it is true that a minority of Americans will choose a home funeral... it is the right to choose that must be protected.”

“As it turns out, the hospital was wrong. I had the legal right to care for my daughter, but I didn't find that out until later. In the meantime, I found a funeral home that was willing to “pick her up” but then bring her directly to our home. (I later found out that I had the right to transport her in the van in which I had driven her to school each day. I was not required by law to call a funeral home at all.) I cared for her at home for three days, bathing her, watching her, taking in slowly the painful reality that she had passed from this life, and sharing my grief with her classmates and brothers and grandparents and our wonderful community of friends, before finally letting go of her body.”

Knox's story also illustrates an important point regarding legal requirements that did not exist in America's infancy. Each death requires the filing of a death certificate with each state's version of a vital statistics department. To move a body, a burial or transit permit is required. Some states have mandatory waiting periods prior to cremation. Crematories and cemeteries have policies that make carrying out family-led funeral plans difficult.

Both the FCA and the NHFA seek to promote compliance with reasonable

laws and regulations. However, we also contend that it is the role of government to assist citizens by passing fair legislation that enables them to fulfill these responsibilities with relative ease while ensuring compliance with vital statistics and recording laws.

The Costs Involved

Whether a death was expected or not, vulnerable families face enough grief without the potential pressure of making financial or other decisions quickly. Home funeral proponents advocate for family involvement with their loved ones' physical care at home as a matter of spiritual and emotional healing.

In practical terms, taking time with their loved one allows family and community to gather and experience their loss together, which may result in clearer thinking, particularly when faced with expensive funeral arrangements. A funeral has the potential to be one of the most expensive purchases a family ever makes aside from a house, a car, or a college education. A full-service conventional funeral costs more than \$7,000, not counting cemetery or other fees which often raise the price tag to well over \$10,000.³ Even a lower-priced direct cremation at \$1,500 is out of the reach of many Americans.

By contrast, a household willing to file the correct paperwork and transport the deceased to the crematory themselves can spend less than \$400 including cremation. With historically high levels of poverty and unemployment, Americans willing to be self-sufficient when a death occurs should not be prevented from doing so by laws that compel them to spend money they don't have.

Safeguards Already Exist

While we don't believe medical staff or state employees such as vital statistics staff deliberately set out to thwart

families' wishes at a time of death, their resistance or outright refusal to allow families a home funeral may result in undue suffering. No parent—no grieving person—should face bureaucratic resistance, legal hurdles, or a self-interested commercial industry when carrying out this sad final duty.

The basic legal requirements for the certification and recording of deaths are similar nationwide. They are designed to ensure that deaths are certified by medical professionals for the detection of foul play, for accurate health and disease information, and to ensure that the body is buried, cremated, or donated to anatomical science within a reasonable period. While the particulars vary (e.g., some states require disposition of the body within a certain number of days, some don't), these basics are universal.

In most cases, the only things that are required at death are a properly completed and filed death certificate, a permit for disposition, and the body's actual disposition. Ceremonies, caskets, obituaries and, in most cases, embalming, are options left to the consumer's discretion, not requirements of the law.

Once the doctor or medical examiner has signed the certificate, the state's medico-legal interest in the death has been satisfied. It is the doctor or medical examiner, not a funeral director, who determines cause of death and who investigates if there is suspicion of crime or public health risk.

The myth of alleged public health risks from dead or unembalmed bodies is at the heart of a studied and disingenuous effort to influence legislation that backhandedly disempowers families. According to Dr. Michael Osterholm of the Center for Infectious Disease Policy and Research, "the mere presence of a dead body without regard to its embalmed status and one that is not leaking blood from an open wound or perforation, does not pose any increased risk of infectious disease transmission for the person who might handle that body or review it in a private setting. Once a human dies, infectious agents that would be of any concern, including those on the individual's skin or internal organs, is greatly diminished... there simply is no measurable risk of that body transmitting an infectious disease agent. The use

of embalming is of no consequence in reducing this risk. ..."⁴

Funeral directors have no forensic legal role in any death. Their function, when hired by families, is to complete the non-medical portion of the death certificate and to file it with the municipal registrar. It is important to note that it is the family who supplies the biographical information on the decedent; the funeral director merely transcribes the data.

Once the death certificate is filed, the registrar will issue a burial/transit or cremation permit in most states. Completing this paperwork requires no special skills or knowledge, and there is no legitimate legal or practical reason why the next-of-kin cannot do so. Mothers who give birth at home, for example, may in every state complete and file a birth certificate.

“Each of the 41 states that allows families the right to care for their own dead have found their way to retaining citizens’ fundamental rights and responsibilities regarding care and custody while safeguarding necessary reporting, health regulations, and disposition requirements.”

Yet eight of the nine restrictive states permit only funeral directors to complete some or all of these tasks, establishing a de facto legal obligation to hire a funeral home. Even if the law does not explicitly state this, such wording is routinely interpreted by officials to prevent anyone but licensed commercial funeral directors from engaging in necessary tasks.

A reasonable interpretation of legislative intent was that lawmakers wished to make it clear that commercial funeral businesses have certain responsibilities to the state's record keeping and to consumers, and that anyone offering funeral services for sale to the public must be properly licensed. It is highly unlikely that lawmakers intended to compel families to hire funeral homes or to make necessary administrative activities regarding death off-limits, but that is indeed how such laws are interpreted.

Clarifying Rights in All States

We believe it is time to clarify that families have the right to care for their loved ones after death, to secure these rights in all states, and to restore these rights in the nine states that deny them.

Each of the 41 states that allows families the right to care for their own dead has found a way to retain citizens' fundamental rights and responsibilities while ensuring compliance with standard medical and statistical recording of deaths. However, without explicit protection, these rights could be at risk from small changes in legal definitions.

Therefore, we offer the following language for adoption or adaptation by all states:

“Nothing contained in this section/title shall be construed to prohibit the next-of-kin or designee(s) from carrying out the disposition and funeral services of the decedent privately and without hiring a funeral establishment. Such kin and designees shall not be required to be licensed funeral directors in order to carry out the tasks associated with the disposition, including but not limited to, preparing, filing and obtaining necessary certifications and permits, preparation of the body (not including embalming), transport of the body to the place of final disposition, and any desired ceremonies. No agency or department may promulgate any regulation that interferes with these rights and abilities except in cases of demonstrated and immediate threats to public health or safety. No agency or department shall refuse to furnish necessary authorizations to the next-of-kin or designee(s) provided those designees correctly supply information and/or paperwork that satisfies the laws of this state. Nor shall any agency or department require the family to hire or otherwise engage a commercial funeral establishment to accomplish such tasks.”

Some examples of appropriate language currently used by forward-thinking states include: families acting as their own funeral director, families having the ability to appoint designated agents, to allow arrangements to be carried out by any duly authorized representative, or by the person in charge, and the funeral director or person acting as such.

How We Can Help

Elected legislators cannot be experts in all the subjects with which they must deal, and they understandably turn to the purported professionals for advice in crafting laws. Without a countervailing opinion from outside the commercial funeral industry, funeral trade groups often mislead about the “necessity” of enacting anti-consumer restrictions. These opinions are not presented as such, but rather are cloaked in the language of “protecting the public health,” a misleading and unfounded argument.

A varied base of interested and informed sources who present the issues through different lenses should be included in all good legislation. We ask that you seek the involvement of members of the FCA and NHFA in drafting amendments to laws and regulations that obstruct the right to home funerals.

Funeral Consumers Alliance Director Joshua Slocum and Funeral Ethics Organization Director Lisa Carlson are co-authors of the only book on state-by-state funeral law for consumers: *Final Rights: Reclaiming the American Way of*

*Death.*⁵ Both are intimately familiar with such laws and can offer amendments to clarify these rights and put conflicting statutes in harmony. The National Home Funeral Alliance counts members from all over the country and has years of practical experience helping educate and support home funeral families who can offer lawmakers valuable testimony and advice.

In Conclusion

It is our fervent wish that legislators and policy makers across the country broaden their frame of reference and work to create funeral laws that empower families to make informed choices regarding compassionate and reasonable care of their deceased, without compelling commercial transactions, and without legal prejudice. 🌱

1. Guengerich, Terri, “Caregiving and End of Life Issues: A Survey of AARP Members in Florida,” AARP Knowledge Management, February, 2009, http://assets.aarp.org/rgcenter/il/fl_eol_08.pdf.
2. Mitford, Jessica, *The American Way of Death*. Cutchogue NY: Buccaneer Books, 1963.
3. National Funeral Directors Association 2007 General Price List Survey: <http://www.nfda.org/news-a-events/all-press-releases/1219.html>.

Accessed 8.31.2001.

4. Dr. Osterholm’s complete testimony can be accessed at http://www.funerals.org/faq/pdfpamphlets/doc_download/217-dr-osterholm-letter-on-embalming-and-public-health-2009. Additional scientific information on the lack of health risk from the dead is collected in Funeral Consumers Alliance’s white paper, “Dead Bodies and Disease: The Danger That Does Not Exist” at <http://www.funerals.org/faq/142-embalmingmyths-facts>.

5. Joshua Slocum and Lisa Carlson, *Final Rights: Reclaiming the American Way of Death*. Hinesburg, VT: Upper Access, Inc., 2011.

About FCA and NHFA

The Funeral Consumers Alliance is a nonprofit dedicated to protecting funeral consumers’ rights nationwide through education and advocacy. Contact funerals.org for more information.

The National Home Funeral Alliance is a group of educators and advocates whose mission is to support and educate the public regarding the innate rights of families and communities to choose to have a non-commercial, family-directed funeral. More at homefuneralalliance.org.

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For the Victims An Advocate's Role

by Leanne Abdnor

My pager jolts me awake at 11:10 pm with a message from Boulder County sheriff's office dispatch: "Please respond to a car accident at the intersection of Highway 119 and Niwot Road. Thanks." I call dispatch to confirm that we got the message and to ask for any additional information. "A pickup truck hit a man on a motorcycle. I'm not sure if he's dead, but it's at least very serious. We don't know if there are other injuries." I throw on my clothes and within a few minutes I'm on my way to the scene. Thankfully, there are few cars on the road, and it has stopped snowing.

I am a volunteer on-scene victim advocate. Twenty-four hours a day, seven days a week, two victim advocates are on call, waiting to be dispatched to any incident at which a deputy has determined that a victim or victims need help and support.

I became a volunteer after reading in the newspaper five years ago that the sheriff's office needed more victim advocates. I am a grief therapist, so I knew right away that it would be a good fit for me. I know how important it is to support victims of crime or trauma as soon as possible. But most of our advocates come from unrelated walks of life. They just care and want to help.

Prospective victim advocates are interviewed at length and then attend 40 hours of intense training in crisis counseling, grief responses, victimology, legal procedures, law enforcement, and resource information. Approximately once a month, each victim advocate takes a week of nights or days, or a weekend shift, during which they can be called to a scene anywhere in our county, at any time. In their first year, new advocates are paired with more experienced advocates.

Victim advocates provide on-scene crisis and trauma intervention for any type of incident: burglary, homicide, "unattended death," suicide, fire, vehicular accident, sexual assault, and/or domestic violence. We can be called to go anywhere—homes, accident scenes, workplaces,

parks, and/or hospitals—at any time of the day or night. The challenge is that we never know what we will find when we arrive at a scene. We do whatever is most helpful to the deputies.

As victim advocates, our goals are to provide an open, non-judgmental, and compassionate ear and to assure the victims that their reactions are normal to an abnormal situation. We are also there to help the victim understand what is happening and to give him or her information and resources that may be needed in the days ahead. For example, if a domestic violence crime has been committed, we contact the local safe house. If it's a sexual assault crime, we pair the victim with experts from a local area agency, Moving to End Sexual Assault.

The rising social consciousness during the 1960s spurred the creation of the victims' advocacy movement, as did the actions of certain, inspired individuals. According to Dr. Marlene Young and John Stein, authors of *History of the Crime Victims' Movement in the U.S.*, "In retrospect, it would seem that the movement was triggered by the confluence of independent activities: the development of the field of study known as victimology, the introduction of state victim compensation programs, the rise of consciousness in the women's movement, and the rise of crime and public dissatisfaction with the criminal justice system."

Leaders of the women's movement saw the response of our criminal justice system to sexual assault and domestic violence as potent illustrations of a woman's lack of status, power, and influence. It is significant that of the first three victims' programs in the US, two were rape crisis centers in Washington, DC, and San Francisco. These programs emphasized crisis intervention and counseling for victims.

The growth of victimology provided data showing victims got little support or assistance in the aftermath of a

crime. This led to the Law Enforcement Assistance Administration providing funding to criminal justice agencies to improve services to victims. In 1974, Indianapolis, IN, and Ft. Lauderdale, FL, became the first communities to establish law enforcement crisis intervention programs to respond to all victims of crime. Simultaneously and equally important, victims themselves created high profile victim advocacy groups such as Families and Friends of Missing Persons and Violent Crime Victims, Parents of Murdered Children, Mothers Against Drunk Driving, and Protect the Innocent. This loose coalition resulted in the creation in 1975 of the National Organization for Victim Assistance.

By the end of the 1970s, many states had at least a few victim assistance programs and there was a common understanding of the basic elements of service: crisis intervention, counseling, support during criminal justice proceedings, compensation, and restitution.

After an assassination attempt on his life in 1981, President Reagan appointed the Task Force on Victims of Crime. The Office for Victims of Crime (OVC) was created by the US Department of Justice to implement recommendations from the President's task force and President Reagan honored crime victims in a White House Rose Garden ceremony. Many other dedicated supporters of victims' rights have continued the forward progression of the movement to this day. Many states have passed state constitutional amendments.



My partner and I arrive at the scene and one of the deputies briefs us. He explains that the driver of the pickup truck entered the intersection and hit the motorcycle driver who was turning left. There is a body on the side of the road covered with a white sheet. It's the motorcycle driver. The pickup truck driver has lacerations to his head and arm and is being put into the ambulance for transport to the nearest hospital.

At the accident scene, there are multiple law enforcement cars with lights flashing, along with a fire truck and ambulance. We ask the deputies what they need from us. They request that we go talk with the witnesses to the accident who are sitting by the side of the road and extremely upset. The witness-victims are a man and a woman whose car was directly behind the motorcycle driver; they saw the entire incident and both are clearly traumatized. We offer them a blanket and some water and ask how they are feeling. The woman is crying; she barely talks and I give her the Kleenex I had stuffed into my pocket earlier. She tells us that many years ago her younger brother died in a motorcycle accident.

Another deputy comes over to ask one of us to go to the hospital where the pickup driver is being taken. We need to be there in case any of his friends or family arrive. My partner leaves. My natural curiosity is to ask the witness-victims what happened. Did the driver run a red light? Did it look like the motorcycle driver was at fault? But I don't ask. All of those details are under investigation by the deputies and I'm there only for them—to comfort and support the victim-witnesses of this horrible accident. They talk about how horrible it was. They want to know what will happen next and how long they will have to stay. I answer their questions as best I can and ask if there is anyone they want to call, a friend or family member who could come to the scene.

Soon someone from the coroner's office arrives. From then on, the coroner is in control of the scene and the body. With support from the deputies, the coroner assesses the situation thoroughly to determine the identity of the deceased and the cause of death. Even with identification like a driver's license, the coroner is extremely careful not to make assumptions about the victim's identity that could later be proved wrong. He or she must be absolutely certain who has died before any information is released.

More patrol cars arrive to block the media and other traffic from the scene.

Two deputies come over to interview the witness-victims. The statements from the witnesses will be critical in determining who is at fault, and if the pickup driver has committed a crime. We're all still sitting at the side of the road as the man tells the deputy what he saw. He is ashen and his hands are shaking. I hold the woman's hand as she tries to tell the deputies what she saw. After the interview, a deputy brings over the brother of the female witness who offers comfort, a ride home, and to pick up their car in the morning. Before I leave I give them several things that might be helpful: pamphlets describing what to expect after the severe trauma they have experienced and information about resources available to them. I tell them that if the driver of the pickup is charged with a crime, the district attorney's office will probably contact them for help with the case, and I give them the number of the victim advocate in the DA's office.



I've been a victim's advocate for five years and find the most difficult situations are "death notifications." In these situations, we accompany a deputy to the home or place of work of someone to tell them that a family member has died. These family members also are victims and will very likely need support. It's an awful task, but in-person notification is vital in order to ensure that the family member hears the tragic news from a law enforcement officer and a supportive advocate, not from the news media or elsewhere.



I'm wondering how and when family notification will happen in the case of the motorcyclist since the identification of the victim must be certain. That could take a day or more if dental records, DNA, or fingerprints are needed. By that time, news of the accident will appear in the media and the motorcyclist will have been missing for some time. I wish we could tell the family when the coroner is ninety percent certain (using a driver's license, etc.). I just pray the identification

is completed quickly so we can get to the family soon.

