

Fatality Management Pandemic Influenza Working Group Conference¹

White Paper:²

Funeral Services and Final Disposition of Mass Fatalities Resulting From a Pandemic Influenza in the United States³

I. Executive Summary

The mere possibility of pandemic influenza presents a myriad of impediments to an infrastructure already struggling to provide necessities to a public fraught by recent natural disasters. An often underrepresented group in the cadre of care providers is the one faced with the aftermath of large numbers of decedents. To those in the death care industry, a premiere challenge is the identification of the specific obstacles and resolution thereof, of mass fatalities inherent to an event on the scale of a pandemic. How does a nation of varied cultures, religious backgrounds, socio-economics and values prepare for the identification and disposition of victims of pandemic influenza? The gathering of industry and government experts to brainstorm and provide proactive measures to accommodate the overwhelming loss of human life is the logical first step in the determinant of how to efficiently and effectively react to a threat affecting the well-being of communities throughout the United States. Inherent in the end-result of human loss and suffering are the questions: how are scarce resources best utilized, and to what end; what are the overall limitations of the disposition system; are regulatory systems equipped to handle the demands of interstate licensure; what is the extent of this comprehensive economic impact; is there a clear distinction of key stakeholders and their respective roles; and, how are respect and dignity of the deceased and surviving families maintained?

¹ The Fatality Management Pandemic Influenza Working Group Conference was sponsored by U.S. Northern Command, in conjunction with the Department of Health and Human Services, and hosted by Joint Task Force Civil Support at Fort Monroe, Virginia, on March 22-23, 2006.

² The opinions expressed by this working group do not necessarily reflect the view of U.S. Northern Command, the Department of Health and Human Services, or the Department of Defense. Cite to this White Paper as follows:

U.S. Northern Command and Department of Health and Human Services Fatality Management Pandemic Influenza Working Group Conference, *White Paper: The Provision of Family Assistance and Behavioral Health Services in the Management of Mass Fatalities Resulting from a Pandemic Influenza in the United States*, September 2006 available at Joint Task Force Civil Support available at <http://jtfcs.northcom.mil>.

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The collective insight of gathered experts through model simulation, brain-storming and peer critique/inquiry reveals a distinct misalignment between current government disaster planning and the realities of mass fatality due to pandemic conditions. It is clear that the National Response Plan (NRP) Emergency Support Function (ESF) #8 lacks the depth and breadth necessary when facing a potentially dire tragedy of such immense proportion. An ESF so geared to medical services and preventing loss of life only acts as a disservice when morgue operations, body disposition, identification and all multifaceted peripheral operations are inadequately addressed. Further, it is recommended that an optimum integration of the issues identified during this collaboration be formed into actionable plans, with the utmost consideration being given to an ESF dedicated to mass fatality response.

II. Key Assumptions

The scope of pandemic influenza is unique in the spectrum of disasters. A single incident event (hurricane, tornado, airline crash, etc.) is time specific and typically extends through, or occurs within, a specific geographical region. In these instances, the resultant allowance of concentrated efforts and additional available resources from unscathed areas exist. Pandemic influenza presents the realistic probability that a large scale area will be affected, with corresponding depletion of overall resources. Therefore, reliance on “outside” manpower, supplies and basic operational items should not be reasonably factored into the equation of community survival and immediate post-event rejuvenation. Despite national and state planning for a pandemic, local communities and their death care related businesses will be faced with immediate accountability of the issues surrounding body disposition. The rate of death is expected to rapidly far exceed existing capacity and storage for human remains, whereby stringent mandated protocol will supersede survivors’ wishes. Additionally, the degree of severity of the pandemic event may reveal differing levels of cooperation between funeral service providers/suppliers and greater difficulty in establishing a “standard” disposition process.

III. Managing a Mass Fatality Incident

Direction and Information:

Communication and clear lines of authority during all stages of the pandemic are essential to successful fatality management planning and operations. Included in this are the identification of all relevant stakeholders and the development of a pandemic education plan for emergency center operations personnel and the public (most occurring pre-event).

End state: Establish fatality management lines of authority and relevant policies and procedures at the state and national level.

Capacity and Storage:

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Given the current capacity of funeral and mortuary services operations will ultimately be overwhelmed, there is a need to define protocol for handling, processing, safe keeping, and disposition of large numbers of remains in a respectful and dignified manner.

End state: State pandemic influenza plans must be developed, adapted and/or modified to address mass fatality management.

Resources and Logistics:

Funeral service personnel, suppliers and other mortuary service operations do not have priority access to resources. The ability to respond effectively to a pandemic event is completely dependent upon the availability of critical resources (vaccine, fuel, utilities, labor, raw materials, transportation, security, communication bandwidth, etc.).

End state: State pandemic influenza plans must be developed, adapted and/or modified to classify mortuary services personnel as “first responders” and address resource, logistics, and funding concerns.

Regulatory and Licensing:

States differ in requirements for licensing of funeral directors, embalmers, cemetery and crematory operators. Additionally, managing mortuary operations within a unionized workforce may require additional negotiation during an emergency.

End state: State Emergency Management Assistance Compacts (EMACs) should be modified to include reciprocal licensing of mortuary services personnel. State pandemic influenza plans must be developed, adapted, and/or modified to address regulatory issues including pre-adoption of necessary legislation.

IV. Conclusion

As inadequacies with the current system of planning for body identification, tracking and final disposition during a pandemic emergency are identified during pre-event stages, there exists an opportunistic moment when suggested solutions not acted upon become tomorrow’s headlines. When issues of genuine concern arise after a thorough, objective, and considerate review of current policy by industry and government leaders, an inherent responsibility for improvement prevails. Overall, body disposition and mortuary operations seem to be dwarfed by medical planning and response during a crisis event. With the sheer volume of expected deaths during a pandemic, the United States will not be able to withstand the afterthought of “what do we do with the dead?” Enough issues have been raised to sufficiently justify an expansion and/or revision of ESF #8, or the addition of a separate ESF with the sole focus on the complexities and responsibilities surrounding mortuary operations and final disposition. A golden opportunity now exists for private industry and government to work together closely so as to form an exemplary community partnership.