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Death, Disaster and Donor

Cyn Johnson

Bladen College, United States

cynjohnson@live.com

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Abstract

Sometimes, trauma strikes with a momentous vengeance and many are injured and killed at once. These mass casualty incidents have to be addressed by a multi-array of professionals such as law enforcement, emergency care workers, and those who are immediately on the scene to use their mental and physical laurels to deal with the situation. Some argue that mass death tears communities apart. The theory is that an area can only stand so much devastation. With the stress of the catastrophe more destruction will arise by the people themselves. What are the procedures and polices of dealing with a mass fatality event? The tornado tragedy in Riegelwood, North Carolina is an excellent case study for a multi-death disaster scene in the rural setting. This prompted an inquiry in to the larger issues of death whether in a small town or world setting.

Concrete Experience

In the graveyard, I sat on the tombstone because it was the prettiest one. It was pink marble with a rustic brown plaque on it. It was different and so was I. All the other monuments were gray or a dirty white. I was just a little girl watching my mother push the lawn mower around the grave markers. Sweat dripped off her perfect eye brows and would glimmer when the rising sun rays caught the droplets. It wasn't until I was older that I realized she mowed the grass because she couldn't stand all of the weeds growing up over my father's grave. It was his tombstone I always sat on. She was comforted by that.

We lived across from a quaint chapel nestled in pine trees. I use to climb the tallest tree in the front yard and watch the funeral ceremonies. They were always so gorgeous with the colorful flowers and lovely music. It was all so beautiful; I thought death was a good thing. Maybe it is? Many religions see death as a transition, not a finalization of life. You go on to something better. Your body deteriorates but your soul grows and hopefully will reach spiritual perfection. With this in mind, the flesh can go, whether by natural or unnatural causes. Can death help the living?

What kills us? How do we preserve our love ones? What are prominent issues associated with death? What are the procedures and polices of dealing with a mass fatality event? What have I personally experienced to accent my Action Research pertaining to death, and who can I talk to in my home town about the death experience?

The sun had just crept up over a quaint small town known as Riegelwood on November 16, 2006. Then dark raging clouds covered the rays of light. It was a dark day! A distant roar soon became too close. It was a mammoth sweep of destruction and despair, a tornado raging through at 200mph. It would tear everything in its path in this sleepy community that would now be awake forever. Eight people, including two children, were dead, and many injured, with the community appearing to local emergency responders as warzone (Gannon, 2006). The twister delivered its most brutal blow to a mobile home park. Alton Edwards, the retired chief of Acme-Delco Riegelwood Fire and Rescue, remarked "It looked almost like the mobile homes had exploded from the ground up" (Gannon & Goodman, 2006, November 17).

Even though this was a small town, the people had big hearts. The surrounding communities, organizations, medical personnel, churches, and law enforcement joined together to rescue, recover, and rebuild. The responders and community members had to constantly "Think on their feet." On the spot strategies were developed such as using tractors, logging trucks from the local paper mill, and even lawn mowers to transport whatever was needed through the mud and debris. Crews and cadaver dogs would spread out to search for bodies. When a victim was found they would change their plans to accommodate the situation. One person would stay with the victim until transport was arranged. The others would continue to search. Destruction scenes were thoroughly examined. Integrity issues were properly addressed. When corpses were found with their clothes totally blown off by the velocity of the tornado they were respectfully covered immediately. Body parts were removed from trees and debris with sensitivity and regard. It was a day of constant critical decision making.

Method

Reflective Observation

This happened approximately thirty or so miles from my home. That day, I saw on television that a tornado was near us; but I grew up experiencing the wrath of weather, so it did not faze me at the time, and I was mainly watching a movie. I thought, "I could go see if I could help. I am an Emergency Medical Technician, but I did not want to get in the way. So, I just watched the movie. The next day, I watched television national news reports in horror. There were communities in Riegelwood that were flattened and help was needed. I had no idea the tornado damage was so severe!

Conceptualization

I decided to take action! I would go there and lend my skills. I would help my neighbors. With my camera in hand and my medic bag strapped to my waist, I ventured down the road to wretchedness. As I was driving down the highway enjoying the view of the country side, I thought it is all so nice. All of a sudden total devastation was before me. My eyes opened wider than they have ever been before. I knew there was destruction, but I did not expect this! I did what I could to help and let my camera be my memory.

