

Natural deaths in extraordinary times: governing COVID dead in southern Arizona

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Abstract

Research into the governance of dead bodies, primarily focused on post-conflict contexts, has often focused on the aspects of the management of dead bodies that involve routinisation, bureaucratisation and order. Less attention has been paid to the governance of the dead in times of relative peace and, in particular, to the aspects of such work that are less bureaucratised and controlled. This article explores the governance of dead bodies in pandemic times – times which although extraordinary, put stress on ordinary systems in ways that are revealing of power and politics. Observations for this article come from over fifteen years of ethnographic research at a medical examiner's office in Arizona, along with ten focused interviews in 2020 with medico-legal authorities and funeral directors specifically about the COVID-19 pandemic. The author argues that the pandemic revealed the ways in which the deathcare industry in the United States is an unregulated, decentralised and ambiguous space.

Key words: COVID-19 pandemic, forensics, mortuary care, governance

Introduction

The dramatic spike in COVID-19-related deaths in late 2020 and early 2021 in the United States (US) put unprecedented strain on local systems to manage and care for the dead and their families. Although the situation was extraordinary and caused ruptures in rituals and infrastructures, it was largely managed by existing deathcare systems rather than by the special commissions and independent investigations of post-conflict contexts. While violent in its inequity, the pandemic was a peacetime event. For this reason, it was not of concern to traditional state forensics – the main branch of the government that oversees the management of the dead domestically. For medico-legal pathologists, these were natural deaths explained by a disease process internal to the body and were largely outside of their jurisdiction. Yet in many locations throughout the US, as the funerary industry became overwhelmed by the volume of deaths, some medico-legal authorities intervened. Some did not,

and there were reports of funeral homes literally overflowing with the bodies of the COVID-19 dead.¹

Scholars have recently extended the site of analysis of the governance of death from the event of death² to the governance of material human remains and dead bodies.³ The former's emphasis on state power, bureaucratisation and regularisation has largely followed into perspectives on the management of dead bodies. Indeed, in contexts following violence, atrocity and war, the governance of the dead becomes a powerful and meaningful site of governmentality where states reassert dominance through constraining and sanitising memory of the past. However, less attention has been paid to the governance of the dead in ordinary times. My research among medico-legal authorities and funeral directors following the first wave of COVID-19 pandemic-related deaths in one Arizona county reveals a space of ambiguity, decentralisation and even creativity in the absence of federal guidelines. As local funeral homes reached storage capacity, the Pima County Office of the Medical Examiner activated its role as public morgue and provided storage space. What unfolded next was a situation in which there was a blurring of the traditionally distinct roles of the public and the private in the management of dead bodies.⁴ The county medical examiner's office took on some of the duties of storage and care usually associated with the funeral industry, while funeral homes became managers of catastrophic death and were forced to police new boundaries created in the face of COVID-19. The pandemic experience in Tucson, Arizona demonstrates how those working in post-mortem care faced many of the same challenges as those working in medical care. Much in the way that healthcare providers were left with a choice between overworking themselves and abandoning their patients, deathcare providers were offered next to nothing in terms of federal support and guidance and had to come up with solutions on their own.

Methods

Research for this article was part of a larger ongoing study of forensic practices by state and non-state actors in the Arizona-Sonora portion of the US–Mexico borderlands in the context of border-related deaths and disappearances. The larger study has included over fifteen years of participant observation and collaborative work with the Pima County Office of the Medical Examiner (PCOME), located in Tucson, Arizona. Specific research for this article included ten semi-structured interviews, eight of which were with employees of the PCOME, and two of which were with employees of two local funeral homes. Medical Examiner interviewees included the Chief Medical Examiner (interviewed twice), Deputy Chief Medical Examiner, Morgue Supervisor, Administrative Service Manager, Forensic Anthropologist/Emergency Preparedness Coordinator, Chief Medicolegal Death Investigator, as well as the Indigent Interment Program Coordinator, housed at the Medical Examiner's Office. Interviewees from funeral homes included the general manager of one funeral home and the funeral director of another. Unfortunately, out of six funeral homes contacted for this research, only two responded and provided consent for interviews. All interviews took place between May and July of 2021.

Interview questions focused on procedures changed during the surge in deaths due to COVID-19 in late 2020 and early 2021; the specific procedures for storing, tracking and moving bodies; resources or support available to the local deathcare industry at the time; the impact on staff and operations; and finally, the ways in which the response to the continued crisis of border deaths informed the pandemic response. The research was institutional review board approved and all interviewees gave informed consent prior to participating in interviews. In the interest of crediting expertise, the consent forms provided a choice to be named and credited with one's contributions or to remain anonymous. Accordingly, some interviewees are named and some remain anonymous. Audio recordings were transcribed, and transcripts were coded for themes using MaxQDA. I share the following observations with deep humility, having not been in the position of having to respond to grieving families during the peak of the pandemic. I attribute gaps in my analysis especially to the fact that I did not speak to those most directly impacted: the families and friends of those who died.

