Dispatch from the Field

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When a Child Dies Abroad: A Mother's Reflections on the Bureaucracy of Transnational Loss

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Abstract

This auto-ethnographic field reflection explores the bureaucratic and biopolitical dimensions of transnational child loss. Drawing on the author's lived experience navigating medical and legal systems following her son's death abroad, the piece interrogates how institutional actors exert control over migrant families during moments of extreme vulnerability. Engaging concepts of biopower, necropolitics, and state surveillance, this narrative illustrates how grief becomes entangled in administrative violence. By centering embodied knowledge, the article challenges dominant paradigms of authority and care in humanitarian and migration regimes, offering insight into the ethics of global parenthood and loss.

Keywords

autoethnography, migrant families, transnational death

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Introduction

It is rare for a migration researcher to become the subject of their own case study. Rarer still is when that migration is marked by the sudden death of one's child across borders. This auto-ethnographic reflection draws on my lived experience as an American economic migrant whose young son died of undiagnosed cancer in sub-Saharan Africa in December 2022.

Our mixed-heritage, American-citizen family had been happily living and working in Rwanda for several years when one of our luminous twins, Ayaan, began to complain of headaches just after his fourth birthday. As a child with slight cerebral palsy (CP) who was otherwise thriving, I took him to weekly appointments with physical therapists, pediatricians, and orthopedists around Kigali to try to uncover how CP could manifest as headaches in a growing preschooler. To ensure his comfort on an upcoming family trip abroad, his father and I took him to the capital's most respected hospital for a consultation on Christmas Eve. Within 36 h, a magnetic resonance imaging (MRI) revealed an advanced tumor consuming his brain stem. He soon struggled to breathe in the intensive care unit (ICU) and was put into a medically induced coma. At midnight, I evacuated with him via private medical transport plane to a better-resourced hospital in Nairobi, Kenya. The goal was to have him stabilized until our family could fundraise and liquidate our assets to afford the $250,000 medical evacuation to a pediatric hospital in the United States. Three days later, with his parents at his bedside, he asked to see his brother back in Rwanda, and then exhaled for the last time. The period from his initial hospital intake in Rwanda until his death in Kenya was six days. This movement from Rwanda to Kenya, and finally to the United States for burial, frames the spatial and emotional terrain of this reflection.

This dispatch from the field is an attempt to analytically engage with my grief while contributing a novel auto-ethnographic exploration of migration and trauma. In the chaotic nexus of transnational death, it can be difficult for parents who have lost a child abroad to find a voice for their experience. Such narrative omission is even more common when the loss happens amid mass trauma, when multiple family members have died, or when the bereaved lack social and economic resources. Although I cannot speak for those who have experienced bereavement within forced displacement — such as families fleeing Venezuela, Syria, or Afghanistan — this reflection seeks to illuminate hidden dynamics of family member loss outside one's country of origin, even from a position of relative privilege. If our relatively socio-economically advantaged family encountered the challenges described here, such hardships must be exponentially greater for forcibly displaced families navigating compounding traumas. While this case does not reflect displacement in crisis settings, it raises critical questions about transnational death that demand further scholarly inquiry.

My son's life and death demonstrate some of the legal and bureaucratic hurdles families face when a loved one dies abroad — hurdles that remain largely unexamined in migration scholarship. This auto-ethnography situates my personal experience of child loss within a global system of legal, structural, economic, cultural, and normative

landscapes. It examines the frameworks that operate within and across the borders of Rwanda (the country of residence), Kenya (the country of death), and the United States (the country of citizenship and final internment). Drawing on my therapy journals, electronic communications, and personal archival data, it elevates the lived experience of the grieving migrant. While this note reflects an understanding of voluntary migration, the institutional barriers it documents, particularly those related to access to health information, emergency services, and the repatriation of remains, help illuminate the far more desperate struggles faced by displaced and stateless populations. Such issues are especially relevant to refugee studies, where cross-border death and grieving often transpire within legal pluralism, criminalized spaces, and nebulous bureaucracies. By examining these dynamics through a single case, this reflection invites greater attention to the governance of death within the context of forced migration.

Biopower and Necropolitics in Transnational Loss

The logistical vulnerabilities I navigated during my son's passing can be divided thematically as legal and bureaucratic. They can be further subdivided into the governance of his final days of life, or through Michel Foucault's (1978) concept of *biopower*, and those politics after his death, or Achille Mbembe's (2019) concept of *necropolitics*. Biopower is Foucault's term for the way modern states and institutions manage human life by regulating, monitoring, and controlling bodies and populations. In contrast to a state's capacity to grant or take life, biopower either fosters or disallows life. Biopower operates through medical and public health systems, legal processes, and institutions, as well as surveillance and discipline.