A few days later, I sat down and viewed the pictures I had taken (Figure 1 through Figure 6). As I was looking at the photographs, I could still hear people crying. I could still hear a homeless and masterless dog barking. Later on, thousands offered to adopt this canine. I could hear the policeman telling me, in his colloquial accent, that the reason I could still see tissue and blood about is that there is no bio-clean up team "out here in these here parts." I could hear the rustling of leaves as searchers still walked the land and the roar of all-terrain vehicles going through the ruins. I could hear the constant grading noise of chain saws. I could hear reporters talking in the background as victims in the foreground thanked God they were alive! The residents of Riegelwood have backbone. They are rebuilding and recovering. Yes, they will remember the dead and continue to honor them. They will go on!



Figure 1. Tornado damage at Riegelwood, NC. Photograph taken by Cyn Johnson on 17 November 2006.



Figure 2. A home ripped from its foundation. Photograph taken by Cyn Johnson on 17 November 2006.



Figure 3. Vehicles thrown about by the tornado. Photograph taken by Cyn Johnson on 17 November 2006.



Figure 4. The remains of a shattered mobile home. Photograph taken by Cyn Johnson on 17 November 2006.



Figure 5. Law enforcement on the scene. Photograph taken by Cyn Johnson on 17 November 2006.



Figure 6. It was a dark day in Riegelwood, NC. But for only one day. Photograph taken by Cyn Johnson on 17 November 2006.

Findings

Causes of Death

Old age brings us closer to death. The human organism starts to lose the war against general metabolism factors. The body degenerates (catabolize) at a faster rate than regenerates (anabolize). It becomes more vulnerable to pathological conditions. Most of the elderly die of cardiovascular disease inducing a myocardial infarction or respiratory distress brought on by pulmonary dysfunctions including lung cancer. These malignant neoplasms may invade surrounding tissue and metastasize to new body sites. The age related pulmonary dysfunctions decrease the air capacity in the geriatric population. "Functionally, by the time a person reaches age 65, vital capacity may be reduced by as much as 50%. In addition, the maximum breathing capacity may be decrease by as much as 60 %, while the maximum oxygen uptake may decrease as much as 70%" (Bledsoe, Porter, & Cherry, 2004, 1273). Stroke is a major killer. "It is the third leading cause of death in the United States. Annually, about 500,000 people suffer strokes and about 150,000 die. Incidence of stroke and the likelihood of dying from a stroke increase with age" (Bledsoe, Porter, & Cherry, 2004, 1285-1286). Any disturbance of the blood flow to the brain can result in a cerebro-vascular incident. Sometimes, the body just wears out. Like an old car, it just will not go anymore.

Automobile accidents are the number one killer of trauma deaths in North America. In 1899, a sixty-eight-year-old real estate broker stepped off a trolley car in New York City and was killed by a passing motorist. Thus, the first recorded United States traffic fatality. His name was Henry Bliss (The New York Times, 1899). National Vital Statistics Reports regularly published by the Center for Disease Control provide Americans with a good idea of what causes their deaths and the frequency of these causes.

In rank order, the 15 leading causes in 2004 were: 1) Diseases of heart (heart disease), 2) Malignant neoplasms (cancer), 3) Cerebrovascular diseases (stroke), 4) Chronic lower respiratory diseases, 5) Accidents (unintentional injuries), 6) Diabetes mellitus (diabetes), 7) Alzheimer's disease, 8) Influenza and pneumonia, 9) Nephritis, nephrotic syndrome and nephrosis (kidney disease), 10) Septicemia, 11) Intentional self-harm (suicide), 12) Chronic liver disease and cirrhosis, 13) Essential (primary) hypertension and hypertensive renal disease (hypertension), 14) Parkinson's disease, and 15) Assault (homicide). (Minino, Heron, Murphy, & Kochanek, 2007, 7).

Approximately half the recorded instances of death occur within a few minutes of a traumatic event, while the greater portion of the remained case rarely survive beyond a weeks (Oracle Educational Foundation, 1998). Seemingly inconsequential changes in the environment, even if they transpire gradually, can set in place conditions that transform ordinary activities into life threatening risks (Burke, 2008).

Death Practices and Procedures

Some ways people are able to move on from death is by preparing the body for burial and through ceremony. This presents closure for those left to live.