No incident is exactly like another. Each victim's response is different. But our role is always the same: We are there to support the victims of a crime or a traumatic event when they are taking the first steps in what will most likely be one of the most difficult times of their lives. Victims need to be heard and understood. We aren't there to fix the situation or to make anyone feel better. We listen with our hearts, validate their feelings, and offer resources for them for the days ahead. It's not a role that suits everyone. But for those of us who answer the call, it's a privilege. 🌟

Leanne J. Abdnor, MSW, is a volunteer Victim Advocate with the Boulder County Sheriff's Office. A grief therapist, she trained with Elisabeth Kubler-Ross and worked as a member of her clinical staff.

Take me to Alex!

A Father's Need for His Son after the Aurora

"Oh, boy, this is going to be the best birthday ever!" was the last communication Alex Sullivan texted shortly before a midnight screening of the newly-released Batman movie. At 12:38 am on July 20, 2012, former University of Colorado doctoral student, James Holmes, opened fire at the Century 16 Theater in Aurora, CO. Within minutes, Holmes had shot and killed 12 people, injured 70, and changed the community of Aurora forever. Alex was one of the fatalities. He died doing one of his favorite things, watching one of his comic-book heroes at his birthday celebration with his co-workers. He was 27.

Alex was my husband's cousin, and I was privileged recently to sit down with his parents, Tom and Terry Sullivan, and their daughter, Megan, to discuss their thoughts about the emergency services after the shootings. Megan remembered waking up the morning after the shooting and immediately feeling "something was wrong in the world." Her first instinct was to call her brother, and she was concerned when Alex didn't answer his cell phone.

After leaving a voicemail message wishing him a happy birthday, Megan called her mother, Terry. By that time, between the news reports and phone calls from other loved ones, the family knew that something terrible had happened and that Alex was missing.

Megan, Terry, and Tom individually headed for Gateway High School in Aurora, the designated staging location for families and friends of the victims, hoping to get answers. When they finally located one another at Gateway High, a photographer snapped a photo that revealed an amalgam of unimaginable emotions in their pained expressions. Horror, sorrow, confusion, and chaos were vividly personified in the photograph. The photo went viral and quickly became the "face" of the event; America's heart went out to the Sullivans

and to all the victims and their families. More than anything, the Sullivan family's emotional reunion at Gateway elicited an overwhelming sense of relief. "We know that we are stronger when we are together," Megan said.



Everyone wanted answers, and a plethora of calls inundated area hospitals and emergency personnel. Rumors and misinformation spread like wildfire at Gateway School. Alex's wife, Cassie, his in-laws, and friends all appeared, all wanting to help, all hopeful that their worst fears would not be realized. "I kept hoping that the phone would ring, that maybe Alex had gotten lost in the shuffle," one friend recalled. After countless, futile calls seeking any news of his son's whereabouts, Tom moved into action, informing a victim's advocate at Gateway that he had to go to the hospitals to try to find his son. The advocate arranged for a police officer to chauffeur Tom to the medical centers that had admitted casualties from the shooting. Terry was hopeful. "Tom will find him, wherever he is," she assured the group keeping vigil at the school.

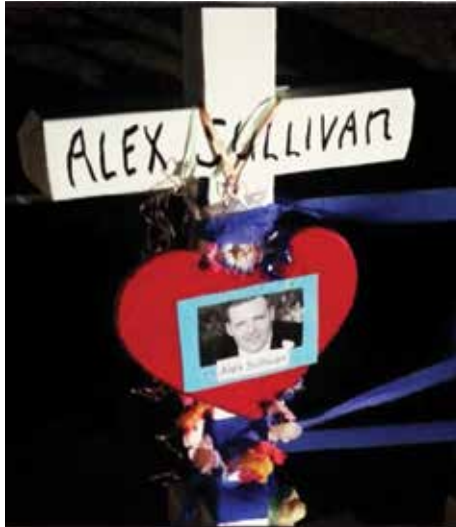
Armed with a photo of his son, Tom went from hospital to hospital, but none had treated Alex. By 10 am, all the hospitalized victims had been identified. Alex was not among them. Tom realized that his son was still in the movie theater and was not coming out. With a heavy heart, he returned to Gateway School where he faced the task of communicating the news to his family. During the long afternoon, as they awaited official confirmation of Alex's death, Tom chose to celebrate his son's life. Along with family and friends, he shared stories, laughter, and tears.

The hours crawled by as police secured the shooter's booby-trapped apartment and scoured the theater for forensic evidence. A victim's advocate assigned by the Aurora Police Department solicitously sought information, provided food and drink, and did her best to make Alex's family and friends more comfortable as afternoon faded into evening. At 8:10pm, the advocate entered the hospital conference room where the family group had gathered to be near Cassie, who had been hospitalized earlier that day for acute emotional distress. The advocate asked Tom, Terry, and Megan to sit and then delivered the official news she had just shared with Cassie: Alex's death in the Aurora theater shooting had been confirmed.

Tom Sullivan knew immediately that he had to see his son. "You've got to take me to Alex," he told the advocate. "The coroner has him," she replied. "But because of the number of victims, he's not ready for you right now. They open tomorrow morning at 9am. We'll get you over to see him as soon as they are ready." She also warned Tom that his son's body might be severely traumatized and disfigured; at that point, reports were circulating that the shooter might have used explosives as well as guns.

Theater Shootings

by Mary Reilly-McNellan



Tom did not see Alex until the following afternoon. There were 12 bodies with the coroner, and he had not been ready for a family viewing until then. Thankfully, a youth minister who knew Alex offered to accompany Tom to the coroner's office. The minister went in first and returned a short while later. He gently told Tom, "His face is kind of purplish from being face-down for so long, and there's a blanket up to his neck, but other than that..." Tom steeled himself to enter the room. As he looked upon his son, he felt relief and gratitude that his body had not been disfigured. Tom could now confirm for other family members that his son would look much as they remembered when they saw him at the funeral. And during these precious, private moments with his elder child, Tom "said what needed to be said."

Some of the Aurora victims had been shot multiple times, and most families opted for closed casket funerals. The Sullivans found some comfort in the coroner's assurance that Alex had been shot just once, and death had likely been instantaneous. They expressed gratitude that the single wound to his torso made it possible for them to choose an open casket funeral, one last chance to see Alex.

As events unfolded and funeral plans got underway, Megan could not shake her fear that Alex had experienced terror in his final moments of life. He hated "scary things." But relief came when another theater attendee told her that Alex had seemed so engrossed in the movie, he couldn't have realized what was happening. He hadn't even had time to stand up before the fatal shot struck. Details like these can make a difference to families trying to piece together the sequence of events leading to sudden, tragic death. Emergency services personnel, including victim advocates, play a vital role in meeting the needs of families who are caught in the tide of chaos following an event like the Aurora theater shootings. 🌐

Mary Reilly-McNellan is a historic cemetery preservationist, writer, and recent addition to the Natural Transitions magazine team.

Photos courtesy of the Sullivan family.



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When Disaster Strikes **DMORT** Answers

by Lee Webster

Our casual relationship to disaster

9/11. The Oklahoma City bombing. Hurricanes Katrina and Rita. Pan Am Flight 103 over Lockerbie, Scotland. The Winter Olympics in Salt Lake City. Hurricane Irene. The Boston Marathon bombing. Disasters always happen in someone's home area; every disaster is a "local" event. But what happens when people die in large numbers? Who takes direct responsibility for the bodies? Who notifies relatives, ensures that proper procedures are followed, that the deceased and the bereaved are treated with due respect and dignity?

First responders—local and state police, EMTs, firefighters, paramedics—are always the first people at any disaster scene. Local chapters of the Red Cross seek to reunite survivors with their families. In all disasters involving fatalities, the local medical examiner (ME) or coroner is charged with "processing" the scene and completing all the necessary paperwork.

But what happens when local personnel are too few or too inexperienced to respond to a high number of complex, emergency protocols? What happens when first responders are unable to handle a crisis situation promptly or fully?

Enter the Disaster Mortuary Operational Response Team (DMORT)

DMORT is the brainchild of funeral directors who, in the 1980s, wanted to find a more expedient way to meet the needs of families during sudden, tragic events when local and state entities could not provide enough resources. A DMORT team assists local authorities in dealing with mass fatalities anywhere in the US and, on occasion, overseas.

DMORT is composed of an impressive array of professionals—funeral directors, medical examiners, pathologists, forensic anthropologists, medical records technicians and transcribers, fingerprint specialists, forensic odontologists (experts in analyzing dental remains), dental assistants, x-ray technicians, mental

***"The obligation of DMORTs is to do it well, do it efficiently, and do it correctly."
– Dr. Edward Kilbane***

health specialists, computer professionals, administrative support staff, security and investigative personnel, and others with specialized expertise—from across the country. Ten regional DMORT crews are always ready for activation. Members have "go bags" containing medications and immunization fluids with them at all times. They keep their certifications up-to-date and undergo continuous training, often at their own expense. During their time of deployment (usually about two weeks), they are considered federal employees. All DMORT professionals, many tops in their field, work under the guidance of local authorities to recover, identify, and "process" deceased victims.

Who's in charge?

The local medical examiner/coroner's office, with support from other local authorities, is responsible for conducting victim identification, determining cause of death, managing death certification, and other medical-legal activities.

A victim information center team sets up a hotline to bring vital information to families and local authorities. Families become part of an inner circle, receiving details as they are known. This hotline can increase families' sense of empowerment during an experience that often feels anything but manageable.

Families who have lost a loved one or who are still waiting for news, have an urgent need to know what is

happening. Authorities do their best to answer questions like "Why is recovery taking so long?" and "How do we know the information is accurate?" and simultaneously deal with the minute-to-minute challenges of the situation.

Friends and families play a key role in providing ante mortem information to a forensics team, such as identifying tattoos, scars, and other distinctive physical characteristics, or providing knowledge of permanently implanted medical devices. All this can help with faster and more accurate identification.

"We understand and are very sensitive to the fact that families want answers, they want to move on," insists Dr. Edward Kilbane, Fatality Management Program Manager for the National Disaster Medical System. This is the agency, under the leadership of the US Department of Health and Human Services, that oversees DMORT. "We feel for them. We respect their concerns. And we practice the utmost respect when we process their family member."

"Our ideal—what we'd really like to do—is to be able to pick up remains and return them to the family right away, but there is a lot to do in between... Our goal is to take the time to do the whole process to make sure it is done most efficiently with no mistakes."

Time is of the essence at disaster scenes, especially when criminal evidence must be collected and preserved quickly before it degrades. If the circumstances indicate the involvement of crime, the FBI takes over. While the local ME/coroner maintains jurisdiction, the FBI becomes responsible for family assistance and may request additional testing or documentation.

In aviation disasters, the airlines are obligated to tend to families, to locate next of kin, and to return personal belongings. In 1996, Congress passed

the Call

the Aviation Disaster Family Assistance Act, ensuring that federally mandated requirements for managing family support are met.

What really happens?

It's hard to imagine disaster scenes. Most of us have a natural filtering system that allows us to watch the evening news, then eat a lovely dinner. But to understand the complexity and efficiency of the work DMORT crews do, the scene is key.

Depending on where and when the event occurs—rural or urban, near services or in a remote wilderness location, winter or summer—temporary or permanent facilities may be used for the processing and holding of remains. The local emergency management team may have a plan to use a school gymnasium, airplane hanger, ice arena, warehouse, or other building.

If facilities are inadequate or do not exist, mobile morgues can be moved rapidly into place. Some states, including Florida, North Carolina, Ohio, and Texas, have their own units, increasing the ability to process victims quickly and efficiently.

Disaster Portable Mortuary Units (DPMUs) contain everything necessary to identify, process, and document victims. The units have sections for admitting bodies, tagging personal effects, and taking identification photos; for pathology, anthropology, dental analysis, fingerprinting, DNA collection, and radiology; for embalming, casketing and release.

This deliberately isolated environment allows team members to focus on their work, triage remains, determine what might be used as evidence, and maintain the chain of custody for all material evidence. Each victim receives the necessary attention to assure families that everything possible has been done for their loved one. The system also promotes a consistent, high caliber of service throughout the DMORT regional teams and in every situation, regardless of the circumstances.

Who decides what happens to victims?

When DMORT has completed its job, victims' remains are released to the medical examiner/coroner, who issues death certificates based on the evidence gathered by the team. Then, except in rare cases, it's up to the next of kin to assume custody and control. It is up to the family to approach the coroner directly with their request to assume custody of the body, which is especially important when a family wants a home funeral. In the case of aviation disasters or terrorist attacks, dismembered bodies can become unsolved puzzles. When "common tissue" or unidentified parts of human remains exist, a funeral director usually takes the lead in gathering families together to determine how to honor and dispose of those who died together.

Who joins DMORT?

According to Dr. Kilbane, the DMORT heroes who rush to the aid of hapless victims in the worst of circumstances and at a moment's notice are self-selected. "They do similar highly trained work in their civilian jobs. But more importantly, they have a knack for this kind of work and genuinely enjoy helping people."

DMORT team members must also have the right personality to integrate into the team of local first responders without causing power struggles or territorial conflicts. The chain of command is universally clear. DMORT does not accept volunteers because there is no time to assess their skill level, their ability to work with others, or their capacity for coping.

In caring hands

As a home funeral advocate, the most pressing question I hear time and again is: "How can I know that my body will be treated with care, compassion, and dignity?" Under normal circumstances—hospice, hospital, home deaths—it is fairly easy to assure families that their loved ones will be cared for by familiar hands with love and respect.

But how can we be sure that a loved one who dies unexpectedly in violent or sudden circumstances, often miles from home, will be recovered and examined with the same care and honor?

The answer is trust. Trust that those who willingly run *toward* a disaster—not away from it—are there to treat victims with skill, generosity, and compassion. 🌐

For more information, visit the DMORT website, phe.gov, or search for a DMORT in your region.



Lee Webster writes from her home in the White Mountains of New Hampshire. She is a frequent public speaker on the benefits of home funerals and green burial, a freelance writer, conservationist, gardener, quilt maker, and hospice volunteer. Contact Lee at turningleafhomefunerals@gmail.com.

What's the Difference?

A **medical examiner** (ME) is an MD (medical doctor) or OD (osteopath) who holds additional board certification in forensic pathology. An ME is responsible for investigating death and crime scenes, determining cause and manner of death, authorizing death certificates, performing autopsies, providing testimonies in court, notifying health boards and agencies of health threats, and certifying death before cremation.

A **coroner** is an elected official requiring no medical training and is responsible for determining cause and manner of death through investigative techniques rather than forensics. Often operating out of a sheriff's office, a coroner may issue subpoenas while investigating a death, but does not perform any hands-on medical procedures. Constituents in the jurisdiction determine the scope of the office and its duties and requirements.

Losing One of Our Own

by Susan Oppie, RN

In December 2012, a gunman disrupted holiday shopping in a mall just outside of Portland, OR, killing two people, injuring another, and then shooting himself dead. Among those killed was Cindy Yuille, my friend. A fellow hospice nurse of many years' experience she was one of my mentors when I first arrived at Kaiser Permanente more than four years ago.

Cindy was an outgoing, wonderfully giving woman. During my orientation period, she'd pick me up every day, and we'd talk in the car on the way to see patients. It was easy to talk to Cindy. Our visits with patients were rarely easy. We'd walk into a home and the client would be having adverse symptoms, the family experiencing stress. Yet Cindy had a knack for making people feel comfortable. We developed a close bond during our time together, and she was very supportive of my educational work about home funerals. She understood that families should have rights even after a loved one had died.

When the mentorship period ended, Cindy and I continued to stay connected. Sometimes she'd pass my patient notes to management with a statement, "This is a good note!" Periodically, we'd get together with other colleagues after work.

Our hospice staff heard about Cindy's death while we were gathered for the annual Christmas staff meeting. As per usual, senior staff lightened the occasion with socializing and a buffet meal, then went over the statistics for the year, how many patients served, etc. We'd just gotten through the business portion of the meeting and were ready to leave when our head nurse rushed in. She announced that the names of those killed in the mall shooting had been released. "And one of them is our own," she said. When she mentioned Cindy's name, some of us gasped, some began sobbing, and others sat in stunned silence.

It was the saddest day of my seven years of working in hospice.