The concept of necropolitics extends Foucault's idea of biopower by focusing not on the regulation of life, but on the power to decide who may die and under what conditions. Mbembe argues that in postcolonial contexts, the power to expose people to death, even slowly and bureaucratically, is central to how sovereignty is exercised. For Mbembe, organizational power is expressed not just through killing, but through abandonment, neglect, or making certain lives "ungrievable." It includes states of limbo that our family navigated in Kenya, such as unburied bodies, unacknowledged grief, and medical erasures of personal experience. The remainder of this section draws on biopower to understand my son's last week of life and then necropolitics to understand the week after his death through the two overlapping lenses of law and bureaucracy. It draws particular focus to issues of health information access, end-of-life decisions within institutions, degrees of crisis consular support, and the storage and transportation of the deceased.

Legal Authority Over Bodies

My son's passing was not caused by violence or lack of care, but Foucault helps clarify how power was exercised through the state's management of his still-living body and my parenting authority. A key vulnerability for me was the lack of disclosure about his

health from Rwandan, Kenyan, and international medical providers (e.g., the Italian transport doctor). As an American economic migrant, I was accustomed to the norm that parents generally have the legal right to access all of their minor child's medical information, including a diagnosis of a terminal illness and resulting care, as seen in the Health Insurance Portability and Accountability Act. These expectations were shaped by U.S. medical-privacy and informed-consent standards that presume a parent's unrestricted right to information and decision making. In Rwanda and Kenya, however, clinical disclosure and resuscitation protocols follow different legal and professional frameworks, often emphasizing institutional authority and collective consultation over individual parental consent. I perceived that medical providers in both countries tended to avoid talking directly to me as his mother. This divergence highlights how biopower operates not only through the control of information but also through the structural incompatibility between national medical norms and the expectations that migrants carry with them. At no point did anyone disclose that our son was in the final stage of universally terminal brain cancer, glioblastoma. We only received his diagnosis over the phone several hours before he died, after we sent his medical charts to a friend practicing medicine in Germany. This right to information impacts the decisions a family can or cannot make at the end-of-life, and the emotional lens they will carry with them after their loss.

As part of a system that denied me information, neither the doctors nor the nurses consulted me about the four resuscitation incidents in which a defibrillator brought my son back to a medically living status. Such resuscitation reduced him to a biological body subject to institutional control, without meaningful recognition of his humanity, prognosis, or parental agency, granting him "bare life" in Giorgio Agamben's (1998) terms. If I had been informed of his terminal status, I would have opposed this practice and focused on palliative care for him. There is ample research indicating the negative impacts of resuscitation efforts on terminal patients and the psychological effects on those family members who witness it (Erogul 2020). Much of my post-trauma therapy has centered on reprocessing the repetition of resuscitation. It is a cycle that exemplifies how biopower can reduce a living person to biological maintenance rather than meaningful care. Biopower didn't rely on deprivation or discrimination in my son's case — it operated through systems that assumed the right to act on my child's body "for his own good," without reciprocal recognition of my authority. Even with my educational privilege and social status, my parental agency was overridden (Lareau 2011, 3–5, 238–241).

Bureaucratic Control After Death

A key site of necropolitics is the administrative entitlement to decide what is done to human remains after death. There is a global presumption that the state or hospital owns the postmortem process; medical institutions can function as micro-sovereignties, exercising power that "depends on tight control over bodies" (Mbembe 2019, 87), as though the bodies they handle belong to the state. My experience with my son's remains

is an example of what Mbembe describes as the sovereign power to dictate exposure to death. This includes dictating the conditions under which a body is processed and specifying the actors involved in that process.

The remainder of the second section examines postmortem repatriation of remains, a topic that has been vastly understudied within the migration literature. This is due in part to a lack of reliable data, but also to a visceral response of what Kristeva (1982) terms "abjection" — the deep psychological repulsion and cultural taboo associated with lifeless bodies, especially those that blur the boundary between subject and object. Yet, as Laqueur (2015) reminds us, societies have long negotiated moral and affective relationships with the dead body, not merely as biological matter but as a site of ongoing social meaning. Similarly, Ülker (2024) documents how Turkish-origin undertakers in Berlin navigate bodily repatriation through Islamic funeral services, illustrating how transnational care for the dead maintains cultural belonging and identity. Perhaps this sense of abjection explains why the "Bureaucratic Control After Death" section was the most somatically difficult to write.