In North America, the most practiced way today to preserve a love one is through the scientific procedure called embalming. About 6,000 years ago, prehistoric South American residents salted bodies. This is considered the earliest form of embalming. The Ancient Egyptians took this a step further and developed a religiously motivated technique of embalming called mummification. It took an entourage of people and at least a month to complete. Alexander the Great conquered Egypt. He was embalmed with honey and beeswax. The Incas and the Eskimos practiced mummification. Other cultures went on to gutting corpses and re-stuffing the bodies with herbs, oils and resins. Dr. Richard Burr designed the modern embalming techniques still used today in America. The concept of bloodletting the corpses' veins and then refilling with a chemical preservative dates back to the Civil War where over 600,000 people died. The vast majority were embalmed with arsenic, creosote, mercury, and turpentine. Later formaldehyde became the method of choice (International Cemetery, Cremation, and Funeral Association, 2008).

As part of my Action Research I went to visit my home town funeral director in Elizabethtown, North Carolina (Appendix). She is an elegant lady with a vibrant personality. She took over the family mortuary when her husband died many years ago. Her name is Eunice Kinlaw and she is the proud owner/operator of the Kinlaw Funeral Home. As we sat talking, I noticed how the funeral home looked like a luxurious hotel with marvelous music caressing the air. There was an overstated aroma of roses and an understated smell of coffee. I wished I could have a cup. But her time was limited. As I asked her these questions she kept looking over her glasses as inspecting my every move. So, I sat very still and tried to be reverent. She went on to talk about the actual steps to embalming. Her mortuary establishment practices a more traditional 12 step technique. The embalming process involves the following steps: 1) The body is washed with disinfectant spray; 2) The body is massaged to relieve rigor mortis (stiffness), and sometimes, muscles are cut to naturally pose the limbs if distorted; 3) Body creams are applied; 4) cotton or gauze is packed into the throat to absorb purging fluids; 5) Facial features are set with cotton and the mouth wired or glued shut along with the eyes if necessary; 6) Embalming fluid is injected while the blood is drained from a vein or the heart; 7) The naval is entered to puncture internal organs to release gas and fluids so cavity embalming can take place. A concentrated formaldehyde solution is injected into the torso; 8) the anus and vagina are packed with gauze to prevent seepage; 9) any open orifices made into the body are sutured; 10) any missing features are molded with wax; 11) visible body defects are corrected; and 12) The body is rewashed, dressed, and hair styled with make-up. None of this is necessary if the departed prefers cremation, which is sometimes the case.

Interview Transcript

So, what is embalming?

Ms. Kinlaw: It is a procedure that retards the decomposition process.

You mean people will not stay preserved forever once embalmed?

Ms. Kinlaw: That's right. It just slows it down.

So, what is it like being an undertaker?

Ms. Kinlaw: Well, I haven't heard it called that in awhile. Being a Funeral Director is challenging sometimes. People are sad and get frustrated. You have to deal with people's different religious beliefs. You always have to be respectful and comforting no matter how you feel.

So, is that hard sometimes?

Ms. Kinlaw: It doesn't matter. It's my job.

Was there anything difficult where it did matter?

Ms. Kinlaw: After my husband died and I took over there were very few female Funeral Directors. Back then, some people were not use to dealing with women at the management level. Also, fellow male Funeral Directors knew that some men experience priapism (penile erection) when they die so they would accuse me of that being the reason why I got into the mortuary field. I found it vulgar and insulting!

Are there still problems with that?

Ms. Kinlaw: Nobody messes with me over feminine issues now. I don't have time for it. Most of us are a "Hillary" today.

I am writing a paper on death...

Ms. Kinlaw: You need to get a life!

Well, it is an aspect of life. Isn't that how you make your living?

Ms. Kinlaw: Touché' I want to read your paper when you are finished. Death is only a business if I have permission from the loved one to perform embalming techniques.

You mean it is not a requirement?

Ms. Kinlaw: No, you can pack the departed in ice. There is no legal requirement in most states.

What about the theory of death?

Ms. Kinlaw: What do you mean?

You know why people die or something...your thoughts? Any theory?

Ms. Kinlaw: There are no theories in this funeral parlor. You are either dead or you are not? Would you like some coffee?

Oh, yes please...

It was a nice interview, and I enjoyed the coffee. We chuckled over how a rug salesman tried to sell her a "Welcome" mat for her funeral home. Ms. Kinlaw did bring up the issue regarding organ donors. The body cavity and other areas would sometimes have to be filled with extra material to give a normal appearance. Sometimes, there are emotional issues with organ donors. As in this case, family members were upset when they found out their son was buried without his eyes. A person can see now because of this boy. I view him and his parents as heroes. I decided to research this further.