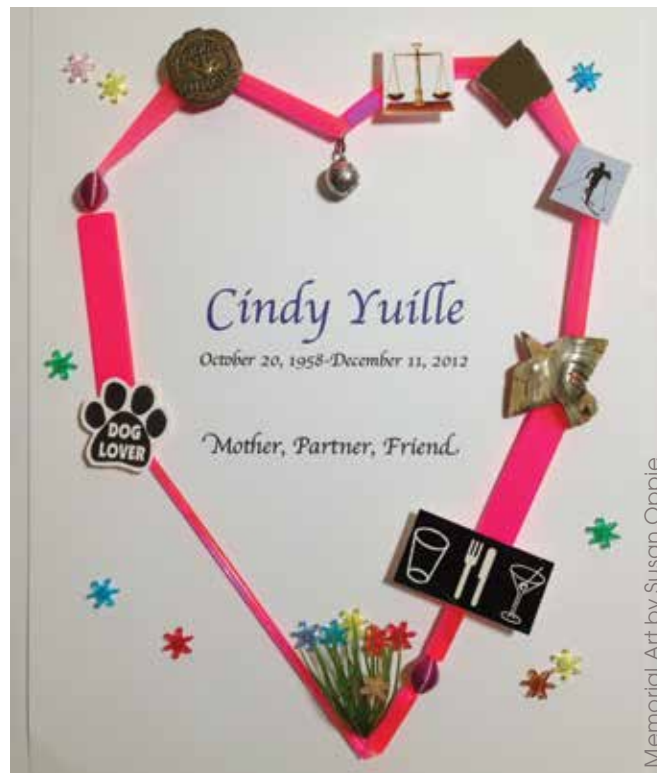
I left our meeting in shock. I remember walking and walking, and then calling my sister and my friend, Rose. I was unable to focus on anything other than what had happened to Cindy. I couldn't believe it, and I didn't know what to do about it.

were in need of care. As soon as Cindy's name was released to the public, our hospice staff got on the phones to assure her families they would continue to receive our care. Many nurses, including myself, took on extra hours to fill the void of her absence.

Patients and families grieving their own impending loss no longer had the guidance, support, and care of their primary nurse. Suddenly, we, the carers, shared a common grief with these patients whom Robert and Cindy had served. When I visited a family I had never met, I felt an immediate connection with them through Cindy. Our mutual sadness was often palpable, so these house calls were, at times, quite stressful. It was often hard to focus on the job at hand.

Even though Cindy's patients were aware of what had happened to her, it was hard to know how, or even whether, to bring it up. During some visits, I felt a tension in the air and realized that the patient or caregiver wanted to talk about Cindy but didn't know how to begin. One of Robert's patients I visited had heard about Cindy's death. We'd been chatting awhile, and I was getting to know him and his family a bit, when I decided to ask, "And you know about Robert's wife?"

The patient jumped on my question. "Oh, I can't believe I heard that name in the news!" I was so glad he wanted to talk about Cindy. I could see that the entire family had been holding up as best they could, avoiding mentioning anything that might upset me. Once Cindy's name was out in the open, we could move forward in our relationship. This scenario repeated itself during visits with other patients. When one of us would finally speak Cindy's name, both the patient and I would feel a huge sense of relief. I'd been trained that it's okay and human for a nurse to cry, as long as it doesn't take



Memorial Art by Susan Oppie

The next day, the atmosphere in the office was solemn. The normal noise and energy were missing. My job at the time was as a float nurse, so each day brought different assignments. That day, management told us, "It's fine if you can visit your patients; if you can't, don't!"

* * *

Cindy's husband, Robert, also a hospice nurse, went on immediate bereavement leave. Both he and Cindy were case managers for many patients, all of whom

over the situation, making it impossible to engage as a professional. I both cried and reminisced with my patients, and we asked ourselves, “Why did this have to happen to Cindy?”

When working with Cindy’s patients, my eyes filled with tears as I pulled out her notes, ones she had written not too long before her death. I told myself to focus on getting through these visits as best I could. Reading her notes made it hard to believe she was really gone.

The days and weeks following Cindy’s death were extremely difficult. Even though hospice staff dealt with death on a regular, even frequent basis, and we learned to “deal with it” as professional caregivers, it was different when one of our own died in such an abrupt and violent way. All our experience with end-of-life care didn’t seem to help much, at least for me and other nurses with whom I have spoken. Management brought grief counselors from the Dougy Center (a resource for grieving children and families) to help Cindy’s co-workers because our own grief counselors weren’t in any shape to provide services.

This experience has caused me to reflect on the “protective force” that we hospice staff and others in the nursing profession develop to keep ourselves going: we form a shield to prevent ourselves from being pulled into the sadness in our work. Nurses also feel a very strong commitment to their patients. The relationship is, by nature, intimate. Sometimes, a nurse may be the only person who gives a damn about a client. This patient/nurse bond gets more complicated when it’s the carer who suddenly needs support.

I think it is important to acknowledge how different it is for someone like a hospice nurse when it comes to personal grief and loss. Our hospice management tried its best to do that. As nurses, there are times when we simply can’t hold all the sadness that has been building up; it can all burst forth at once, and we really don’t know what to do with it. That’s why professional grief and bereavement

counseling serves a crucial role in the healing process.

* * *

Cindy’s family held a small, private funeral service. There was no home funeral. I didn’t know the condition of Cindy’s body or what her funeral wishes might have been. I respected the family’s decision to handle her after-death care in their own way. However, as a home funeral advocate, I know that seeing the body can allow the heart to catch up with what the mind already knows. I also know that it would have been difficult to keep the press out if there had been a home funeral. The mall rampage was national news, and the reporters moved in fast on the family. (The shooting at Sandy Hook Elementary School in Connecticut followed three days later.) Journalists with cameras also showed up at our office.

Hospices from around the country sent cards and notes of condolence to our staff. About ten days after the shooting, we held a memorial service to which both hospice employees and patients were invited. This provided an opportunity for us to get up and talk about what Cindy

meant to us. The news media’s presence at that event, however, made it seem even more surreal.

For some time after Cindy’s death, we continued to refer to her notes when reviewing a patient’s history. Her photo continued to hang on the office wall with all the other staff photos. It was as if she were still there among us. I found myself doing double-takes on a regular basis when I saw someone who shared Cindy’s physical features. This happens less often now.

Since Cindy’s death, I have moved to Hawaii and stepped away from my work as a hospice nurse—for the time being. This is not solely because of Cindy’s death, although that event has marked me indelibly, forever. The change has allowed me time to grieve and to integrate this intense chapter into my life. 🌍

In addition to her working as an RN for the last 15 years, Susan Oppie has led many workshops on memorial art and home funerals. She currently serves on the board of directors for the National Home Funeral Alliance. Contact her at nursedeathmidwife@gmail.com.



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Proud and Humbled

Joe Sehee Reflects on His Time at the

For some, green burial is an invitation to get in sync with the natural process of life, death, and rebirth. For others, it supports the end of energy/resource-intensive, often toxic conventional offerings of the funeral industry. For me it's been a great cause, at times a source of anguish, and an internship in the art of letting go.

I came to green burial because of a confluence of factors. The first was an 11-month research project I led for IBM that allowed me access to the company's most innovative minds—people who had done everything from discovering fractal geometry to teleporting photons. The experience provided me an opportunity to learn how big ideas are born, especially the kind that “disrupt” and forever change organizations and industries. On the heels of that experience, I was recruited as a strategic communications consultant by a company that had just purchased several cemeteries and funeral homes. The leap backward from the world of leading-edge technology to one still using 19th century practices and products was jarring. And it made me realize just how primed the American way of death was for change, if not for a major disruption.

In 2002 I moved to the middle of the Mojave Desert with my new bride, Juliette, mostly as an avocational pursuit—to build an eco-retreat. Intended as a refuge for us, as well as for those dealing with transitions, loss, and grief, “The Pilgrimage,” as we liked to refer to our place nine miles north of Joshua Tree National Park, was inspired partly by early Christian monastics who made treks deep in the Egyptian desert to “befriend death.” Living on the edge of several thousand spectacularly empty and privately owned acres during a real estate boom also forced us to consider more practical matters, such as how we were going to prevent development from spoiling this fierce landscape.

As often occurs when inspiration is combined with a lack of resources, I began thinking creatively and divergently. Since we'd already considered accommodating memorial vigils, it didn't take long to consider the possibility of connecting ritual with restoration. I learned I wasn't the only person who had been thinking along these lines.

Dr. William “Billy” Campbell, a family physician from Westminster, SC, had founded with his wife, Kimberly, the

nation's first exclusively green burial ground. And although the Ramsey Creek Preserve was situated on only 33 acres, Billy had a much bigger vision. He believed burial could “save a million acres” and knew he needed help, particularly given how little time he had outside his day gig as a doctor. Billy's hope was to find a progressive-minded partner from within the unprogressive funeral industry.

Coincidentally, I'd been a consultant to Tyler Cassity, one of the few forward-thinking funeral home/cemetery operators known to exist. Barely 30 at the time and already the owner of several cemeteries and funeral homes, Tyler had gained notoriety for his pioneering work using “digital memorialization,” as well as for his role in the HBO documentary, *The Young and the Dead*, which inspired the hit series *Six Feet Under* on the same network. Within weeks after Tyler, Billy, and I first came together, we began working to assemble a company capable of moving into the mainstream a concept I would later coin as “conservation burial.” Tyler would bring his operational expertise, Billy would make sure everything would be developed in an ecologically appropriate manner, and I

would be overseeing communication activities as well as managing our strategic alliances, particularly with conservation entities.

Our first project was the renovation and possible expansion of an historic cemetery in the affluent, environmentally-conscious enclave of Marin County, CA, which sits adjacent to the Golden Gate National Recreation Area. After working together for nearly three years, including 18 months focused on our prototype site, Tyler,



Green Burial Council



Billy, and I had our unofficial launch. It was the result of a highly positive *Los Angeles Times Magazine* cover story on green burial and home funerals. That's also when the wheels came off. Almost before they stopped rolling, Tad Friend, a writer with the *New Yorker*, began work on another story, which at first appeared

focused on why Billy and I backed away from the venture. Friend's unusual refusal to let me talk off the record prevented my telling the whole truth—specifically, the reason I was unwilling to stick around after learning Tyler's father, Doug, was getting involved.

"The Shroud of Marin" turned out to be a fascinating, somewhat disturbing portrait of Tyler Cassity. It did manage to explain my rationale for the kind of independent, nonprofit I wanted to establish to keep green burial from getting co-opted by those unwilling to commit to the kind of transparency, accountability and ecological responsibility the concept required. But it didn't report on my fear that green burial was at risk of getting badly damaged by the likes of Doug Cassity, a man described in the *New Yorker* as a "born-again Baptist" and head of "a family from central casting—charismatic, with gleaming teeth, ideally American," who was in actuality, a disbarred attorney and convicted felon.

Shortly after the story came out, victims of an illegal investment/tax shelter scheme—one that had landed the elder Cassity in prison—reached out to us. Juliette and I accepted their invitation to meet with them in Springfield, MO, where they told us how their lives had been ruined. One deeply decent woman, who claimed her husband was "put in an early grave," implored us to be careful and to keep Cassity in check.



After briefly considering retreating to Juliette's native Australia (which we always planned on doing one day), we decided instead to sell our place in Joshua Tree and use the proceeds to launch the Green Burial Council (GBC). We knew we had to get out there with a brand of green burial that could gain traction before Doug Cassity—or anyone else—had a chance to sully the concept. What we didn't know, and wouldn't for several years, was that Cassity wasn't in a position to cause any harm. Regulators would soon discover \$600 million missing from the coffers of National Prearranged Services, Inc., the funeral pre-need insurance company owned by the Cassity family trust. This past July, Doug Cassity pleaded guilty to wire fraud, bank fraud, and money laundering in orchestrating what has been called the "biggest scam" to hit the funeral industry. He is now serving a prison sentence of nine years, seven months.

Birth of a Movement

It was apparent that a key to bringing green burial to life was activating consumers. But before we could reach out to the public, we needed to define "the concept," especially as it had become clear that the vast majority of green, natural, sustainable, and eco-friendly claims were empty or misleading.

We assembled an organizing board composed of the nation's leading experts

from a number of fields. Then the GBC established the world's first standards for green burial grounds. We followed this with green standards for funeral service providers and funerary products. As an almost immediate result, Upstate Forever Land Trust, which had been reluctant to hold a conservation easement at Ramsey Creek (primarily because of the risks and legal costs) legal costs) became willing to make the preserve into the first GBC-certified conservation burial ground.

I was optimistic that other land trusts would follow suit, particularly with the trainings we had begun, in conjunction with entities like the Land Trust Alliance, on using "burial as a new tool in the conservationist's toolbox." But it wasn't going to happen. The nonprofit/governmental agencies that steward our nation's natural areas had serious misgivings about getting close to a subject as emotionally charged as death, as well as with an industry as anachronistic and predatory.

This meant the GBC had to demonstrate that death, when connected to life, was something that many Americans found appealing rather than alienating. We were also going to have to cultivate leaders from within the field of funeral service willing to embrace a new ethic. I was confident we could get the public behind green burial. Locating those within the industry willing to help de-industrialize it and transcend the flawed, merchandise-



based model of funeral service would take far more work.

At least a couple times each month I'd leave home to make presentations at trade association gatherings and dialogue with cemetery operators and funeral directors. The drill was always same. I'd explain that green burial was coming their way and try to help them see they had two choices: work with us to serve the growing number of families seeking more "meaningful, simple and sustainable" end-of-life rituals or watch us find others who would. In almost every room I'd catch menacing glares from a few old-timers. But a few folks would inevitably come over (usually after the room cleared) to learn how to get involved.

Part of my strategy was to get those in the dark suits to understand they were dealing with a different breed of reform agent than they had in the past. I wanted them to know that we worked with a carrot and not just a stick. We weren't afraid to call out bad behavior, but we were more committed to calling people forward for a greater good. It was an approach informed by the four years I spent serving as a Jesuit lay minister. During that time I had the privilege to meet, often in some of the most broken places on the planet like Central America in the '80s, skilled organizers better known as "liberation theologians." These courageous men made me understand that mere awareness of what's wrong with a system does not inspire change. What does inspire is helping people embrace a new way to make things right.

Our efforts to engage the industry may have been naive, but they were often successful. There's no better evidence of this than watching cemetery manager, Dyanne Matkevich, interact with terminally ill psychiatrist, Clark Wang, in the award-winning film, *A Will for the Woods*. (TED called the film "one of the nine documentaries you must see in 2013.") The project, which took nearly four years to make, chronicles how Dyanne, with technical assistance and training from the GBC and moral support from Clark, convinced her corporate

"I wanted them to know that we worked with a carrot and not just a stick."

employer to set aside a small section of woodland for permanent protection rather than turn it into a conventional cemetery. It also shows how green burial allowed a dying man to "find meaning in a meaningless disease."

Despite our approach, not everyone was pleased with the work of the GBC. Manufacturers of concrete burial vaults, metal caskets, and toxic embalming fluids didn't like us for obvious reasons. A couple of consumer advocates felt we were working too closely with the "death merchants." Sandwiched between those who regarded us as industry enemy or industry shill were a few aspiring green burial "experts" who resented our organization for usurping their mantle, particularly with the media. Bumping up against egos and special interests would sometimes lead to enmity and occasionally an attack. I always knew it was just part of the work of stewarding a nascent environmental/social/consumer

movement while contending with a threatened, entrenched, and highly fragmented industry. None of it bothered me until I realized I was beginning to assimilate some of the negativity and nastiness I had been previously able to rise above.

Another growing concern of mine was that Juliette and I were running out of time and money to keep the organization—and us—afloat. When it comes to starting up a nonprofit, there's no such thing as "sweat equity" or any kind of a big payout. You need to be able to give of yourself or be willing to get out. Both options were getting harder to do as we attempted to operate

the GBC while burning through savings and maxing out credit cards. When things got dire enough, Juliette took a job as a waitress. To say we were on thin ice proved to be more than a metaphor.

On New Year's Eve of 2009, I went for a walk with our five-year-old-son, Sammy, and our dog, Veezey, while Juliette worked a shift at the Galisteo Inn. After venturing too far out on a frozen pond, Veezey fell through the ice. An instinct that usually serves me well put me in the drink, trying to rescue our lab. When

hypothermia caused me to begin losing feeling in my limbs, I had Sammy run for help, praying I'd still be alive when he and whomever he found in the restaurant

returned. Miraculously, I discovered a felled tree in the frozen ice that served as my lifeline to shore. Minutes later, Veezey was rescued by a food prep worker who had fashioned a pool skimmer he'd found in a shed into a makeshift lasso.

For weeks afterwards, my mind kept returning to that moment in the pond when I wasn't sure I'd make it. I came to realize that those feelings of anxiety were the same ones I had on nights when I was kept up wondering how long I'd be able to keep my head above water, carrying the weight of the GBC.

I always knew the day would come for me to leave this work. And from my time in grad school studying nonprofit management many years earlier, I understood that, for a founder-leader, that day needs to come sooner rather than later for the good of the organization. If the GBC were to grow into a viable, self-sufficient entity, I had to create space

for others. Thanks to some incredibly dedicated volunteers who were ready to transition into part-time staff positions, I began giving up responsibilities and resources. Systems got implemented, operational efficiencies improved, and the Green Burial Council would move beyond “bubble gum and popsicle sticks” to become an international standard-bearer with 350 “approved providers” in 43 states and six provinces of Canada.

My “letting go” was not just about the GBC. During this time my mom died, and soon thereafter, my dad. When we learned that my father-in-law in Australia had been admitted to a nursing home due to worsening Alzheimer’s, Juliette and I decided the time had come to finally make the big move to Melbourne.

Down (Under) But Not Out

Juliette’s dad lived for almost a year after we arrived in Australia last summer. Vacillating between sadness and gratitude, she found that being of service to her family reignited the same spark that had once spurred her work as a volunteer home funeral guide. Juliette is now almost halfway through a graduate program in counseling with a focus on bereavement. She’s also helping to connect professionals who have psychosocial training with families who need the space to grieve and heal.

