

ESSENTIAL *Death Care* WORKERS

BRIEFING BOOK



BUSINESS UNUSUAL

ADDRESSING ESSENTIAL WORKERS' NEEDS
DURING & AFTER THE COVID-19 PANDEMIC

a Collaboration Between
the Johns Hopkins Berman Institute of Bioethics &
the University of Colorado Boulder MENV

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ESSENTIAL DEATHCARE WORKERS

A Briefing Book About Those Who Work In Funeral Homes & Cemeteries

"I don't know how many more bodies I can take [...] No one in the New York City area possibly has enough equipment to care for human remains of this magnitude."¹

- Patrick Marmor in an interview with Business Insider.

As COVID-19 claims the lives of hundreds of thousands in a few short months, deathcare workers --people employed in morgues, funeral homes, embalming facilities, cemeteries, and crematories --in areas of intense outbreak have been called upon to perform their work at a wrenching volume and pace. Scenes from multiple countries depict an overwhelmed deathcare system: in New York, refrigerated trucks park behind hospitals;² in Spain, ice rinks are used to buy time before embalming,³ and in Ecuador, bodies were simply left in the streets, forcing families to drape loved ones in plastic.⁴

Deathcare workers perform labor that has emotional, moral, social, and public health value. Their jobs involve "ritually putting the dead body in its place, managing the relations between the living and the dead, and providing explanations for the existence of death."⁵ Deathcare work helps to honor the dignity of those who have died and to help their families. At the same time, they serve a public health function by preventing diseases, including COVID-19, from spreading in the population through improper management of human remains.

Even before COVID-19, deathcare workers had occupational risks of exposure to bloodborne and airborne pathogens,⁶ which now include the novel coronavirus. Beyond the physical risks and rigors of this work, even prior to COVID-19, some deathcare workers experience intense anxiety, panic attacks, and compassion fatigue.⁷ In the time of COVID-19, working at a grueling pace and under heightened risks, even workers accustomed to dealing with death may find themselves in ever-greater need of mental health care and emotional support.⁸

WHO ARE DEATHCARE WORKERS?

Death is an inevitable process, and human societies have developed funeral rituals to cope with grief, to celebrate the life or death of the deceased person, and to treat death and the deceased person's body in a way that respects human dignity as they understand it.⁹⁻¹² Prior to the Civil War, families in the United States cared for their own dead.¹³ The deathcare industry, or funeral industry, emerged during the war: the bodies of soldiers needed to be shipped long distance, and thus, there was a need for embalmers. This led to the development of an industry that now includes a range of jobs, including embalmers, undertakers, funeral directors, cremators, grave keeper, among others.¹³ This discussion focused on one segment of the deathcare industry, funeral homes and cemeteries.¹⁴

HOW HAS COVID-19 CHANGED THIS WORK

Deathcare workers in areas of intense outbreak have seen an increase in the volume of their work. In some locations, the industry is being overwhelmed by the high quantity of bodies.^{1,15-18}

Significant modifications have been implemented as a response to the pandemic. Some funeral services are being delayed. Other modifications include offering online-streaming of funeral services, drive-thru services, and mass burials.¹⁹⁻²¹

While some deathcare work is happening from a distance, such as online services;¹⁹ most of the workforce cannot switch to remote work given the nature of their work. They must physically transport bodies, prepare them for burial, or prepare graves. This exposes them to risks of COVID-19 infection from contact with other people in the course of their work, and especially from contact with the bodies of people who died from COVID-19 or may have died from COVID-19.

ON THE JOB RISKS

The risk of COVID-19 infection varies across jobs, depending on exposure to other people and to human remains. Those that are responsible for body preparation – embalmers, mortuary science technicians and funeral directors—are in direct contact with potentially contaminated bodily fluids. Prior to COVID-19, these workers were at risk of bloodborne diseases (i.e. HIV, Hepatitis B and Hepatitis C) and airborne diseases (i.e. tuberculosis).^{6,22-24} Now there is the additional risk of COVID-19 exposure. Other workers (coroners, hearse drivers, crematory operators, and crematorium officers) are also exposed to human remains but at less risk as compared to workers who prepare bodies.

Activities that involve contact with bodies (embalming, burial, and cremation) are not forbidden during the COVID-19 pandemic. However, [OSHA](#) and [CDC](#) have made recommendations for precautions workers should take when they will have contact with the remains of a person that died from COVID-19. CDC recommendations include, for example, the following recommendation to mitigate COVID-19 transmission during work: “Embaling can be conducted [...] follow standard precautions, including additional personal protective equipment (PPE) if splashing of fluids is expected (e.g. disposable gown, face shield or goggles and N95 respirator).” To reduce risk, these workers need adequate PPE. However, deathcare workers are facing PPE shortages – for example, funeral homes calling every day to follow up shipping, check PPE’s availability from vendors and manufactures -- and struggle to secure adequate supply.²⁵⁻²⁷

Workers who have contact with other workers, families of the deceased, or members of the public in the process of their work; also face risks of exposure from contact with infected people. This includes embalmers, funeral directors, coroners, hearses drivers, crematory operators, and crematorium officers. Funeral service workers and attendants may also have contact with family members and others when planning and conducting funeral services, though some of this work is now being performed remotely.

Even prior to COVID-19, some deathcare workers experience intense anxiety, panic attacks, and compassion fatigue.⁷ As a result of the higher volume of work, workers may be at risk of mental health crises, physical and emotional burnout, as well as compassion fatigue, which leads to higher rates of stress, depression, and anxiety disorders.^{7,28-30} In the time of COVID-19, even workers accustomed to dealing with death may struggle to retain a sense of humanity about the process and may find themselves in ever-greater need of mental health care and emotional support.⁸



HOW CAN WE HELP THESE WORKERS?

Measures to reduce the risk of workplace COVID-19 infection include, first and foremost adequate PPE for workers. Risks can be reduced by moving work and services online, such as organizing funerals with families through webcams or by phone rather than in person, using online registries to send condolences, and having online streaming of services and drive-thru services.¹⁸⁻¹⁹ Switching to remote work as much as possible reduces risks, though switching to remote work is not feasible for most deathcare workers. Risks can also be reduced by making in-person meetings and events safer (e.g. placing double glass doors between visiting family members and their deceased loved one)³¹⁻³².

As with many other groups of workers, providing workers with paid sick leave will reduce the chance that they come into the workplace while sick and expose co-workers.

To safeguard workers' well-being, they should be provided with counseling support, access to telemedicine, mental health support, and other measures designed to address burnout and physical and emotional fatigue.



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<https://bioethics.jhu.edu/essential>

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