

THE LAST HURRAH

By Adele Hulse

I've been to seven funerals recently.

Three church: massive flowers, singing, good clothes, polished box, powerful words spoken "in sure and certain faith"; tears, hugs and kisses.

Two Jewish: no flowers, ordinary clothes, timeless Hebrew prayers, raw pine box with rope handles, unapologetic heap of fresh dirt spiked with long shovels, the hollow echo of the first clods; tears, hugs and kisses.

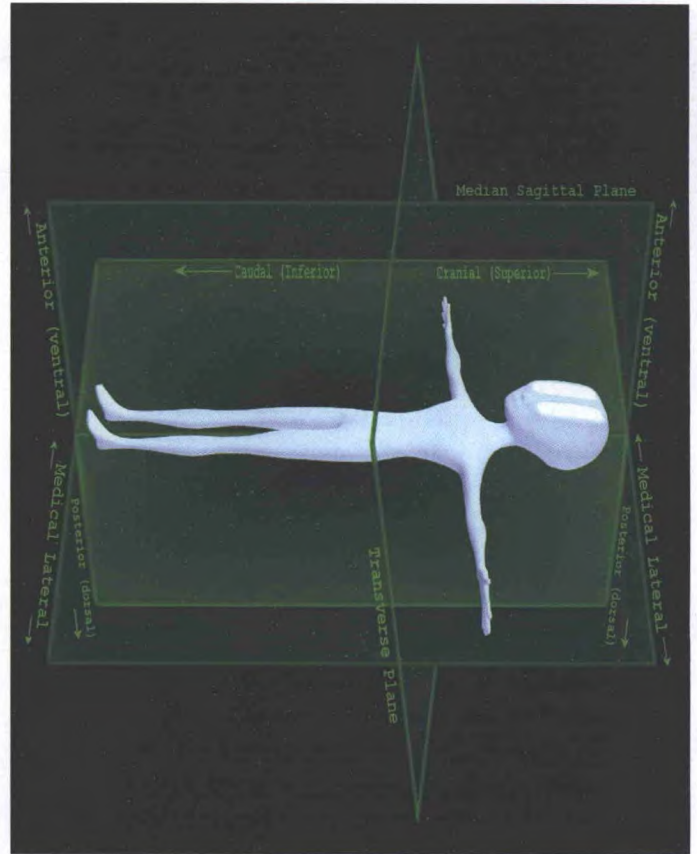
One parlor: massive flowers, five-star foyer and toilets, good clothes, no singing, polished box, democratic program orchestrated by sensitive celebrant and could you hurry please, the next one is due; tears, hugs and kisses.

One Chinese: Necropolis chapel, black clothes and armband with tiny red cotton triangle, big bunch of red roses and candles before black-draped portrait of the deceased. Speeches in Chinese. Very secular. Lots of slow, deep bows. Service ended with everyone invited to walk around the open coffin to say goodbye; tears, hugs and kisses.

There she was, a soft black cotton wimple over her head, a white sheet to her chin, Mrs. Cui Yu Hu, who has died at 107. Madam Hu made national news when the Australian government threatened to deport her, at 104. When they capitulated, this tiny woman gave the whole country a lesson in compassion, respect and morality. Apparently, Madam Hu enjoyed her last meal, said goodbye, smiled at everyone and died. Just like that. Not one of the loving crowd attending was related to her. She adopted her only child, who is Japanese, as an orphan after the Japanese invasion of Manchuria. "Madam Hu lived her whole life in kindness," said one speaker, in English. You could see it in her sweet face.

High time I made my own arrangements. I have long been appalled by just about every aspect of the self-invented modern funeral industry, so my first step was to meet with Professor Anthony Goodwin, Head of Anatomy at Melbourne University. The sky-burial I favor is not going to happen, unless accidentally, but please, hold the polished box, pointless flowers and ridiculous bill.

My understanding is that, generally, clinical death is not simultaneous with what Buddhists call "the mind leaving the body". One of the signs of true death is said to



be no core heat at the heart. On making expert enquiries I learned this takes between twelve and twenty-four hours, depending on climate and body mass. (The bodies of advanced practitioners have stayed warm and fresh three weeks after clinical death – but I am hardly in that class.) Ideally, the body would not be moved or touched during this period – hard to control in a hospital, unless you had it set up with an advocate. This waiting time makes organ donation impossible, but Professor Goodwin said it would be fine with him. Just keep the room cool and fresh.