I spent a number of months trying to determine what I had left in the tank for green burial. One of the things I helped do was launch the new 501(c)(3) arm of the GBC: Green Burial Council International, which is intended to provide support where it will be needed—globally and locally. By the end of this year, I will have relinquished all of my remaining responsibilities.

While going through similar transitions in the past, I’ve tried to carve out time for reflection. Doing so recently enabled me to appreciate the good engendered in the early days of the green burial movement. It’s also made me realize how much this work has humbled me.

One of the areas I hoped would yield better results was the use of burial as a viable conservation vehicle. It hit me when I calculated that, at the current rate and size conservation burial projects are coming on line, it would take nearly 10,000 years to save a million acres. This has been due mostly to challenges in

financing projects. It’s also because of a fatal flaw in the concept. Since operators typically have a financial responsibility to protect the value of their “asset,” there’s little incentive for them to protect additional habitat while they still have “available inventory.” Thus far, no burial ground has been willing or able to set aside money from burial plot sales to acquire more acreage or to leverage “memorial gifting” for this purpose.

I’m going to try to do something about that with a new online resource (www.conservationburial.com) for those wanting a last act to play a meaningful role in the protection of at-risk landscape. An iteration of an old tradition of “burial on the back 40,” the concept typically will involve the purchase of private land adjacent to an already protected natural area that will be put into permanent stewardship. When fee title is gifted back to a participating conservation entity, it can also provide significant tax benefits. Since there are a good many dots to connect, I’ll be bringing forward a unique consultancy team and turnkey solutions to make it easy and affordable for families to consider.



Rob Blackburn


Speaking of families, I’ll also be trying to focus on enjoying time with Juliette, Sammy, and Veezey in what continues to be a great little life, one I hope to be let go of as slowly as possible. 🌱

Contact Joe Sehee at joeseehe@gmail.com.
Photos courtesy of awillforthewoods.com.

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Looking at the Dead

Can We and Should We See Our Departed

The following is an edited excerpt of an article that appeared in the British Medical Journal in 2012. It is based on a clinical study, funded by the UK Department of Health, in which people who had experienced sudden bereavement after traumatic death were interviewed regarding how they decided whether or not to view the body. Eighty people participated in the survey; most were interviewed in their own homes. We encourage our readers to refer to the original article for the academic references.

We at Natural Transitions Magazine believe that the results of this study raise important questions about the access given to families when a loved one has died in traumatic circumstances.

Until the early twentieth century, it was common for the bereaved to bear witness to death by gathering around the body after death. In the UK today, closed casket funerals are the norm, and people often do not view the body before the funeral service.

Today, ambivalence seems to surround the status of the corpse. Families may wish to protect the body. Yet, at the same time, they may fear the corpse because of its association with pollution and disease, and because the bodily remains are a powerful symbol of mortality. Our society emphasizes a need for order with clear classifications and boundaries, so a corpse that can leak bodily fluids may feel dangerous.

Despite these fears, people often wish to see the body of a loved one, but meet opposition from professionals who are reluctant to allow viewings, especially when death follows a traumatic event and the body is disfigured. There can be concern that the sight of the deceased may result in unpleasant memories for the bereaved.

Officials may limit access to a body after traumatic death for forensic reasons. In the UK, there are no regulations about who can handle a dead body. But if investigators suspect a crime, most coroners will not allow anyone to touch

the corpse until after the first postmortem examination in order to preserve the evidence.

Some psychiatrists argue that viewing the body can bring home the reality of loss; seeing the deceased can benefit the grieving process, allowing the bereaved person to sever bonds and make new attachments. They also believe that sudden death, in particular, can leave the survivor with a sense of unreality; that “letting go” of the deceased may be necessary for the client’s wellbeing.

Some funeral directors concur that family members are better able to face reality when they choose to see the body. Others, particularly in the fields of psychiatry, sociology, and theology, offer an alternative model of grief that includes a “continuing bond” with the dead.

In 1998, when 270 people died in the Lockerbie plane crash, Scotland’s equivalent of a coroner denied bereaved relatives access to the victims’ bodies until all had been identified by fingerprints and dental records. Officials told funeral directors it was better for the relatives not to see the bodies.

Pamela Dix, whose brother died in the disaster, wrote about her bitter regret that she had not been able to see him. She felt she’d been denied the ability to make an informed choice (even though his body was intact and fully recognizable). At the crematory, attendants informed her that a viewing was against crematory regulations and “medically inadvisable.”

Little data exists to guide professionals working with bereaved relatives after a sudden traumatic death. One study, however, conducted two years after the Australian Granville train disaster in 1977, found that 36 of the 44 bereaved families had not viewed the bodies of their dead. 22 people who had decided not to see the deceased later regretted their decisions. Of the eight people who *had* viewed the remains, only one reported any regrets. Those who saw the body of their loved ones had better outcomes than those who did not,

according to a number of measures of psychological recovery.

Interviews with relatives of victims of the 1987 European Zeebrugge ferry disaster (in which 193 people died) yielded some interesting results. When questioned between three and 12 months after the event, bereaved relatives who had viewed the bodies of the deceased rated significantly worse on measures of distress and anxiety than those who had not. However, two and a half years after the event, a questionnaire returned by 74 bereaved relatives painted a different picture.

Researchers categorized those who had viewed or not viewed the body according to the time it had taken to recover their dead: some bodies were retrieved from the water the first night, others soon thereafter, while other bodies surfaced six weeks later after the ship had been salvaged. All respondents reported similar overall psychological symptoms and grief. But those who had viewed the body reported fewer unpleasant images and thoughts. Relatives who had seen bodies that were more severely damaged had not suffered more psychologically. This has led some experts to conclude that, although viewing the dead may cause distress in the short term, this distress diminishes over time.

More background to the study

One of the research goals of the current study was to explore and interpret people’s accounts of why and how they had decided to view the body of a loved one after a traumatic death and their reflections on the consequences. The 80 respondents came from a range of social backgrounds and ethnic groups. We could have interviewed a smaller sample at different points in time in relation to the bereavement event (a qualitative, longitudinal study), but chose instead to seek a broad range of experiences from those who had suffered loss many years ago, as well as those whose relatives had died more recently.

after Sudden, Traumatic Death?

We interviewed people who had suffered bereavement in varying circumstances and with different relationships to the deceased. Respondents lived across the UK and their support systems were also dissimilar. Coroners' procedures also differed according to the location where death occurred.

Reasons people gave for wanting to see the body

Several respondents in our study had been asked by police officers to identify the body; some relatives thought (mistakenly) they had to do this. Others wanted to see the body of the person they loved. Husbands, wives, and other family members did not always agree about viewing the body.

To make sure there's been no mistake

People often gave more than one reason for viewing the body. Some of the bereaved said that they had wanted to identify the body to make sure there had been no mistake. For example, a bomb explosion in Iraq killed Rachel's son, Dave. The following is her recall of viewing the body:

Rachel: First thing the following morning we went up there because I had to identify the body, and obviously, he had a couple of tattoos, so he was quite easy to identify. She [the coroner's officer] asked me what the tattoo was, and I told her. And she obviously had his passport. She showed me the picture in the passport and asked me if that was my son.

Interviewer: Was this the coroner's officer?

Rachel: Yes, it was. She had obviously been involved in cleaning him up, and I did ask her, "Would I recognize him?" And she said, "No, I don't think you will." And that was a bit of a shock because she said, "He doesn't look like he does on that passport." And then I went in to identify the body.

Interviewer: Were you on your own?

Rachel: Yes. My husband and my daughter didn't want to go in. And they never did go in.

Interviewer: Was it the right thing for you to go and see him?

Rachel: Most definitely, yes. I had to make sure that that was my son because, you know, they might have made a mistake.

To care for the dead

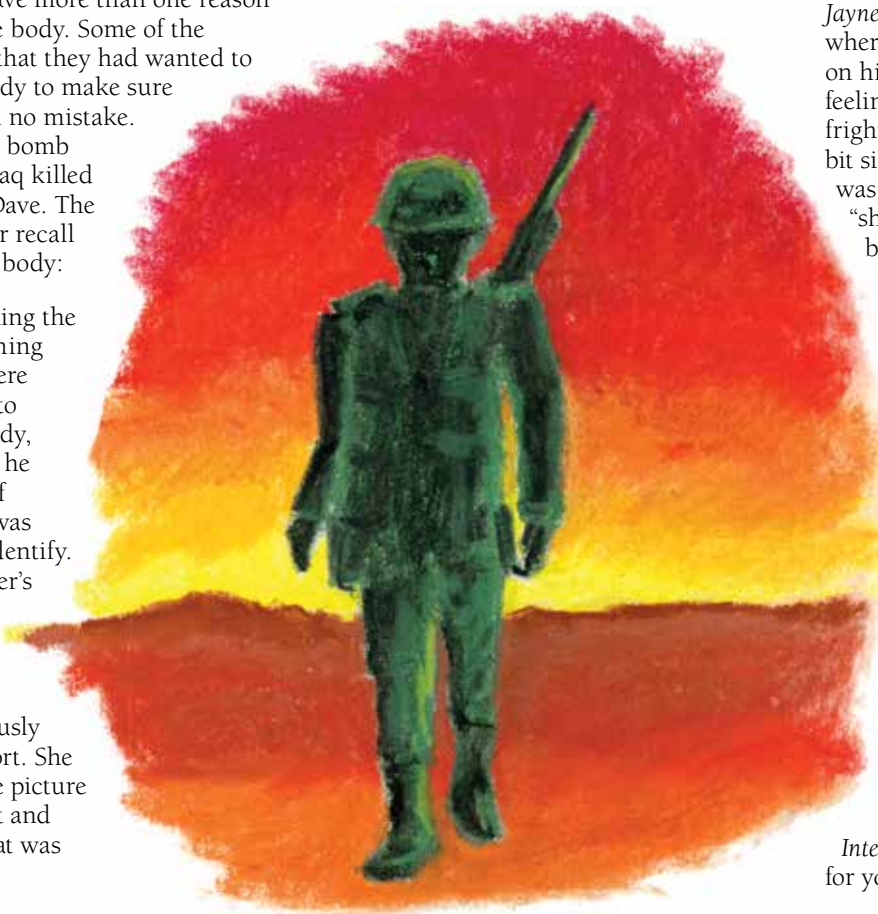
People often said that they wanted to reach their dead relative as quickly as possible to see if there was anything they could do or to make sure that their dead relative was "all right." Some families had to wait a day or more before seeing the body because the coroner did not want to disturb forensic evidence before the postmortem examination. Often the police officer or the coroner's officer insisted on observing the viewing, again for forensic reasons. These delays and the lack of privacy were distressing. Those who wanted to "care for the dead" invariably used their relative's name or talked about "him" or "her" rather than "the body" or "it" when describing events that happened immediately after the death. Here's one example from Jayne, whose husband was stabbed by a man with schizophrenia in a subway station:

Jayne: And when they took me into Jon, where Jon was laid out, he was in a room on his own, and I think my overriding feeling was that I didn't want Jon to be frightened. I know it's going to sound a bit silly, but I think the overriding feeling was that I wanted to share. I can't say "share" what he was experiencing, but be there with him, so that he wasn't on his own. So I talked to him a lot, and I reassured him that he wasn't on his own, and sang to him.

Mothers, in particular, described wanting to retain their role as a caring parent. Police told Elizabeth that her daughter, Marni, had "not survived" a car accident, but Elizabeth still wanted to reach her daughter as quickly as possible.

Elizabeth: I just wanted to get to her straightaway because I felt that there was something I could do. You know, that's what every mother feels, isn't it? You can always do something to make it better.

Interviewer: And was that the right thing for you to do, to go and see her?



Elizabeth: Yes, definitely. I couldn't wait to get to her.

Pat's son had died one and a half years prior to the interview when his motorbike hit a car.

Pat: It was eight hours before I was able to see him, and I wished that it had been a shorter period of time. I think, as his mother, I wanted to be with him. Of course, we want to be with our children through their important experiences. But of course, the coroner's officer—and I guess it's a rule of some sort—came into the place with me and was standing on the other side of a glass, a small glass screen where she could see me the whole time. So I wasn't allowed to be with Matthew, with my son, on my own. And I am sorry about that, and I don't understand why it is that a mother cannot be with her child on her own if that's what she wishes. I don't understand why I could not have washed him, I could not have dressed him, I could not have looked after him. It feels like the organization, the state, whatever it is, the police authorities, had taken my son and were doing with him what they felt best to do. And I was suddenly an outsider, not able to do things for my son. It felt as if he were somebody else's property, and I had to ask permission to go and see him. And I had to be observed whilst I did.

Both Elizabeth and Pat's accounts suggest that their children's bodies had not lost their social identity for them as mothers.

Margaret's daughter hanged herself in prison and Margaret hastened to see her.

Margaret: Then the coroner's officer said, "We can't stop you because that's your right. But we would strongly advise that you wait until the funeral director has seen to your daughter before you see her." And I can remember saying, "Well she's my daughter. She doesn't need to look pretty. I need to hold her." I was terrified that she might still be lingering around her body in a confused state because of the suddenness of the death. I really do believe that that's the least auspicious way to die. You know, like at the moment at death that you're in this pain and confusion and ... on your own. So I needed to get there, so they could shift the energy on for her, if it was still lingering.

Margaret also wanted to make sure her daughter was "warm" for the funeral, so she bought a coat with a fur lining in which to dress her daughter's body.

This act suggests that for Margaret, her daughter remained very much a person.

To say goodbye

Helen's daughter, Charlotte, died when she took an overdose of heroin.

Helen: I felt at the time—and I still feel—that it was the most important thing that I needed to do. I would've regretted for the rest of my life if I hadn't have done that. I sat next to Charlotte for, I don't remember, maybe 15 minutes, and I spoke to her. I think it was more important than at the funeral, saying goodbye, actually, because I could see her.

Because our imagination can be worse than reality

In 1996, Marion's husband killed himself through carbon monoxide poisoning. She went to the mortuary to identify his body. At first she did not recognize him because the body bore no resemblance to the man she remembered. Despite this traumatic experience, she returned to view his body on two occasions with her four children, aged between 10 and 22.

Interviewer: And looking back, was it the right decision, to give the children that choice?

Marion: I think so. I don't remember asking them if they wanted to [see the body]. I remember them telling me they wanted to. I don't know whether I'd have had the courage to ask them to be honest, but they both said, "Where is he? What's happening to him, and what does he look like?" And then the older, the middle one saying, "Well, I want to see him." And then the other one, of course, said, "Well, I do as well" [laughs] not to be left out. I know my parents, particularly, were absolutely horrified that I'd allowed them to do that. With the benefit of hindsight, I would do it again. It would never occur to me now not to. Afterwards I thought, "Oh, I shouldn't have done that. The trauma of them seeing him like that," but maybe the trauma of what they would have imagined would have been worse?

A sense of duty or obligation

In some religious traditions, families wash the body and leave the coffin open at the funeral. After Kavita's brother died by suicide (jumping), her father helped to wash and dress the body according to Hindu tradition.

Kavita: My dad was very helpful in terms of sorting my brother's body out and washing and getting the clothes, washing the body and dressing the body in, I think, a new outfit. I just remember my dad coming home from bathing my brother. He started talking about his hand and his foot that had been broken. And obviously that kind of stuck in my mind too.

Other families felt a sense of obligation to the dead for reasons other than religion. Amanda's husband identified their son, Lori. Amanda did not see Lori immediately because she had never seen a dead body before. However, four days later, she decided to view Lori's body.

Interviewer: Did you have to go to identify his body?

Amanda: My husband chose to do that. I did see Lori when he was in the casket. I didn't go and see him [to do the identification] in that I was actually quite frightened. I am pleased I went because that way, I can never lie to myself that he's not dead. I felt I owed it to him [crying].

Some experts suggest that families who claim the body of their loved one in this way are fulfilling an obligation to the corpse, rather than asserting rights of ownership over it. Patricia's husband, Andrew, died in a fume-filled car. She, alone, wanted to identify him.

Patricia: One of the first things I said to the police officer was, "How? Why? Where? When?" And, and then I said, "I must go to him." [The officer said], "Oh, well, we can get somebody else to identify him. You don't have to do it." And I said, "No, no, no, it must be me." We don't know if he died before midnight or after midnight, but it will have been dark, cold, alone, away from his family, and I felt it was so important that I went to identify him because it was like bringing him back into the family. It was one of the worst things I've ever had to do in my life. It was not an experience I would wish on anybody. But I know it was the right thing that I did it and not somebody else.

Reactions to seeing the body

Almost all of those who chose to see the body said that they had made the right choice, even if they had seen injuries, bruising, or signs of decomposition. Rachel, whose son died in Iraq, saw his body many times before the funeral.

Rachel: Even though he had lots of injuries and, you know, he had a massive head injury and had snapped his leg, and all down his left side was completely injured, sort of squashed, it was still him. Even after a week in Iraq, it was still Dave.

