



FUNERAL SERVICE
FOUNDATION



February 3, 2021

The President
The White House
1600 Pennsylvania Avenue, N.W.
Washington, DC 20500

Dear Mr. President,

We write to urge the United States to immediately prepare for a second potential pandemic for which there is no vaccine and insufficient resources to address—a pandemic of complicated grief.

Since March 2020, the COVID-19 pandemic has contributed to an unprecedented level of loss in our lifetime, shattering assumptions that the world is reasonably safe, benevolent, and predictable, while creating a sense of collective trauma and grief. Mounting non-death losses such as isolation, employment, routine, and sense of safety, mean that those experiencing some form of loss are conservatively in the millions. The nature of the pandemic is likely to leave the U.S. population with a host of psychological problems, including health anxiety, traumatic stress, and varied forms of complicated grief.

Complicated grief stands apart from typical grief. Research shows that while most grieverers are fairly resilient, those with complications suffer significant psychological, health, vocational, and social impairment. Prior to the pandemic, it was estimated that approximately 10 to 15 percent of grieverers suffered from some form of complicated grief, leaving them unable to return to their previous levels of functioning. Additionally, studies showed complicated grief has negative physical health consequences for those who suffer from it and sizeable negative financial effects for employers due to lost productivity.

Presently, much of the U.S. population is experiencing significant death and non-death losses as well as concurrent problems such as relational strain; rising rates of domestic abuse; heightened child deprivation due to closings of day care, school, and other activities; suicides and deaths of despair (due to overdose and isolation); health disparities, and political differences in assessing how to best respond to the pandemic. Further, the pandemic has exacerbated social divisions by exposing disparate risks as well as differential access to treatment and care, particularly in Black and Hispanic communities where COVID-19 infection and death rates are disproportionately high. Awareness of this increased risk of contracting and dying from COVID-19 leads to heightened anxiety (Purtle, 2020) and may contribute to complicated grief.

These experiences are occurring in an ongoing context of personal traumatization. It is inevitable that the proportion of individuals experiencing complicated grief will rise. Effective treatment of complicated grief requires awareness, clinical expertise, and access to support.

As of mid-January, more than 400,000 people in the U.S. have died from COVID-19. Non-COVID-19 deaths, meanwhile, rose significantly in 2020. It is estimated that nine people are affected by one COVID-19 death

(Verdery, 2020). If accurate, 3.6 million people in the U.S. are grieving a COVID-19 death, and if a significant percent of those are grieverers with complications, the number of people at risk to experience disabling, complicated grief is now at least equal to those who died from COVID-19, excluding complicated grief that may also affect those grieving non-COVID-19 deaths. Conditions surrounding the pandemic create an unfortunate incubator for complicated grief and therefore provide ideal conditions to make that number higher.

Without question, a nationwide COVID-19 related bereavement initiative is needed immediately. As leaders in professional and public grief education, bereavement counseling, and grief research, we call for a national strategy that includes funding for research regarding the grief complications and necessary care as a result of the pandemic; training to educate professionals including counselors, social workers, psychologists, educators, and clergy on current understandings of grief and interventions to assist persons with grief; and funding for public education to make the public aware of the varied ways they can recognize grief complications and access support groups and counseling. The current situation of escalated psychological, behavioral, social, and physical health problems created by deaths experienced during this pandemic mandate that new levels and types of intervention be provided immediately and for years to come.

Therefore, we advocate for funding directly targeted to these unprecedented problems. Their nature, depth, breadth, and scope will demand a multi-pronged approach to address the tsunami of complicated grief and associated distress and dysfunction that evidence reveals society will encounter (and, in fact, already is facing).