When it's time, my next of kin calls the university's funeral director. So far so good. I've got what I wanted. If what's left is of use to advancing medical science, that's a bonus. If the circumstances of my death make all of the above impossible, my useless body will just take what it gets.

So I signed the form. It was easy. No polished box, flowers, gangsta cars or bill for me – just gloved fingers, scalpels, saws, and tags on the bits that get cut off.

It was the bits that got me going – when my son (a myotherapy student) started talking about knees he had seen in “wet lab”. Immediately I wanted to be a knee! How wonderful that my body could be sliced and diced to teach our doctors and scientists of the future how to relieve others from pain. I emailed the kid’s godmother who replied that she, too, wanted to become a knee. “Just think, darling! We could be knee-to-knee in cold storage!” We were so pleased.

If that makes you squeamish, what exactly do you think happens to bodies two meters underground, noting that the first load of earth machine-dumped into the hole is usually enough to break the flimsy box? We have forgotten what we are, our chthonic resonance warped by a steady diet of death as entertainment and the fictions of the beauty industry.

In Australia donors are 50/50 male/female, mostly over fifty years old and from a very mixed socio-economic range – going by the addresses. They don’t ask many questions – a lot of information is suddenly obsolete. Most get treated with formalin and are used as dissection cadavers, either whole or in sections for medical, dental, physiotherapy,

myotherapy and science students. The use-by date is around three years, after which they are cremated. Some bodies get used fresh, in advanced surgical training such as hip replacements. These are cremated within a couple of weeks.

Body sections are tagged, entered into a data base and eventually, cremated together. Rarely, one part may become a museum exhibit. Next-of-kin can arrange to receive the ashes, otherwise they are scattered in a Memorial Park.

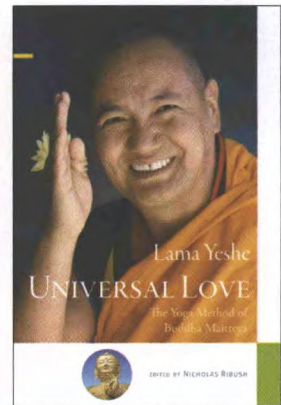
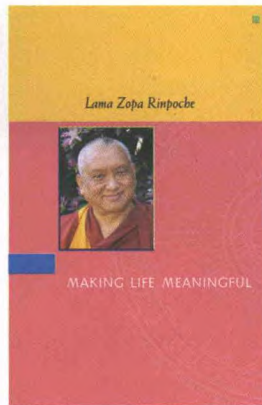
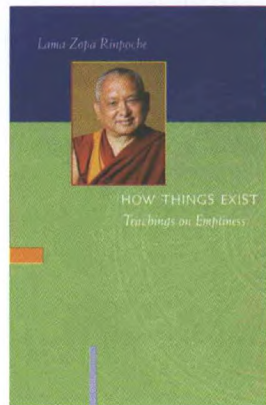
My body will be of no use if I die of a contagious disease, undergo an autopsy, have had recent surgery, receive gross injury or die further than 60 km from the center of this city. Moreover, one cannot be both an organ donor and a body donor. It just doesn’t work. What the students need to see is normal anatomy. ☸

NOTE: For Lama Zopa Rinpoche’s advice on what you can do at the moment of a loved one’s death go to www.lamayeshe.com/lamazopa/advicebook/transitions/help.shtml Here is a sample of what you will find there: “When the breath stops, in Tibet you would not touch the body until a lama in the village did *powa*; this is important. Look for signs that the consciousness has left the body (after *powa*), for example: the white drop, like pus or water from the nostril or, for a woman, blood and water from the lower part. First pull the hair in the center of the crown towards the back, so that the consciousness comes out through there. Also, hair falls out from the back of the head...”

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PO BOX 356, WESTON, MA 02493 • INFO@LAMAYESHE.COM • WWW.LAMAYESHE.COM