Interviewer: So it was the right thing to go and see him?

Rachel: It was definitely the right thing. Yes, definitely.

Two of Kate's daughters took their own lives by hanging. Izzy died in 2006 and Anna died in 2007. The funeral director advised Kate not to see Izzy's body, but she was not deterred.

Interviewer: Did you go and see either of the girls' bodies after they died?

Kate: Oh, gosh, yes. Yes.

Interviewer: Was that a good thing to do?

Kate: For me? Oh, absolutely for me. Totally. I dressed [them]. I put my wedding veil on Izzy and quite a bit of jewelry and all her bits and pieces. And we had a coffin. The coroner said to me, because Izzy had been there for a few days, she was decomposing. And they advised us not to see her. And I said, "No." But my sister, who organized all the funerals, said, "Don't worry! Don't worry, Kate! We will make her presentable."

Interviewer: So you did look at her?

Kate: Oh, yes. She had lots of makeup on.

Some people, particularly those who had lost a relative through suicide, said they were relieved to see their loved one at peace after all the stress or unhappiness he or she had experienced before death. Susan X's reaction to seeing the body of her son, Barry, is one example:

Susan: One consolation for me was that Barry looked so peaceful—like all the anger had gone, all the stress, the worry. He really did look lovely. I think that helps a lot when you see them like that. You know, for me, also, I didn't have to worry what he was going through.

Viewing sometimes made death more real. Sarah's husband, Russell, died in a hospital operating theater after a road crash. Initially, she did not want to see him, but on reflection, she felt it was important that she had.

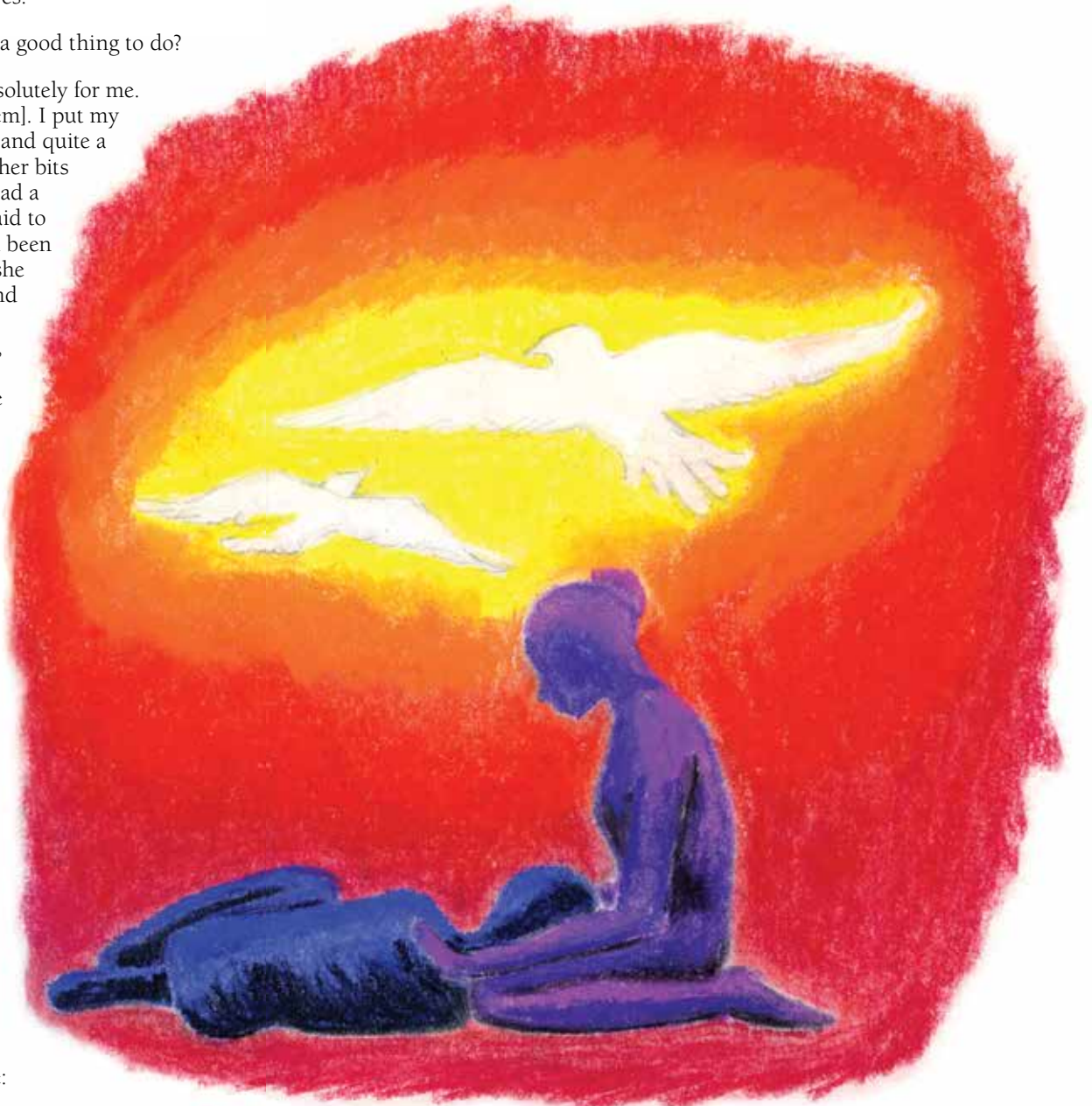
Sarah: Having actually seen him dead is the reality check that makes you realize, "No, this is the real world. He has gone." It's part of being able to believe that he is dead because if I hadn't seen him, I think being able to believe he is dead would have been much harder.

Some people said, at first, they found the appearance of the dead body upsetting or experienced mixed reactions.

Linda: And when we got out of the funeral director's, I said to my husband, "How could you say she looked nice? She looked awful. [It] didn't look like her at all." And he said, "Well, what were you expecting her to look like?" And I said, "Well, I was expecting her to look pink, pinker, and more like when she was alive." And he just said, "Well, she's not alive."

Interviewer: Would you recommend to other people that they don't go and see their loved one after they've died?

Linda: No, because I went after that. When he said that, it kind of sank in that she wasn't going to look the same. We did go and see her quite a few times after that.



Interviewer: And was that the right thing to do?

Linda: Yeah, I think so. We took some things, took some photos and things like that for her. I wanted to go and make sure that she was okay.

Martin's wife, Steph, died when a bus hit her while they were both standing on the sidewalk. He went to the hospital to identify his wife. Talking about the body, he said, "It wasn't Steph. She had already gone." Viewing his wife's body did not compare with the shock of witnessing her fatal accident.

Martin: Her face, from the mouth up to her nose, was black and blue. I think that the tire had gone over her face. I just held her hand, and I was absolutely shocked at how cold it was.

Interviewer: Would you rather not have gone?

Martin: No, it hasn't affected me that much. I don't have nightmares about it.

Interviewer: But, looking back on it, would you have rather somebody else had identified her? Would you rather not have gone to see her?

Martin: I'd had that shock of seeing her under the bus. Nothing will ever compare to that and it [the body] wasn't Steph to me. She'd already gone. She was dead, and this was just something that I wanted to do. I wanted to be involved as much as I could in all the legal things.

Marcus identified his fiancée, Louise, after a man stabbed her to death. He wanted to see her again eight weeks later, before her cremation, so he could say goodbye.

Marcus: Louise's face was very badly bruised, and it was so many different colors. And her hair was sort of matted. They tried their best to make her look like we remembered her. But it didn't. It wasn't her. If you can imagine this—after a number of weeks, almost months, she was a lot of different colors. She was black, green, brown, purple. And I kissed her on the forehead, and said goodbye that way.

Interviewer: What would you've liked the funeral director to have said?

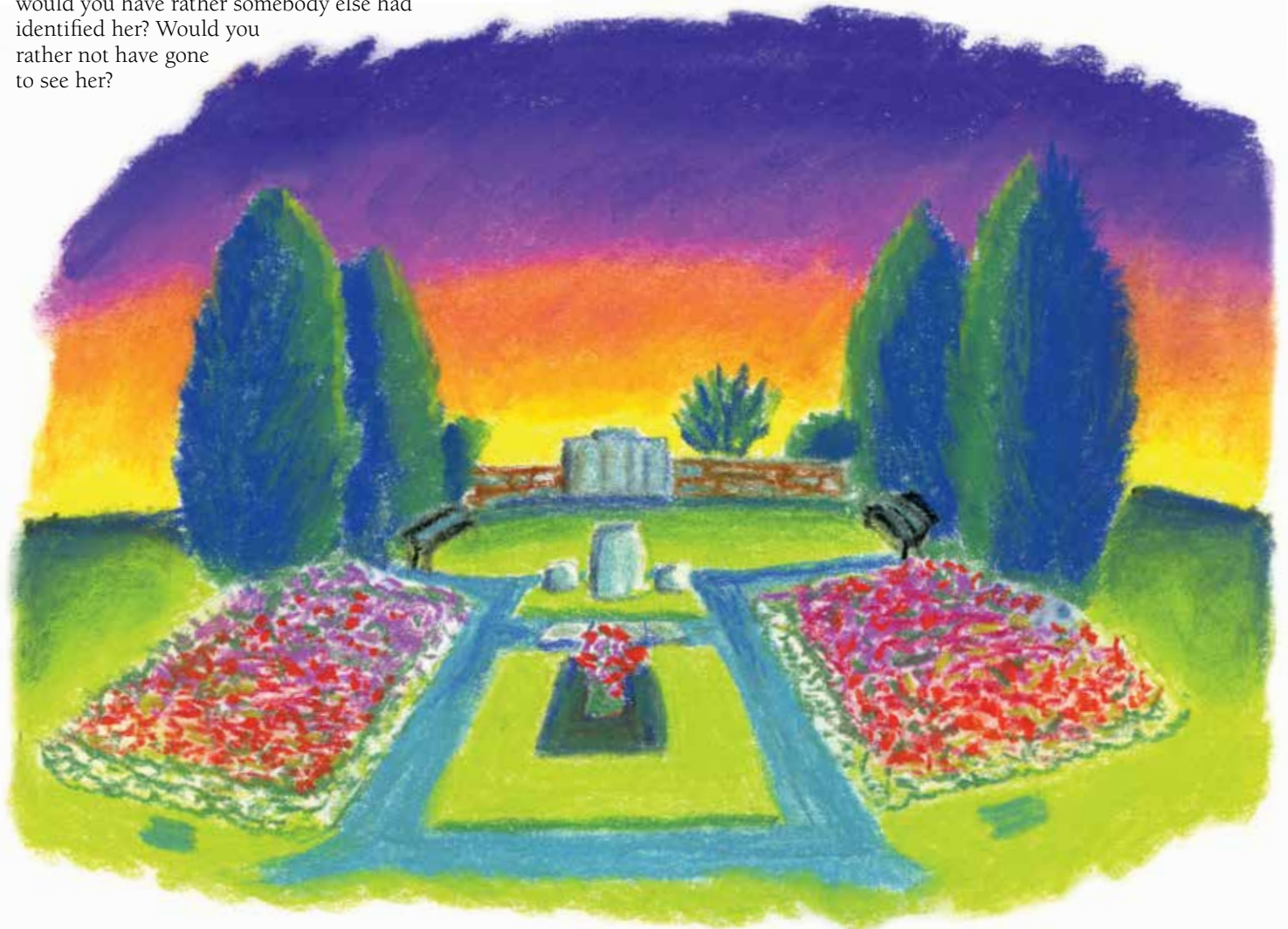
Marcus: I guess, in a way, it would've been good if he'd said, "She's not going to look how you remember, so please take that into consideration," rather than just let me in. I suppose, in looking back, I might've known what she was going to look like. I'm not stupid. But I thought she might look a bit more like how she used to look asleep. But she didn't.

Interviewer: Are you glad you saw her?

Marcus: I wouldn't change that for the world. I'm pleased I saw her. And I'm pleased in a way I could see only her face and not all the brutality that had happened to her.

Jenny's husband, David, jumped to his death. She went to see him in the hospital mortuary.

Jenny: I did go and see his body. That's something I absolutely, utterly had to do, and [I] spent, I think, about the best part of an hour there with him. That was both upsetting and comforting. So I talked to the coroner a little bit. I knew that he [David] had internal injuries, but I didn't see that. I just saw his face and his



hand. For me it was definitely right to go and see his body.

Erykah also had mixed reactions after seeing her brother in an open coffin the night before his funeral.

Interviewer: Was it good for the family to have an open coffin with him in the house?

Erykah: Yes, yes. It was a bit strange because I examined him. It was really bizarre. It was good [having an open coffin], but I don't know if I'd choose that again because [of] his wound—he got shot in the neck. He got shot eight times, nine times. But they shot him in his neck at close range—and he'd been brought out of the fridge. I don't know why, but the wound was still bleeding, I think it was because he was thawing out, so blood started to show up in the shirt, which was a bit weird.

Changes in the body after death can cause alarm and distaste, not least because in our society, blood, mucus, and excreta are viewed as the body's most dangerous polluting products.

Regrets about seeing the body

Sally deeply regretted viewing her mother's body after she died in a fire.

Sally: So then they asked us to identify her, I said, "I can't," because they said she'd had black soot going in her mouth and she didn't look particularly... So he [my brother] went in, but he couldn't recognize her. He said, "It doesn't look like Mum. That's not Mum." So I had to go in to formally ID her, because he couldn't. I saw her and I knew it was her, just literally, one second, because I just thought, I can't have that look, that thought, in my head all the time, of her. I think that was probably the worst part of the whole scenario, actually seeing her. I wish I hadn't done that. That was the worst. Personally, I'd never do that. I'd avoid seeing any dead body because I think that was awful.

Once in the funeral parlor, Sally's mother's body was embalmed. Other members of the family wanted to view the body, so Sally paid a hairdresser to do her mother's hair. She also bought makeup so the mortician could make her mother look better. Both Sally and her brother returned to the funeral parlor to view her mother's body again. Sally said she had wanted to erase the horrible memories

of her mother's soot-covered face. Her brother felt comforted by what he saw, but Sally did not.

Sally: No, none of it helped. Because, you know, they done her hair, but it's not how she had her hair. They done her makeup, but it's not how she does her makeup. I knew what color she wore, and I said, "She always wore makeup. She always made an effort with her hair and her makeup, always made an effort." She just didn't look like her. She looked really hard, and it just looked awful. It was awful. It wasn't any better. That's why I've got her photograph, and I just look at that, and I say, "That's how I'll remember her."

Angela regretted viewing the body of her friend who was stabbed to death.

Angela: That's one thing I probably shouldn't have done.

Interviewer: Why?

Angela: Because doing that, it didn't prepare me. I've seen dead people before, you know, but she just wasn't the woman I knew. I didn't recognize this person in front of me whatsoever. She was bruised, and I just thought I kind of felt dead inside. I just kind of felt like, "Who is this? This is not my friend." I could not recognize the body in front of me. It was the wrong thing for me to do because I was just looking at this person, thinking, "Who are you?" It felt a bit like an alien had invaded somebody's body. Do you know what I mean? It just did not look like [my friend].

Both Sally and Angela saw bodies that had been damaged and were hard to identify. In Sally's case, she had viewed her mother's body with reluctance (that is, she had not chosen to see the body). Some of the distress might have been avoided if Sally's mother had been identified by another means (such as dental records) and if Angela, in common with others who experienced mixed reactions, had been better prepared for her friend's appearance.

Those who had decided not to view the body

Eight people in our study either could have seen the body of their dead friend or relative, but did not, or actively decided it was not the right thing to do. Susan, for example, did not see her father's body after he jumped off a high cliff. Her brother identified him, and her account

suggests that she did not really consider going to see his body at the hospital.

Susan: He was brought back to the local hospital where my brother identified him, Everything was crushed, I think. [He was] hardly recognizable.

Interviewer: So you didn't go and see him?

Susan: No, I didn't. I don't think I would have wanted to, actually, because he was a very large man, larger than life, in every single way. I don't think I would have wanted to see him like that.

A police family liaison officer invited Rosemary to identify her son's body after he was killed in the London bombing of 2005. She decided it would be better if he were identified by DNA, but when interviewed four years later, she wondered if she had made the right decision.

Rosemary: My sister-in-law, who has been involved in this kind of area, said, "Don't, definitely don't, because you don't need to do that, and in the circumstances it will be an appallingly difficult thing for you to do." But I still wonder, if I'm really honest, whether I should have [identified the body] but I'm not sure, I don't know, I'm ambivalent about it because part of me feels that it's not closure. Where I'm concerned, it's about understanding the reality of what happened, and I'm not sure that if you don't do that [identify the body] whether you really do. My feeling still is that we made the right decision because that isn't the right way to remember somebody.

Karen could have identified her mother's body after she died in a fire, but decided it would be better if the identification was done through dental records. However, like Rosemary, she was ambivalent about her decision. She recalled that, at the time of her mother's death, she had wanted to know whether her mother had died peacefully.