My experience of traumatic child loss is intertwined with the degree of functionality of my (American) embassies. The U.S. Embassy in Kigali abandoned our family, and the Nairobi embassy performed the bare minimum to avoid diplomatic challenges. While the U.S. Department of State handles the deaths of about 5,000 American citizens abroad each year (Baker, Hargarten and Guptill 1992), the scale of these cases does not explain the absence of response in my situation. Over three days, two American friends and I repeatedly called and emailed the emergency number for American Citizen Services at the U.S. embassy in Kigali (an emergency line advertised as operational 24 h a day). None of our messages were returned for more than 48 h. When a consular officer finally called, he appeared unfamiliar with basic procedures, read aloud internet search results for air-ambulance companies, and casually ended the conversation with "good luck."

The afternoon our son died in Kenya, his father flew back to Rwanda to attend to our living son, who was being cared for by friends, and I awoke alone in our hotel to the realization that I now had to lay our child to rest across borders. A consular officer in Nairobi escorted me to the hospital to sign his death certificate at the entrance to the room where he had died, then returned me to the hotel and placed the certificate on the nightstand before departing. That hygienically procedural yet searingly intimate exchange embodied the contradiction at the heart of bureaucratic grief. No official from the Kigali or Nairobi embassy followed up after I personally repatriated with his remains. My later email to the U.S. Ambassador to Rwanda received only a condolence from another diplomat. Such lapses suggest not individual malice but a systemic weakness in the consular infrastructure for trans-country crises — a fragmentation that exposes how diplomatic bureaucracies may fail precisely when mobility and mortality intersect.

I do not fully understand the bodily repatriation process, because it was done, for better or worse, quietly. In reviewing personal documentation, it cost our family $7,500 to repatriate my son's remains on my flight from Nairobi to Phoenix,

Arizona (personal records on file with author). This cost falls within the average range for the repatriation of a body between a Global South and a Global North country (Connelly, Chong and Omer 2017). However, this is clearly an insurmountable financial cost to lower-income migrants worldwide. A key actor in the process was the funeral home director in Nairobi, who arranged with the funeral home director in Phoenix to ensure my son's remains were prepared correctly for international transport in the cargo hold. Since I only vaguely understood international repatriation, I have had to conduct further research to understand why my son's body was secured in a manner that caused my family extra hardship. After my son's burial, my father disclosed to me that he and my two brothers had to rent equipment from a hardware store to saw open my son's transport coffin that the Nairobi funeral home had welded shut.

To understand the welding process, I examined the *International Arrangement Concerning the Conveyance of Corpses* (1937), which standardizes the carriage of human remains. One of the stipulations is that metal transport boxes must be hermetically sealed to prevent contamination. Since 1937, regional agreements have refined aspects of the original framework. The Council of Europe's 1973 Agreement on the Transfer of Corpses modernized procedures for cross-border movement of remains, underscoring the normalization of such cases despite the absence of reliable global data. Additionally, the United States requires unembalmed bodies that enter the country to be "shipped in a leak-proof container" (U.S. Department of State, 2023). These transport-driven standards continue to shape postarrival handling, sometimes in ways that reduce flexibility for families and destination-country providers. In our case, the small, family-owned funeral home in Phoenix declined to open the metal transport container because it was beyond their liability or experience, and my family members had to do this unimaginable task instead.

Analysis

The experience of death across borders is increasingly recognized as a profound yet understudied dimension of migration. Recent work in anthropology, sociology, and migration studies — by scholars such as Maddrell (2016, 2020), Balkan (2023), and Ülker (2024) — shows how transnational loss reshapes the ways families grieve, care, and remain connected despite distance. Studies of the repatriation of remains (e.g., Connelly, Chong and Omer 2017) likewise reveal that mourning can become entangled with the paperwork, logistics, and inequalities that structure global mobility. My reflection joins this small but growing conversation by grounding these broader insights in the intimate realities of one family's cross-border bereavement. It interrogates how the death of a child in a foreign country exposes the limits of transnational family protections in the face of organizational power imbalances. It draws specific attention to a grieving family's right to health information, end-of-life decision making, emergency consular services, and the storage and transport of human remains. The analysis interprets these lived experiences as exercises in the power of the state and institutions.

The primary lesson from my experience is how migratory families may be harmed not by cruelty, but by foreign institutional procedures. This hallmark of Foucauldian biopower created conditions in which medical providers withheld vital health information from me that was necessary for my well-informed parenting decisions. When healthcare providers failed to prepare us for our son's imminent death and then proceeded with critical end-of-life decisions without my knowledge or permission, it wasn't a medical oversight: it was an assertion of biopolitical control over my son's body. Biopower functions silently, through forms, rules, and protocols that override the human aspects of transnational death. This can only be truer in "zones of exception" (Agamben 1998) such as refugee centers, detention facilities, and asylum interview rooms — where surveillance, language barriers, and bureaucratic opacity often strip families of agency at their most vulnerable moments.