Death So Others May Live – Organ Donation

I referred to my doctoral studies colleague Marie Wilbanks concerning the controversial subject of organ donation. She told me about a lady who gave a talk on organ donation. It was from an organ donor's Mom. She said, "The place was about in tears talking about the compassion shown at such a time of need. It is truly a calling to work at something like this." In most states, any person can be a potential donor from newly born to the elderly. In many instances, organ donors are designated on their driver's license. The first criterion for organ donation is the person must be dead. The Arkansas Regional Organ Recovery Agency (2007) defines death as irreversible brain death or cardiac death, not coma, with no blood flow bringing oxygen to the brain rendering it no longer functioning in any capacity. The following organs and tissue are acceptable for donation. Tissues include corneas, heart valves, tendons, skin, bones, veins, and arteries; and organs include heart, pancreas, kidneys, liver, lungs, and intestines (3).

Donation usually does not delay funeral arrangements. The Funeral Director is notified as soon as surgery is complete. According to the Arkansas Donor Registry, a new name is added to the organ transplant waiting list. The National Transplant Act of 1984 made it illegal to purchase or make a profit off of organ sales in the United States (United States, 1984). It is considered to be a gift of humanity. Death bringing life!

Discussion

Interpretation of Theories - Making Sense of It All

People debate that funerals are for the living so they can have a sense of closure through ceremony. Some think this is a waste of time and even cause harm. Notable death expert Elizabeth Kubler-Ross (1997) contends the treatment of the dead is an issue that impacts the living. The display of ceremony could prolong the state of denial (Kubler-Ross, 1997).

Some argue that mass death tears communities apart. The theory is that an area can only stand so much devastation. With the stress of the catastrophe more destruction will arise by the people themselves. Communities fall apart when there is a loss of faith. William James (1911) noted that there are some cases where faith must come before the fact (p. 25) being a community is such a case. With the Riegelwood tornado tragedy, I personally witnessed families, friends, and neighbors pulling together in time of crisis. The people rose up over the destruction. The rescue workers from throughout the region, placing them at some risk, were on the scene immediately. The community had faith in itself, and faith generated good will for the living and respect for the dead.

Embalming is not considered by everyone to be the best way to preserve a departed in this modern world. There are those who are not interested in the art of preservation. These sects support ancient beliefs. The theory is that one cannot pass on to the other world until the body is destroyed. For them, cremation is the method of choice. For others, cremation serves as a way they can take their loved ones with them. A pile of ash in an urn though the remains are burned to dust, is a type of preservation. – Maybe not of the body but of the mind. When I went to visit known dancer Ken Dubois, he pointed out a decorative container in his den on the mantle piece. He said, "I have my darling Mother in the jar over there." He went on telling me wonderful stories about his Mama inspired by his urn of memories.

Most would argue that organ donation is a great thing. But new theories are surfacing that support the mind set that organ donation can cause emotional problems for the recipient.

A number of theories have been used as the foundation of DOT-funded interventions. The most common primary theories include the theory of reasoned action, theory of planned behavior, the transtheoretical model (aka "the stages of change"), and the diffusion of innovations. At their core, most of these theories posit that behavior change (the willingness to sign a donor card, tell family members about their donation decision, consent to donation, or engage in improved potential donor referral behaviors) is a function of people's attitudes toward the behavior, feeling that they are actually able to perform the behavior, and their perceptions that their social group supports the behavior (OrganDonor.Gov, 2005).

If organ donation does affect the emotional psyche for the recipient or the family, at least the recipient is alive!

Conclusion

Death need not be a terrifying experience. Especially if you accept the theory that death is a transition instead of a finalization. Many things can kill us whether it is natural or unnatural. We can get hit by a car or blown away by a tornado. We can die of lung cancer or a nuclear attack. When many people die at once it takes many people to deal with the tragedy. Law enforcement and emergency medical workers make their living with clean up efforts and keeping us safe. They save our lives on the street and health care workers save our lives in the hospital. The gift of life is extraordinary. In theory, if you donate an organ you can live on through others.

When I die, I would like a pretty grave marker so it might be chosen by a little boy or girl to sit on. That would be alright for they are here, and I am gone. I could have my tombstone even shaped like a chair. My epitaph could read, "Have a seat and rest. I am!"

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