Karen: Half of me wishes I had gone and done the ID myself. Sometimes she [the police liaison officer] was a bit edgy, and I thought if I had done the ID myself, I'd have had a lot more questions answered, rather than having someone else tell me, that you don't know from Adam, and then feel, yes, they are protecting you from it. Some people need to know more than others.

Interviewer: So you wanted to satisfy yourself that she had died peacefully?

Karen: Yes, I mean now [after the inquest], I don't think she did.

It is clear that the circumstances of death and other people's opinions influenced the decision about whether to view the body.

Lack of choice in viewing the body

Respondents who had discovered the body themselves (such as after a suicide at home) clearly had no choice about seeing it. A few of the bereaved had been children at the time of death and a remaining parent had decided whether they should view the body or not. Others had not been able to see the deceased because officials had advised against it or it was prohibited because of an official investigation.

Steve wanted to see the remains of his dead sister after she stepped in front of a train, but the coroner allowed him to see only photographs. Steve wished the coroner had allowed him to make an informed choice. He thought that seeing

his sister would have helped him in his grief and made it easier for him to accept her death.

Another man whose brother died in the 2002 Bali terrorist bomb attack said that the UK did not allow families to identify the victims because their bodies had deteriorated.

Final thoughts

This study revealed that, even when death was traumatic and the body injured, bereaved relatives had many reasons for wanting to see and touch the body as soon as possible. Some wanted to confirm that their friend or relative was indeed dead. A few felt an obligation to see the body, to care for it, or to say goodbye. Those who were able to make a choice (to see or not to see the deceased) usually said it was the right decision for them, even if they experienced mixed reactions or felt some initial distress.

Our findings underline the importance of offering a choice to the bereaved, making it clear that there are several ways of identifying a dead body, and recognizing

also that different family members may make different decisions about seeing their dead. The way relatives refer to the body can be a strong indication for professionals about whether the person who died retains a social identity for the bereaved. It is also helpful to prepare relatives for what they might see.

No account is static—people's views and interpretations of their experiences are likely to change over time and with the telling. People seek to make sense of unpleasant events and justify their own responses to themselves and others.

Our findings have clear implications for healthcare professionals, counselors, coroners' officers, police officers, and funeral directors. Professionals can help bereaved people to decide about viewing their dead by informing them of what to expect and giving them time to think about their decisions.

Sheila Awoonor-Renner's personal story of her son's death (published in the *BMJ*) parallels the experience of the bereaved parents interviewed in this study. Awoonor-Renner was devastated

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when her 17-year-old son died in the emergency room after an accident. She stressed that parents should be given as much decisional opportunity as possible after any emergency room death. The first question should be, "Would you like to see her immediately?" and the next, "Would you like to wash her?" She explained that this approach communicates continued ownership to the parents, namely, "She is still your child, you can still care for her, you can still touch her." She also wrote that professionals must allow parents to change their minds. These views are similar to those of some interviewees who said that they still wanted to care for their dead.

Our findings suggest that within families (and also within cultures) views can differ greatly about whether to see the body. The relationship between the deceased

and the bereaved before the death also influences how the body is seen and the meanings invested in the body.


If it isn't possible for a relative to touch or view a body immediately after death,

"Our findings underline the importance of offering a choice to the bereaved, making it clear that there are several ways of identifying a dead body, and recognizing also that different family members may make different decisions about seeing their dead."

officials should explain the delay. Professionals, such as those working in emergency rooms, need to tell bereaved people about their options and allow them to view the body, or part of it, if they are sure this is what the family wants.

Our findings have implications for funeral directors as well. Those working in this profession must try to find out

how a person wore his or her hair in life, how a woman might have applied her makeup. An abnormal hairstyle or unusual makeup can become the focus of a relative's distress instead of making the situation less painful.

Even after a traumatic death, relatives should have the opportunity to view the body and the time to decide which family member, if any, should identify the remains. Officials should prepare relatives for what they might see and explain any legal reasons why the body cannot be touched. Professionals working with bereaved families after traumatic death must be sensitive to their needs and preferences. 

Researchers:
J.W. Worden and
P. Hodgkinson Baglow
BMJ 2010;340:c2032.
Web link: <http://www.bmj.com/content/340/bmj.c2032>

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Tradition!

Jewish Burial Societies Hope to Reclaim Funeral Rituals

by Josh Nathan-Kazis

The annual meeting of the Jewish death care radicals is no place for a funeral director. That became clear just after lunch on the second full day of the North American Chevra Kadisha and Jewish Cemetery Conference, when an attorney named Efreim Grail unloaded on the coffin hawkers.

“This is about a protected profession which has usurped the power of the state to maintain its monopoly,” Grail railed, speaking to a small crowd in a windowless meeting room. “Funeral directors are nothing more than party planners.” That rudely-put heresy was more than enough for the one funeral director in the room, who noisily left.

A new breed of unlikely revolutionaries is seeking to shift the balance of power over Jewish death practices away from the increasingly centralized funeral home industry and into the hands of Jewish communities. Over three days in early June, the rebels gathered at a historic synagogue in Philadelphia to talk strategy.

The hundred or so attendees, most of them older than 60, were Conservative and Reform laypeople and rabbis, some of them staid Hadassah ladies, others acolytes of the late radical organizer Saul Alinsky. Together they’re organizing against funeral homes and the large, profitable, publicly traded international corporations that own many of them. The stakes are fundamental.

“This is our tradition,” said David Zinner, executive director of Kavod v’Nichum, the 13-year-old not-for-profit that organizes the annual conference. “This is our *mitzvah*. It belongs to us. The fact that we’ve abdicated or given it up...doesn’t mean it doesn’t belong to us. It still belongs to us.”

Zinner’s organization, founded in 2000, applies community-organizing tactics to death care. His goal is to challenge the corporations controlling Jewish funerals. His means is the *chevra kadisha*, the secret society of anonymous community

members who prepare Jewish bodies for burial. The chevra kadisha has largely died out in non-Orthodox communities.

If you die in Oklahoma City and you need a Jewish funeral, Eleanor Miller might get a phone call. A bent, old woman in a flower-print dress, Miller says she doesn’t know if she prepared her first body for burial 30 or 40 years ago, but she still remembers the day.

A chevra kadisha member never forgets her first. “All I can remember is coming out of the building and looking at the sky and looking at the trees, and saying, ‘Oh

“Tahara is more than going down to the funeral home and washing the body.”

my goodness, it was life,’” said Zinner, his eyes reddening, remembering his own first time preparing a body.

Jews traditionally do not embalm or cremate their dead. Instead, sometime in the short window between death and burial, the chevra kadisha is shut in a room with the corpse. Usually made up of four people, all of them the same sex as the deceased, the chevra kadisha cleans the body with cloths and then ritually purifies it, usually by pouring water to simulate a *mikveh* or ritual immersion. The members speak little, if at all, and read prescribed prayers. Later, they dress the body in white burial garments and place it in a coffin.

The members of community-based chevra kadishas like Miller’s and Zinner’s, often clean the bodies of people they knew in life. That’s not the norm in non-Orthodox Jewish communities in the United States, where funeral homes generally outsource the chevra kadisha’s work to paid professionals.

Zinner’s own grandparents, Jewish immigrants from Germany, made a living performing *tahara*, the ritual washing of bodies for Jewish funeral homes in St. Louis. Yet now Zinner is committed to replacing the pros with communal volunteers like Miller. Kavod v’Nichum

has created an online training program for chevra kadisha members called the Gamliel Institute, the first of its kind. The group also helps create new chevra kadishas locally.

“Tahara is more than going down to the funeral home and washing a body,” said Zinner, who worked as a volunteer in the government-sponsored VISTA community-organizing program after he graduated from college in the 1970s. “I’m not saying funeral home people are bad, or we should try and diss them in any way. But I’m into building communities.”

On a practical level, the Philadelphia conference allowed chevra kadisha volunteers the rare opportunity to discuss their

craft. Chevra kadisha members are meant to be anonymous within their communities; for example, they don’t tell the family of the deceased that they worked on their relative’s body. They also aren’t allowed to speak inside the tahara room.

“So where are we supposed to talk?” said Rabbi Mel Glazer, spiritual leader of a Conservative synagogue in Colorado Springs, CO, while leading one session. “The answer is, right here in this room. Because we have emotions.”

Prompted by Glazer, chevra kadisha members talked about the reluctance they sometimes feel to answer the phone when they see the chevra kadisha coordinator’s number on caller ID. Others recalled the most emotionally difficult *taharot* they had performed: one on a young woman who had committed suicide, another on a man who had died of a disease that the chevra kadisha member himself had survived.

The chevra kadisha volunteers wear protective gloves, aprons, and booties; some wear surgical masks. A conference presenter suggested wearing plastic face shields, and while some already do, others thought the warnings overwrought. “Most of the time there’s not going to be blood spurting out,” said

Ednah Beth Friedman, a member of a chevra kadisha in Berkeley, CA.

Jerome Schnell, a retired electrical engineer and a member of a chevra kadisha in New London, CT, recalled one tahara of a man who had donated nearly every organ, including his bones. “He was like a ragdoll,” Schnell said. That posed some technical difficulties, but the chevra kadisha worked around them. “In my mind, I saw a *mensch* in death,” Schnell said.

Even within the same community, practices differ on the men’s and women’s teams. Men’s groups often work faster, attendees said. Some women reported that they talk or even sing to the body while they work.

“I don’t know if there’s a men’s chevra in the world that sings,” Glazer said.

Others said that their direct contact with dead bodies during tahara had changed their own attitudes toward death. “It makes death simply a part of life,” said Schnell, 70.

The conference’s radicalism wasn’t limited to anti-funeral home polemics. One session covered a new liturgy to provide a sort of nondenominational tahara for non-Jews with close ties to Jewish communities. Stripped of references to God and Jewishness, the ritual would be performed by what the presenter called a “final kindness team.”

Later, the transgender Jewish activist and professor Joy Ladin addressed the group, nodding toward questions about death rituals for Jewish people who transition from one gender to another.

The real fire-breathing, however, came from Rabbi Daniel Wasserman, a Pittsburgh pulpit rabbi who recently won a legal battle against the state of Pennsylvania to be allowed to conduct his own burials without the intervention of a funeral director.

“I borrowed a gurney. I found a way to do the papers,” Wasserman said of the

first funeral he handled on his own. He transported the body in his van. “Once we did one, there’s no reason not to do another,” he said.

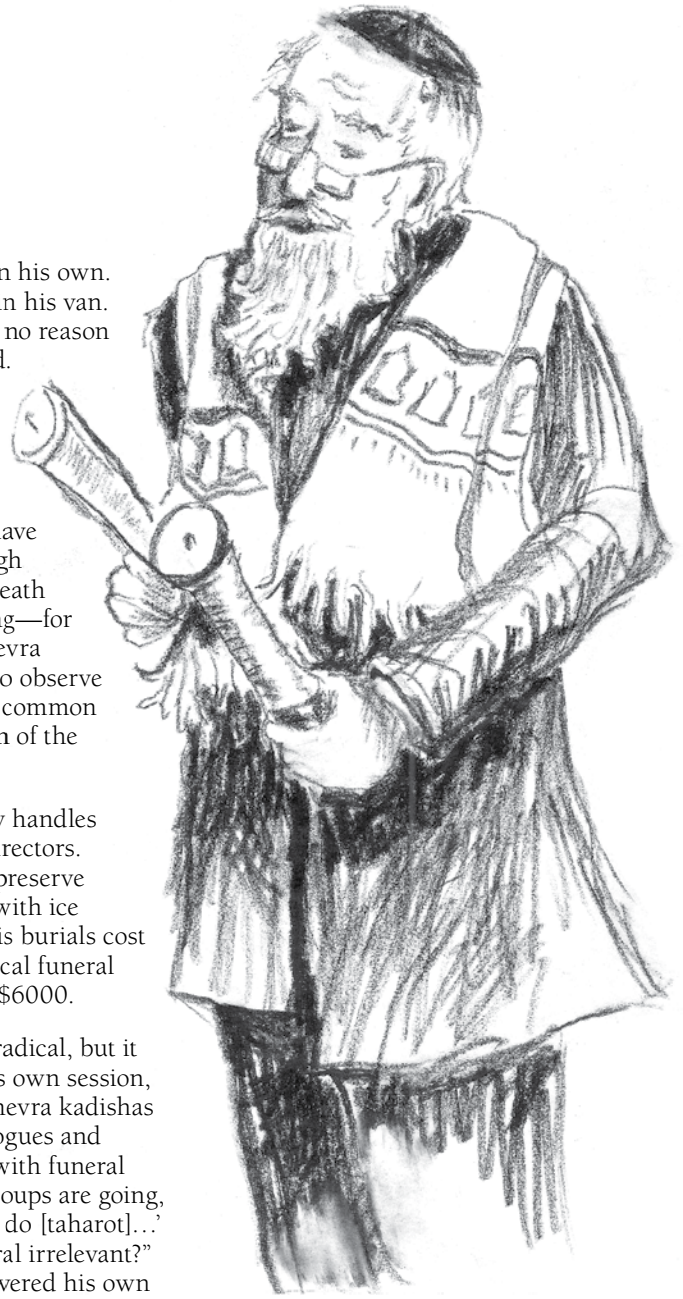
Unlike the other conference attendees, Wasserman is an Orthodox rabbi who trained in the Haredi enclave of Monsey, NY. And though he didn’t agree with the death care radicals on everything—for instance, he believes a chevra kadisha member must also observe the Sabbath—they found common ground in their skepticism of the funeral industry.

Wasserman now regularly handles burials without funeral directors. He has no refrigerator to preserve bodies, but he makes do with ice packs. Wasserman said his burials cost \$2000, while burials at local funeral homes in Pittsburgh cost \$6000.

Zinner’s approach is less radical, but it shares similar ends. In his own session, Zinner suggested using chevra kadishas to organize among synagogues and to negotiate better rates with funeral homes. “A lot of chevra groups are going, ‘We don’t do that, we just do [taharat]...’ Isn’t the price of the funeral irrelevant?” Zinner said. Then he answered his own question: “The people that you’re trying to comfort and care for and honor and respect are being taken to the cleaners; they’re being ripped off; they’re paying way, way, way too much money.”

Some of the attendees were fired up; others were just there for the practical advice and the colloquy. Zinner didn’t mind that he was, perhaps, a bit ahead of his flock.

“You have to start where people are. You have to work with them based on what they say their needs are,” he said. “That’s no different from any other Saul Alinsky-type organizing effort. But what makes it different is this infusion of Judaism, this building of community, this weaving together of threads of people’s lives.”



This article was first published in The Jewish Daily FORWARD of June 21, 2013, under the title: “Unlikely Radicals Take Aim at Corporate Jewish Burial Business.” Contact Josh Nathan-Kazis at nathankazis@forward.com.

A Perfect Day to Die: The Grandfather's Last Day

by Bert Gunn

Why did Tlakaelel, indigenous master, named the “grandfather of grandfathers,” insist that I (his interpreter, editor, and personal assistant) document his transition in photographs, audio recordings, and video? I believe that he wanted to show the world a different way to die and a different way to see death: not as something wrong, but as a natural passing, a natural leaving this world for the next one, as we leave one home for another. This was his vision and understanding of life and death.

In our current Western society, it seems we are very afraid of death, so much so that we try to deny it, to hide it, by quickly hiding the body of the one who has died. We take it from the place of passing to the funeral home, and later, the remain are made up to look as if they were still alive, just sleeping. “How good he looks!” many say. They are not sleeping. When we leave this physical body, our spirit no longer animates this machine that we have occupied for our

short time on this planet. Our body will disintegrate and return to the universe. Our molecules will recycle, float in the air, or come down as rain or as parts of trees, grass, spiders, or people.

In our bodies now are atoms and molecules that once were part of Jesus, Einstein, Plato, and billions of other creatures over eons of time, on this planet and others. So many times, Tlakaelel said, “Death does not exist. In this universe, nothing is destroyed, everything is transformed.”

In many indigenous societies, death is completely natural and a part of everyday life. Death is in the open: the elder leaves this world and we handle his remains. Tlakaelel often said, “It is as natural to be born as it is to die.”

For years I knew the day of Tlakaelel’s transition would come, but I did not expect it when it happened. In July 2012, I arrived in Teotihuacan for our annual

Tonal Mitotianilitzli ceremony, a four-day dance in which participants fast from all food and water the entire time as a prayer for all creation. I have attended this sacred event for over 20 years. On my arrival, I found our 82-year-old elder, Tlakaelel, in fairly good condition, walking well with two canes. A couple of days later, however, he became ill with the serious lung condition that had afflicted him many times in the past. This developed during the cold, late night when we took the Sacred Tree for the Dance.

We all expected Tlakaelel to recover as he had so many times before and to join us in the ceremony that was taking place on the mountain. On the second of the four days, I received word that Tlakaelel was not doing well and was asking for me. When I heard this, I knew he was in trouble. I came down the mountain faster than I ever had before and found him lying in his bed in his home at the base of the mountain, two miles from

the Pyramid of the Moon in Teotihuacan. He was having a hard time breathing. His lungs had always been the weak link in his tired, old body.