Traumatic loss is rarely ours to shape, not narratively, not medically, not legally, but even more so for migrants living transnationally. At the juncture of migration and transnational loss, bodies can be rendered not sacred, but instead bureaucratic. There is a postmortem erasure when grieving families do not know where a body is stored, how it is handled, or when it may be laid to rest. The delay, silence, and lack of transparency around my son's death — his death certificate simply states "lesion" as the cause (personal records on file with author) — speak to how those living abroad may not be permitted to mourn or claim a sudden death as their trauma initially. In my experience, the very people tasked with helping citizens in crisis seemed constrained by protocol. Still, such challenges must be immeasurable for bereft families with no benefit of an embassy at all. Our family had the option to even contact a consular system for guidance on evacuation and repatriation, which is not a possible tool for migrants from fragile and low-capacity states. These layered medical, legal, and diplomatic exclusions reveal how cross-border grief is usually unsupported and unacknowledged, leaving migrant families to navigate unimaginable loss in a system designed to manage bodies instead of mourn them.

Conclusion

This auto-ethnographic field dispatch does not offer potential remedies for grieving migrants abroad, but it provides testimony that may help inform the development of such remedies. It is an account of how institutional logics and bureaucratic procedures shaped one family's experience of transnational child loss. My son's passing abroad extended beyond the realm of personal tragedy; it was also an encounter with the structural limits of medical governance, global legal protections, and consular systems for citizens. It demonstrates how even relatively privileged and resource-secure migrant families can be rendered powerless in the face of fragmented international procedures. Still, experiences of bureaucratic trauma may intersect but are not interchangeable across different migration contexts (e.g., voluntary, forced, undocumented, and stateless). When systems designed to assist individuals at their most vulnerable falter so significantly, they expose critical gaps in global support. In those cases, there are essential

questions about the landscape faced by migrants from developing countries, those without legal status, or those navigating multiple intersecting traumas that are so common in forced migration. In this sense, the management of death — its timing, meaning, and material aftermath — must be seen as integral to migration governance.

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References

Agamben, G. 1998. *Homo Sacer: Sovereign Power and Bare Life*. Translated by D. Heller-Roazen. Stanford, CA: Stanford University Press.

Baker, T. D., S. W. Hargarten, and K. S. Guptill. 1992. "The Uncounted Dead: American Civilians Dying Overseas." *Public Health Reports* 107 (2): 155–9.

Balkan, O. 2023. *Dying Abroad: The Political Afterlives of Migration in Europe*. Cambridge, UK: Cambridge University Press.

Connelly, A., C. Chong, and Z. B. Omer. 2017. "Repatriation of Human Remains Following Death in International Travellers." *Journal of Travel Medicine* 24 (2): taw082.

Erogul, M. 2020. "End-of-Life Care in the Emergency Department for the Patient Imminently Dying of a Highly Transmissible Acute Respiratory Infection (Such as COVID-19)." *The American Journal of Emergency Medicine* 38 (7): 1521–6.

Foucault, M. 1978. *The History of Sexuality: Volume 1: An Introduction*. Translated by R. Hurley. New York, NY: Pantheon Books.

International Arrangement Concerning the Conveyance of Corpses. 1937. Signed at Berlin, February 10, 1937. *League of Nations Treaty Series*, 194, 301–309. https://treaties.un.org/doc/Publication/UNTS/LON/Volume%20194/v194.pdf.

Kristeva, J. 1982. *Powers of Horror: An Essay on Abjection*. Translated by L. S. Roudiez. New York, NY: Columbia University Press.

Laqueur, T. W. 2015. *The Work of the Dead: A Cultural History of Mortal Remains*. Princeton, NJ: Princeton University Press.

Lareau, A. 2011. *Unequal Childhoods: Class, Race, and Family Life*. 2nd ed. Berkeley, CA: University of California Press.

Maddrell, A. 2016. "Mapping Grief. A Conceptual Framework for Understanding the Spatial Dimensions of Bereavement, Mourning and Remembrance." *Social & Cultural Geography* 17 (2): 166–88.

———— 2020. "Bereavement, Grief, and Consolation: Emotional-Affective Geographies of Loss During COVID-19." *Dialogues in Human Geography* 10 (2): 107–11.

Mbembe, A. 2019. *Necropolitics*. Translated by S. Corcoran. Durham, NC: Duke University Press.

Ülker, B. 2024. "Taking Care of Others and the Self Through Islamic Funeral Service in Berlin." *International Migration Review* 59 (2): 668–88. doi:10.1177/01979183231218976

U.S. Department of State. 2023. Death of a U.S. Citizen Abroad. https://travel.state.gov/content/travel/en/international-travel/while-abroad/death-abroad1.html.