Specifically, this includes funding allocated to: (1) direct intervention and provision of therapeutic services to affected persons (in-person and virtually; individual and group modalities; professional- and peer-led); (2) training of professionals to provide therapeutic intervention (to be offered through professional education programs and college/university courses); (3) public education to inform the general public of the nature, course, and impacts of COVID-19-related complicated grief, and to provide coping strategies for it and awareness of when treatment is indicated (to be offered through in-person and online programs, along with a website devoted to pandemic grief, and public service announcements that would alert the public to signs and the dangers of grief complications); (4) research to determine the experiences and complications of COVID-19-related bereavement, as well as into the efficacy of treatment approaches; and (5) enable hospice bereavement teams to provide necessary grief support not only to those bereaved by hospice deaths, but also to those bereaved by COVID-19-related deaths outside hospice.

We urge that there immediately be a convening of appropriate professionals (including physicians, nurses, psychologists, counselors, social workers, grief experts and researchers); philanthropic, corporate, and faith leaders; and governmental agencies/individuals to plan for crafting and funding the concerted network of responses that this extremely serious upcoming crisis requires.

This imperative is especially essential for underserved populations who have been the most affected by pandemic deaths and who have disproportionately low access to both vaccines and culturally appropriate grief counseling. Uncoordinated research and consciousness raising is occurring now due to individual efforts by unfunded researchers and organizations. Many hospice providers – pivotal providers of grief support already – have stepped into a first-responder’s role to provide bereavement support to anyone in their communities, whether their loved ones died in hospice care or not, or from COVID-19 or other illnesses. Special COVID-19 grief groups run by hospice bereavement teams are beginning to help, but these efforts alone will not be enough to support the large number of survivors wounded by loss. As a society, we were unprepared for COVID-19. We cannot afford the luxury of failing to anticipate and respond to the coming pandemic of complicated grief.

Most respectfully,

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How the COVID-19 Pandemic will Contribute to Complicated Grief

- **Concurrent loss.** Survivors may be coping with concurrent crises—factors that complicate grief. Because of the disruption of life caused by the pandemic, grieving individuals may be coping with multiple losses—of people they love, of jobs or income, or any other non-death loss created by the pandemic.
- **Trauma.** COVID-19 deaths can be sudden and unpredictable. The virus has required treatments that are violent and traumatic by nature, such as intubation. In addition, someone who seemed to be recovering may take a sudden downward turn and die unexpectedly.
- **Perceptions of preventability.** These may be exacerbated for reasons including the random nature of the disease, contracting the disease while working, governmental failure to impose safety measures, exposure by those not taking precautions, and contraction of the illness from asymptomatic carriers.
- **Survivor guilt.** People may struggle with why their loved one died and they survived, especially if both were infected. There can also be guilt arising from the thought or suspicion that the mourner was the source of infection.
- **Anger and disenfranchisement.** For non-COVID-19 deaths, there may be anger that the emergence of the disease limited or compromised their ability to support/love the dying person, conduct a proper funeral/memorial service, or perform other personally meaningful death rituals, leaving mourners feeling disenfranchised. For COVID-19 survivors, there may be anger regarding the quality of treatment by healthcare providers or lack of protection provided by nursing homes.
- **Cumulative grief.** For Black Americans, the pandemic’s disproportionate infection and death rate in communities of color underscores the concept of pre-existing “cumulative grief,” the result of centuries of racial injustice in the United States.
- **Spiritual questions.** Survivors may question their long-held belief systems that were central to their lives, wondering why this disease emerged and why it killed someone they loved.
- **A “bad” death.** One of the most difficult aspects of the pandemic is that those who are dying in hospitals or nursing homes are often dying alone—the very antithesis of our image of a good death. Not only does the company of others ease pain and anxiety about dying, but it also facilitates the subsequent adjustment of survivors. It offers family and friends the opportunities to say goodbye, finish business, and share memories. For dying persons, the presence of these significant others validates their life, allows them to say final words, and offers the comfort and care that family and friends can provide.
- **Isolation.** Quarantines, travel restrictions, and limits on gatherings impair the rituals surrounding dying and death. Chaplains and other clergy may be unable to be present to offer deathbed rituals such as prayers or last rites. Funeral rituals are limited or postponed, the comfort of family and friends is restricted with hugs and touch absent. Even support from counselors or support groups is likely to be offered online—missing, to some degree, that critical human connection.