When I got to his bedside in his second floor room with the wonderful view of the ancient pyramids, he announced that he was in no pain. In fact, he was happy that he would be leaving this world on this day, the most important day of the year for him. It was July 26th, the anniversary of the founding of the confederation of Anahuak and the city of Mexico Tenochtitlan (now Mexico City)—some 712 years ago. Tlakaelel was also glad that he would soon see his mother again, as they had enjoyed a special relationship over many lifetimes. I also learned that, although he had planned to marry his beloved Susana on the last day of the sacred dance, they had wed earlier that morning.



During his last day of life, doctors gave Tlakaebel an oxygen mask, but he kept taking it off to give orders about how to handle his affairs, including how to continue the ongoing ceremony on the mountain. He also gave us each our “marching orders,” about how to carry on with the work he had begun so many years before. We received more instructions for the huge celebration of the thirtieth anniversary of the Sun Dance in Mexico that was due to take place on the coming Saturday. He envisioned it as a wedding reception and had been preparing for it for months. More than 300 people had been invited; music bands, a caterer, and others were standing by. Tlakaebel told us to continue with the fiesta. He told us it was fine to make it a bit of a funeral too. “But make it a happy one,” he added.

As the day wore on, he called many people to say goodbye, received many visitors, delivered many teachings, and gave orders to us individually for the spiritual work. Tlakaebel was overjoyed when many of the dancers came down the hill to sing Sundance songs downstairs for him. Throughout the day, whenever I put my camera or recorder down, he insisted I continue to document everything for others who might want to witness a good way to die.

The five of us who stayed with Tlakaebel told him not to worry. In the early evening, we assured him it was okay for him to leave when he was ready. We would take care of things “on this side.” Lying in his own bed, surrounded by his sacred objects and wearing his ceremonial cape, he could relax and go. We held his hands and stroked his forehead as his system finally slowed down. After a short period of shaking off the body, Tlakaebel passed quietly to the other side at 7:57pm.

Those of us gathered around him cried together in relief and in sadness. We laid his body before his altar in the adjacent room with a panoramic view of the pyramids and the mountain where the dance was still taking place. We lit incense and candles and surrounded him with some of his many sacred objects, artifacts given to him by traditional elders of the Americas, his sacred pipe, the sacred herbs we use as medicine, and feathers. A group of women honored him by surrounding him with flowers of the four colors and placed his colorful peacock feather headdress above his head.

The next day we carried his body downstairs and accompanied it to the crematory. It was no longer of use to him; he was a free spirit. At the crematory, we held another sacred pipe ceremony and were allowed to put his body in the oven ourselves. It would now return to its basic elements. Then, according to Tlakaebel’s wishes, we divided his ashes into three parts: one part to go to his sister’s home to be next to his mother’s ashes, one part to Serpent Mountain where he had begun his quest, and the third to be buried under the sacred tree in the center of our ceremonial dance circle on the side of the mountain.

The huge fiesta took place the following day. We cried, laughed, and told many stories about Tlakaebel. It felt like a wedding celebration, which it was, in part. We were very sad to lose him but happy for his new-found release. We had expected 300 people, but more than 450 showed up, and we still managed to feed them all.

It was truly a celebration of Tlakaebel’s life and work. He had inspired thousands around the world with his message of peace and the basic unity of all peoples. He had started many on the “Red Road” of Mexicayotl, or universality. As Tlakaebel reminded us, the word *Mexica* means “universal” or “cosmic citizen.”

Tlakaebel often recited an ancient poem in the Mexica (or Nahuatl) language about an old man on his deathbed. As he looks at the four walls around him, he asks himself: “Is that all there is? Do we just pass like the wind? Will there be nothing of my name or of my fame left in this world? Do we just come to this world to grow up, reproduce, and die? At last, an answer comes: “At least we leave flowers and songs.” The flowers are the projects we have done in this life—perhaps a book we have written, a work of art, or a bridge or building, or our children. The songs are the people we have touched in



Burt Gunn with Tlakaebel

this life, those who remember us, and the “seeds of wisdom” we have planted. Tlakaebel left many flowers and songs.

Tlakaebel left me a mandate to continue to travel and present his work. Many people, upon hearing the story of his passing, have told me: “When I go, I hope to go that way!” This year, on July 26th, exactly one year from his transition at the hour of his death, we held a special ceremony during the Sun Dance. We blew our sacred conch shells and placed some of his ashes under the ceremonial tree. This Sun Dance Tree is the center of our ceremony. It gives us our strength and our connection to Mother Earth. On this sad and happy occasion, we reaffirmed our commitment to continue our work to remind people of the basic unity and connectedness of all beings on our small planet; that we are people of four colors but one human race.



Tlakaheel (1930–2012) was a Mexica-Tolteca elder from Teotihuacan, Mexico. In 1947, he began his mission to recover and establish a scientific basis for the oral tradition of the Mexica people and to teach the value and relevance of the indigenous traditions for our troubled modern world. His message of peace and the unity of people of all colors has been welcomed in many parts of the world. Tlakaheel also founded Kalpulli Koakalko, AC, an institute for research and teaching of the traditional knowledge of the

Mexica, and IN Kaltonal, AR, the first indigenous spiritual organization to be recognized by the Mexican government in over 500 years. For more information on Tlakaheel and his work, visit: <http://kalpullichaplin.com>.

The *Sun Dance* is an ancient four-day ceremony during which the dancers pray for all people and all beings. The dancers go without food or water for all four days. More than 30 years ago, Tlakaheel returned the dance to Mexico.

The *Sacred Tree* is the center point of the Sun Dance. A live tree is cut and placed in the center of the Sacred Dance circle. It provides support and connection to the earth and heavens. 🌳

Bert Gunn, MSW, ACSW, is a clinical social worker and handyman, who lives in Chaplin, CT. For 22 years, Gunn assisted Tlakaheel in his endeavors. He edited Tlakaheel's book, Nahui Mitl (The Four Arrows) and is the editor and publisher of over forty issues of Another Life Newsletter, which has been in publication for over ten years. Bert is currently writing a book on the passage of Tlakaheel from this world to the other. You can email him at info@kalpullichaplin.com.

Photos courtesy of Bert Gunn.



Film Review: A Will for the Woods

Reviewed by Nancy Manahan and Becky Bohan

A Will for the Woods is a powerful new documentary, and a must-see for anyone interested in alternatives to conventional, commercial funerals. The film focuses on Chinese-American psychiatrist, Clark Wang, who has lymphoma. Even though Wang seems to be responding to radiation treatments, he starts to plan ahead, driven by a passion to return to “traditional and natural ways of handling our dead.” We see him create a new path ... through the woods ... for his community to follow.

We quickly warm to this tranquil, young man, a gifted cellist and pianist, who, in pre-cancer days, also played the accordion in a polka band. His commitment to explore options for an eco-friendly end prompts a phone call to the manager of Pine Forest Memorial Gardens in Wake Forest, NC. That conversation sets in motion the creation of a natural burial ground in a section of forest slated to be leveled for conventional graves. This is Dr. Wang’s “will for the woods”—and his legacy.



When the lymphoma resurges, Wang’s oncologist advises him to complete unfinished business. He goes to Ann Arbor to see his parents and enjoy a “last meal” with leaders in the green burial movement he now counts as friends. When he sees his handmade, recycled-wood coffin, Wang, an avid folk dancer, even does a little jig on the lid, then lies down in it to make sure it will fit. His partner takes comfort in




knowing that she can sleep on the futon beside him during the three-day home vigil he’s planned. Wang’s peaceful yet straightforward approach to death is grounded in his faith and in the knowledge that his body will nourish the earth.

One of the most extraordinary, intimate moments in the film is during the ritual washing of Wang’s body after his death. The filmmakers’ camera permits us to witness friends and family lovingly caring for someone we have grown to know and admire. While a few of those in attendance wear latex gloves and face masks, most let nothing come between them and the deep reverence, grief, and love they feel for this unique man.

Into Clark Wang’s inspiring story is woven footage about the national green burial movement. We meet Billy and Kimberly Campbell, founders of Ramsey Creek Preserve, SC, the first conservation burial ground in the United States (1998). We watch Joe Sehee, founder of the Green Burial Council [see Joe’s article elsewhere in this issue], test biodegradable Spanish urns in his bathtub water. (Spain, we learn, unlike the US, has strict environmental guidelines on what can be buried in the earth.) We’re also treated to a stunning montage of ten conservation cemeteries, all part of the effort to establish a million acres for natural burials, in perpetuity. This is land to which people will come because, as Kimberley Campbell puts it, “it reminds

them more of the presence of life than just the aspect of death.”

A Will for the Woods has thus far proved a theatrical triumph for the four directors whose passionate commitment to this project spanned four years. It has garnered a number of awards during its run on the festival circuit, and the filmmakers anticipate its release on Netflix in 2014. You can view a trailer at awillforthewoods.com. 



Nancy Manahan and Becky Bohan, are founding members of Minnesota Threshold Network (mnthresholdnetwork.WordPress.com) and authors of Living Consciously, Dying Gracefully: A Journey with Cancer and Beyond.

Photos courtesy of awillforthewoods.com

Gifts from the Portal

by Laura Weaver

Death and life are companions—tango partners strutting across the dance floor of existence. And yet so often in Western culture, death is banished to the shadows, hidden behind closed doors, talked about in hushed voices—as if death were a terrible secret, as if death were something we could hide from if only we knew where to hide. Over a two-year period, I had the heart-wrenching, earth-shattering, and soul-cracking experience of walking with three dear women friends through their deaths from cancer. Each woman danced her own tango with death with tremendous beauty, honesty, and courage. And each woman allowed for the wholeness of her own experience to be witnessed—the terror and peace, the hope and despair, the dismantling of her body, and the luminosity of her spirit.

During those two years, I became well acquainted with blood transfusions and morphine drips; oxygen machines and medical marijuana; the wisdom of hospice nurses and the tender complexity of grief. Death pulled me so close to that portal between here and there that I could hear strange and beautiful music filtering through and smell the scent of the other side on my own skin. Death pulled me so close that I began to see that my avoidance of it had cut me off from some of the juicy bounty of life.

I began to wonder what would happen to us as individuals and a people if we met our lives with a full understanding of how integral dying is to life. How would our world change if we were not constantly running from death's presence? What if we stopped characterizing dying from an illness as a battle lost? What if we allowed ourselves to see beyond the surreal and desensitizing media images of death into the intimate realities of dying? What if we experienced death as a compassionate presence that is with us in every moment—in our own cells and souls, in each other, in our world? What if the angel of death was our guide and mentor instead of our nemesis? It is in the spirit of sharing our truths about death, of opening the door to this forbidden room, that I offer these stories of three women

whose lives and deaths transformed my own experience of living.

Sonia

It is late summer, and the foothills are filled with waving grasses gone to seed, the landscape tawny and honeyed. We sit in Sonia's living room, the afternoon sun lighting up her face and the scar on the back of her head.

"It's a snake," I say, startled by the raw beauty of the sinuous jeweled track stitched into her skull.

She laughs, then asks, "What do you think that means?"

"I don't know," I say, shrugging. "Transformation? Shedding your skin?"

She laughs heartily. "Well, I'm certainly doing that."

Sonia is two weeks out from a brain surgery to remove a cancerous tumor. A month ago she had a radical mastectomy to remove her left breast and multiple lymph nodes—the surgery has left her with constant edema and limited range of motion. Her recovery is going smoothly, and yet she knows a long road stretches ahead—chemotherapy, horrendous odds, the unknown—again and again, the unknown. She is a single mother of four children. I watch her two daughters and two sons move through the rooms, a certain look in each of their eyes. They shudder each time the oxygen tank kicks on again.

After they are gone she takes me by the shoulders and asks me, "What if I'm dying? What if I don't make it?" A long pause stretches between us. There is nothing I can say to fill the void of the unknown. She continues. "I just have to take the next step and then the next one. I have no other choice." I take her hand and kiss her fingers, and we sit quietly watching the sun trace squares of light across the walls.

Months pass. Winter comes. Sonia is sitting on her bed, tears streaming down her face.

"I've gotten behind on my surrendering," she says. In the last weeks, her lung has collapsed again and again. The sound of the oxygen tank in her home has become ubiquitous. Chemotherapy has thinned her hair, changed her complexion, stolen her appetite. Some days it is only a bowl of Lucky Charms that she can get down. Over the last few days, a milkshake here and there, a bowl of cereal, a few peanut M&Ms.

I look for authentic words. "Illness brings so much chaos," I say. "You wouldn't be human if you didn't resist, if you weren't afraid. Who is asking you to hold this perfectly? What is perfectly? You read these damn cancer books and they tell you on the one hand not to repress your emotions, especially anger and sadness, but on the other hand maintain a good attitude and positive outlook. What's a woman to do?"

She shrugs and we laugh at the impossibility of it all, the cosmic joke of the whole situation. Laughter is medicine and comes as frequently as the tears these days. Looking into her eyes, I feel the impossible paradoxes death brings. Our organism is programmed to survive—it is the most primary impulse in the body. Its instinct is to hold on. I think of birth—and how contraction and expansion are both essential aspects of labor. What if our resistance is just part of the natural way we move through transitions? What if the resistance is just as essential as our surrender?

It is springtime. Sonia's last. Forsythia. Apple blossoms. Lilacs. Iris. In the last weeks, something has shifted. Knowing she is dying, Sonia is having intimate conversations with each of her children and loved ones to say goodbye.

One day she says to me, "You know, I'm sorry about what happened between us." A year before, we had gone through a period of distance in our friendship. "I don't want to revisit it—because it doesn't matter now, but I just want to acknowledge it. You're here now. I'm here now. That's what matters." I squeeze her hand and thank her, moved by

her courage to say the unsayable—to forgive, to seek forgiveness, to reach beyond the boundaries the ego so often imposes in our everyday lives. There are no more old resentments, nothing to hold back.

More and more she is in between. Morphine. Medical marijuana. The pull of that other world. Sitting with her, we swing from deep grief and despair to hysterical laughter and giddiness. The combination of the drugs and the dying process make for wild conversations. She tells me what she sees. In the last weeks, spirits of the dead have begun to visit her. I watch her sense a presence, react to things I cannot see. At one point, she speaks of the healing she is doing for her lineage. It's as if she can feel the bigger web she is part of, the arc of a vast story.

More and more, the rational world crumbles and linear forms of communication fail. Silence, breath, and touch become our potent territory of communion. One morning as I am sitting with her, she grabs my hand hard and whispers urgently to me.

“Where am I going? Who will I become?”

I don't know what to say. How do I answer this with any certainty? “What are you afraid of?” I ask her.

“Annihilation. Total annihilation.” I watch her free fall. I watch her sense of self unravel. I can't pull her back from the lip of that precipice. Then her face shifts, and she smiles.

“But it's all love, isn't it? It's all love.”

I nod. “Yes,” I say. “Yes, it is.”



It is the last day of school. Sonia is a schoolteacher, and she earlier told a friend that she would wait to die until school was over so as not to disrupt her children's lives. This was just like her to think of others in this way, even into her death. Through the sheer force of her indomitable will, she would find a way to hold out.

For days now, we have felt Sonia slipping into the other world. Tonight she is breathing heavily, mechanically. Something has happened in the last 24 hours, and her body seems almost vacant. Her sister suspects she has had a stroke. Reluctantly I prepare to go, kissing her on the forehead, feeling this might be the last time.

At seven the next morning, Sonia's sister-in-law comes knocking on my door. “Sonia just passed—please come over and help us.” I get up immediately and go to her house—the eastern light flooding her bedroom. There is Sonia—still, no breath, her skin tone and color changing

already, her spirit no longer occupying her body. The family is planning a three-day, in-house vigil. They do not want to use a funeral home. Beautifully and tenderly, a small group of women lay Sonia out on a blanket. Then each woman in the circle speaks a line of a poem, dips her cloth in the bowl of water, and bathes this precious body. “I bless this hair that the wind has played with,” one woman says, then passes the bowl. “I bless your eyes that have looked on us with love.” We pass the washcloth, stroke her hair and face, weep. “I bless these hands that have shaped wonders.” When we are complete, we wrap her body in a sheet and lay her in a cardboard coffin with flowers. She will remain here for three days, her body preserved with dry ice. In this particular death rite, it is believed that the body and spirit need three days to fully part ways before the spirit can move freely on the otherworld—unencumbered, complete.

We feel Sonia's spirit hovering nearby as people came to say their goodbyes.

Throughout the vigil, people move in and out of Sonia's room with songs, prayers, readings, photographs. Children run in and out laughing and playing. Many meet death for the first time here in this room. On the third day, a small group of us gather, cry, celebrate, sing, and send her off with a friend who takes her to the crematorium in a cardboard coffin adorned with flowers and offerings in the back of his Subaru. Later, her ashes will be spread in the nearby mountains. Her memorial will be full of sunflowers, children, and a wild chorus of Abba's "Dancing Queen."



Sarah

Sarah knew she was dying. Somewhere deep inside her she knew. She would look at us in those last months, her gaze drawn from some other place, as if she already held the vast cosmos within her. Through her eyes beamed a sense of galactic time—nebulae, black holes, just-birthing stars.

When Sarah was first diagnosed with Stage 4 colon cancer in July, she immediately started chemotherapy. At first the chemo worked splendidly—she had a 50 percent reduction in her tumors in two months. But soon after

that, something shifted. Perhaps the onslaught of chemotherapy became too much for her immune system or perhaps her body knew it was simply her time to die. The cancer load began to gain momentum and, instead of disappearing, the lesions on her liver multiplied at breakneck speed. She continued to try new treatments, and each week she would simply work to gather enough strength and resilience in her system to go back for the next round.

Today I visit Sarah in the hospital—she has checked herself in for a second time

this month for fluids and rehydration. "I need rest," she tells me, her voice hoarse and distant. We eat our soup together, the winter light filtering through the curtains. "It's quiet here," she says, "and nobody is begging me to live, nobody is telling me about the next chemotherapy plan." An hour later a hospice doctor visits us. Kind and tender, she sits with Sarah and tells her what she sees. The treatments aren't working. Perhaps it's time to consider going off the chemotherapy, to focus on your quality of life. My heart is breaking listening to this. No one has been this straight with her. And though we wish it wasn't so, someone is naming what is true, and that is a relief. There is no going back. There is no return.

Sarah weeps with terror and relief—no more chemo.

But a day later, she changes her mind. There have been many other conversations. Think about your kids. You have to fight. There's always the hope, the chance—this next treatment. And the next. You can't just give up. And so she starts up again. More chemo. A last try. Maybe, just maybe, it will work.

There is a dark lie in our medical paradigm—a message that if we decide to stop treatment, we are giving up. It is a complex paradox to both hold out for possibilities and miracles without

conspiring with the denial of the dying process so that our end-of-life experience becomes a jungle of crises, emergency treatments, tubes and treatments. And yet, watching Sarah, I am struck again and again with a sense of deep humility—how can I know, how can any of us know, what we would choose in those moments? There is no "right" path here. And perhaps the chemo will make a difference. We are in the realm of the unknown. I bow to this. And though my heart aches, I understand that she has to give this one more shot.

A few weeks before Sarah's death, I ask her what she wants of life. She writes back: "I want nothing more than to know that I am one of God's brilliant ideas and that there is nothing I have to do to earn my keep." She is filled with these luminous moments. She is a woman stripped away of all of her outer layers, so that her inner bark shines. And from this place, she can access naked wisdom from some newly accessible reservoir of her soul.

The last round of chemotherapy is overwhelming. Nasty white blisters appear across her face. Her body struggles under the toxic load. Three days before Sarah dies, I go to her house to check in on her before leaving for work. I find her half in, half out of her body with the drugs and disease. She cannot function, and I do my best to help her get to the bathroom, bathe her, brush her hair, dress her, and settle her onto the couch. Then I phone the hospice nurse and describe what is happening. She calls an impromptu home visit meeting with the hospice doctor and social worker. They arrive at the same time as two other friends, and we all sit around Sarah in a circle in her living room trying to take in the reality of what the doctor is saying—she is dying. She has to choose: chemo or hospice. She cannot have hospice care while she is under treatment. "No chemo," Sarah says vehemently, exhausted. "No more chemo." Tears are streaming down all of our faces. No more tubes and procedures and treatments and interventions and tests.

The next day Sarah moves to a hospice center. Here she can get rest and the round-the-clock care she needs. When she arrives at the center, she tells the doctor, "I still want to come home." She is grieving her sons—eight and twelve. "I can't leave my babies."

The next morning, I come to sit with her and immediately feel that something has

shifted. Overnight an angel must have visited, for some alchemical grace has transformed her fear. Her face is peaceful, her eyes distant.

“I can’t tough it out anymore,” she says plainly, clearly.

“I know you can’t, honey. You don’t have to fight anymore. You can let go. It’s okay to let go.” Holding her hand, I wash her hot face with a cool cloth and sing to her. Two friends arrive, and we join together and sing wordless melodies. She is no longer eating or drinking. She is being drawn by the pull of the tides of that other world.

Over the next hours, friends and family come and go. The night wears on. A friend and I decide to stay through the night, as we sense that Sarah will pass in the next few hours. About 10:00pm, we approach a hospice nurse to ask her what her assessment is of Sarah’s condition.

“A few hours at most,” she says. “But you never know—sometimes there are surprises. I’ve seen patients hold on for days if they are waiting to see someone. Don’t be fooled. She isn’t simply asleep. She is doing very important work now,” she says, explaining that many people experience a kind of life review at this stage in their dying.

And then she tells us, “There’s another man on the floor who is very close to death. It sounds strange, but we’ve seen it time and time again—people die in waves. It’s as if one person opens the door and a number of souls go through together. My bet is that’s what will happen.” How beautiful to think that in our dying we shepherd each other across some threshold, that even in this passage we are not alone.

By midnight, my friend and I are exhausted and curl up on the couch in the waiting room to get some rest. At 1:30am we hear the rush of nurses in the hallway, the announcement that the man down the hall has passed on. We sit up, wide-eyed and awake. We know this man has opened the portal wide, and we wonder if he is waiting for Sarah to join him.

Twenty minutes later, Sarah’s sister calls us in to the room. Sarah is in the last stages of her dying—her breathing has changed again and now it comes quickly, erratically. Then again, she shifts, her face softens. She opens her eyes and looks at us, through us, up and to the left, off to some place we cannot follow. Her wide-eyed gaze is penetrating and fierce and

full of grace—of this view that is only hers to see. And then minutes later, her breath comes in gasps. We tell her we love her; that it is okay for her to go. And then she simply stops breathing.

Within minutes, we can see that Sarah is no longer present in her body. Her body is like a vacant house with all of its original form but no occupant. And yet watching her, we can also feel that her body is continuing to undergo a process of its own—something is releasing and unwinding. Sarah is here and not here.

As we sit with her body, we feel that door to that other world closing. People come and go and say goodbye. Finally it is just one other friend and I with Sarah. It is strange to be with her like this. Alone. Silent. We keep expecting her to start breathing again. We stay with her over an hour—talk to her and tell her jokes. We feel her presence so strongly it makes the hair on the back of our necks stand on end. And then we sense that it is time for us to go. It is time for us to let her go.

Michelle

She wears a short, blonde wig as she greets me on her front porch—her smile as wide and full of light as ever. Her hair is almost gone from the series of chemotherapy treatments she is undergoing. We take a walk along her country road, past the cottonwood trees turning autumn gold, the brook gurgling with just spilled rain, the horses switching their tails in the afternoon light. She shares the news—the doctors have told her that this last round of chemotherapy is no longer working—the cancer has mutated and the old approach is no longer effective—they want to try another concoction. She tells me how in the appointment her husband had pushed back—what if this next treatment doesn’t work? Then we’d try another, says the doctor. And after that, if that doesn’t work? The doctor pauses and sighs—then it’s palliative and hospice care.

Despite the months of chemotherapy she has undergone, Michelle doesn’t look or feel sick. Somehow she has retained a vibrancy, a brilliance from the inside out. She does not have the tell-tale ashy gray skin tone that indicates the presence of chemo in the system. As I walk with her, I think—if she is dying, then she’s doing it New Orleans style—with pizzazz and vigor, horns blasting and flags flying. If she is getting ready for this next phase of transformation, then she is a caterpillar preparing to build its own jade chrysalis threaded through with this gold that is her soul.



She tells me she cannot even let this latest news into her system—she just can’t let it in. She’s not sure what she’ll do—another round of a different chemo, or take a two month break, see what the tumors do and then make a decision. She is not sure how to make these decisions and yet, somehow, she is walking with such lightness, somehow her smile is absolutely radiant. Perhaps she knows somewhere that illness and dying is not a tragedy—but a part of our agreement with life. Perhaps she has a sense of the bigger story that this cancer journey is part of.

Two weeks ago, she said to me, “Perhaps I am being called to help from the other side—to assist with this rite of passage the planet is in the midst of.” Her words struck home. They felt true. Just as we are called to unknown places in life, perhaps we are called for a particular reasons to the other side. But what is the other side? How strange that we can sense this place or state where we arrive from and return to but have so little understanding of it. Walking with Michelle along the road, listening to her news, the words of the hospice nurses echo in my mind: “We couldn’t do this job if we didn’t know with every fiber of our being that death is not the end.”

It is Thanksgiving and Michelle is in constant, chronic hip pain. The pain has etched something different in her face and body—something more uncertain. She wonders if she will ever be the same after this, if her spirits will be restored, or whether her condition will continue to degenerate. First there’s the pain, then the pain drugs to manage the pain, then the nausea from the pain drugs, then the anti-nausea medicine that simply knocks her out for hours at a time. She says, within the cauldron of this pain, she is only able to survive moment to moment to moment. Breath to breath. The pain is everything, her world shrinking around it. “When I feel like this, all I want to do is be held,” she says, tears welling up in her eyes. She says she can no longer trust her own intuition because there is so much fear. She doesn’t know what to do. Doesn’t know what’s happening. We talk about the force of disintegration—the blasting, overwhelming, undeniable force of disintegration.

A few weeks later, I sit on the edge of Michelle’s hospital bed as she receives the second blood transfusion in two weeks. Her eyes are closed and she is so deeply peaceful—the sensory world is becoming too much now. She is listening and speaking from a deep well within. She says the hospice doctor told her she was dying—that she only has a month or two left. She says she doesn’t feel like she is dying. If only she can get on top of this pain, things could turn around. She’s angry with him, this doctor—she feels he’s given her a death sentence. How is she supposed to maintain hope in the face of that prognosis? This is the tension between the possibility of a turnaround and the acceptance of the dying process. How to hold both sides?

Michelle tells me that even though she’s angry with this hospice doctor, he has

her thinking about closure. She asks me, “What does closure mean? How do I do it well? Do I need to tell people everything I’ve ever thought about them? Do I need to share my untold secrets?” As she talks about one friend who she recently had conflict with, she says, “It’s funny—I have nothing left to process with him, because now all that is left is love. All the rest has fallen away.” The stories that have bound her to this world begin to unravel, to release their hold. I watch her unhook. It is like a sailcloth tearing free.



Michelle knows I have walked with two other friends through death. At one point, she says to me, “I’d like to know what you have learned about death from watching your friends die.” I have no idea what I can say about these mysteries. I can only share what I have felt, sensed. How, when the door between worlds swings wide in birth or death, the pulsing, awake, essence-of-being pours through. How, when this portal is open, there is simply this undeniable presence. This knowing is always available to us, and yet, in the threshold moments, it becomes ever more palpable. Finally I speak, try to say something true. “We are held,” I finally say. “No matter what, we are always held.” But the words feel too small for their meaning. They are mere shadows, pointers.

I wake up knowing this is her day—I simply feel it in my bones. A few hours later I get a call asking me to join another woman at the hospice center to sit vigil. I arrive and immediately see what is

happening—Michelle has entered an active dying stage—her breath labored and rattling. My friend and I have to move against our own impulses to keep her alive. Every time her breath becomes ragged, we want to run to the hospice nurse and say, “Fix this, stop the rattling, this isn’t right.” But this is what death is, this is how it happens—her organs must shut down, and she must stop breathing—this is the way through the portal.

Michelle’s eyes are closed and she is deeply inside herself. For days I have felt her engaging in this process of internal alchemy, in which all of her energies are drawn inward to stoke the inner fires. She is transmuting her pain and suffering, she is letting go of this life, this version of herself. She is preparing herself to cross this great threshold. I know she hears and feels us as we sit and stroke her feverish brow, sing to her, whisper to it—it’s okay, this is normal, this is just the body letting go.

A friend has called a prayer vigil for 2 o’clock that afternoon, feeling that Michelle might need the support of a circle of loved ones to help her make this final passage. We will gather in the meeting room down the hall from Michelle’s room. In the meantime, we simply witness and support her process—it is like labor and we her doulas. She is moving closer and closer to transition, to the point when the contractions come one on top of the other without any pause

between. Sometime in the early afternoon something shifts in her, and we both feel a tidal wave of heat and electricity coming off of her body. It nearly bowls us over. It is the fierce light of fission as body and soul separate. Tremendous waves of energy release, pouring over us in a waterfall of invisible light.

Thirty of us gather in a circle. We start off with prayers—then move to singing. A young woman leads us in a simple rendition of a hallelujah song—just a



few chords. We begin gently, slowly. Then the song gains strength and speed and volume. It builds and harmonies interweave, the chorus swelling to a pitch. We can all feel it coming, this crescendo. Michelle's crowning is close. Standing in that circle, I do not even know where my hand ends and another's begins. I am shaking and singing from somewhere I have never sung before. The portal is opening. We are opening it for Michelle and she for us. The view is vast and breathtaking—and what flows through is ecstatic, pure presence. I feel like we all might drop to the floor and begin speaking in tongues. A most primal language is here in the room, and we are all part of its utterance.

Just as the hallelujah song reaches its peak, the hospice nurse comes in, announcing that Michelle has passed, confirming what we have felt. We are all weeping and sweating and trembling—full of this bliss and grief, overwhelmed and bewildered by the blast from the

portal that has been thrown open before us. I find myself carried down the hall by some force I do not understand. I find myself in the hospital room where Michelle lays in her bed, her sons beside her. I put my hands on her body and again feel the waves of electricity pouring off her, that sense of fission, of splitting apart, of separation. Her spirit is gone, and yet something is here—all of her memories, all this intelligence that lives in the cells, this deep imprint of consciousness that is embedded in this

form. We sit in silence with her. Now she is everywhere, and every corner of the cosmos is singing her name.

I recently heard a story of a woman in a hospice center. She met her dying with full awareness and consciousness of her own dying process—engaging in meditation practice on a daily basis, talking directly about her death with others, and meeting every single day she had left with an open heart. She knew she only had a few months left of life. And yet when she finally entered the hospice center in the heat of summer, she brought a winter coat with her, *just in case*. Just in case. In the late fall before my friend Sarah died, she bought a bright pair of spring sandals—*just in case*. Perhaps, just perhaps, she would have the chance to walk through her flower garden one last time, to see the poppies bursting open.

I miss the in-the-flesh presence of these women every day and feel their essence informing my life like radiant strands of

thread in a tapestry. And though I cannot pick up the phone to call them, they are each available in some very different way. In the wake of their deaths, I do not feel absence—but a deep and wide presence.

The gifts from the portal keep coming. Sometimes it is a flash of a smile, and I think—ah, yes, that's Michelle—and she is encouraging me to leap where I am most afraid. Or I hear a guttural, wild laugh in a crowded room, and I think, oh, yes, thank you, Sonia—it is good to laugh—life can be way too serious. Or I am walking along a trail and feel Sarah's presence and think—oh, to be one of God's brilliant ideas for a time on this earth. To know I do not have to earn my keep. To be this, here, now. Let me always remember. Let me never forget. 🌍

Laura Weaver, MA, is a poet, writer, educator, rites of passage guide, mother, and lover of the wilds. In a very short period of time, her own journey through illness and the experience of walking with three close friends through death brought her into close contact with the mysteries of living and dying. Through that journey, she began to deeply explore the ways threshold experiences of all kinds initiate individual and collective transformation. She received her master's degree in English from the University of Colorado at Boulder and taught English and creative writing for many years before moving into the nonprofit world. Her published poetry and writing can be found in many journals and collections and on her blog, soulpassages.wordpress.com.

Photographs by Pamela Hale, throughadifferentlens.com



"Gifts from the Portal" is excerpted from Where the Tree Falls, the Forest Rises: Stories of Death and Renewal, a compilation by Charlene Elderkin at charleneelderkin.net.



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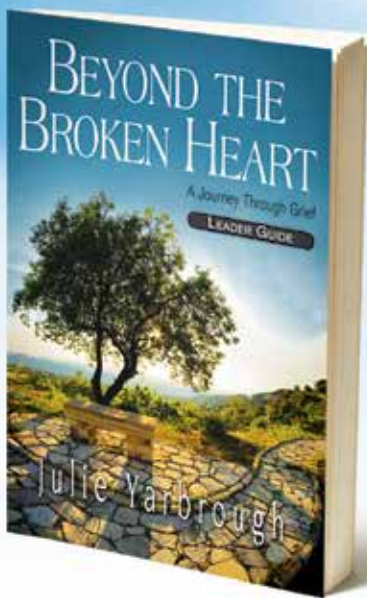


CRISIS

The circle closes,
And in the center, masked in grace,
Giver and receiver
become One. One.

In this sacred, timeless center,
All that is known
And all that hopes to be known
becomes Love. Love.

Dear Olga
Hubble space photograph
and mixed media 23" x 29"
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About the author:



Julie Yarbrough. Inspired by her personal experience after the death of her husband, Dr. Leighton Farrell, senior minister at Highland Park United Methodist Church for many years, Yarbrough established a support group for widows and widowers and began writing for persons who are grieving. She is president of Yarbrough Investments and lives in Dallas, Texas.

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