Governing the dead

Drawing on scholarship concerned with the governance of death and the dead body, this article is concerned with the following question: What did the winter 2020–21 spike in COVID-19 deaths reveal about the everyday governance of dead bodies in the US? Following Michel Foucault's interpretation of biopower (the power of life) as constitutive of sovereignty,⁵ scholars of necropolitics have explored the governance of both death and the dead body. Initially focused on state power over the event of and circumstances surrounding death,⁶ recent theorisations have addressed the necropolitical governance of the material remains of dead bodies.⁷ While noting a distinction between public and private deaths, this scholarship in general takes the perspective that death is 'overseen, shaped, bureaucratised and ordered'.⁸ Most of the literature about necropolitics and necrogovernmentality⁹ has been concerned with post-conflict zones and states of exception¹⁰ where states are engaged in high-stakes disputes about the past. Yet dead bodies still have politics¹¹ outside of these contexts. Rather than always being highly controlled, ordered and bureaucratised, I argue that the everyday post-mortem care and governance of dead bodies in the US, including of those who have died violent deaths, allows state practitioners a large degree of flexibility, local specificity and discretionary power.

To be clear, families of the dead are not afforded this same degree of freedom and flexibility, and accounts by next of kin of being excluded and disenfranchised after the death of a loved one are numerous.¹² Families often experience the most intense forms of state intrusion shortly after a death, when a death certificate is filed and the dead person becomes data to be part of a biopolitical portrait of a population.¹³ Based on this intense moment of state intrusion, many would assume that what follows after the body is taken from the family is a similarly ordered, predetermined and bureaucratised process. Instead, what I have observed in my research in a medical examiner's office over the past fifteen years is a grey area between what is legally required and what are considered to be scientific best practices that allows for

great variation in how the dead are managed. An example of this ambiguous space from the border context is the fact that in the state of Arizona one medico-legal jurisdiction employs three forensic anthropologists who conduct thorough examinations of each set of skeletal remains found in the desert (including sampling for DNA), while another jurisdiction determines skeletal remains to be 'unidentifiable' and allows cremation before anthropological examination. An example from the COVID-19 pandemic that will be discussed below is that there was ambiguity in Arizona about which government emergency office had the duty to administer and oversee care for the dead during the pandemic, with one county's medical examiner overseeing mass fatality storage at that facility and another relying upon the county's emergency management office, which stored the dead in basement beneath a parking structure.

Each of the examples above involves practices and procedures which are legal. Legal mandates regarding care of the dead in the US are minimal.¹⁴ State forensic authorities have a significant amount of power to choose how to manage the dead, resulting not only in random and locally specific variations in medico-legal practice, but also in variations in the investment of time and effort to care for the dead that reflect the socio-political position occupied by those dead in life. In other words, where a medico-legal authority decides to operate along the spectrum between minimal legal obligation and exceptional care¹⁵ reveals something about the social value of the particular dead bodies in question. Of course, the law is not the only site in which governance over the dead is determined, and forensic authorities are also members of social worlds with rules and norms governing how the dead are to be treated. As scholars such as Denyer Willis et al. have demonstrated, 'death is overseen, shaped, bureaucratised and ordered, whether or not by the governance of a state'.¹⁶ And, in 'all political and moral communities,' writes Finn Stepputat, 'practices, discourses and institutions have developed that prescribe and guide how dead bodies should be taken care of'.¹⁷ However, a distinction is usually drawn between a public realm and a private realm enacting these prescriptions.¹⁸ Lindsay Prior's distinction between the two exemplifies the approach of many: the first is described as 'a realm which is organised by the state and its agents and agencies'¹⁹ and the second as 'not as tightly organised as the public one and at first sight it may seem to offer a boundless opportunity for the bereaved and those who surround them to express their emotions in forms untrammelled by cumbersome rules and regulations'.²⁰ What I have observed is that, while families may be constrained by 'cumbersome rules and regulations', those deputised by the state to govern the dead are not. The minimal laws governing medico-legal practice in the US create spaces of ambiguity that allow individual forensic authorities a large degree of discretion in how to care for (or not care for) the dead.

The COVID-19 pandemic, with its extraordinary volume of deaths and dead bodies, put pressure on existing systems and infrastructures in ways that revealed additional ambiguous spaces in the governance of dead bodies. State authority over dead bodies in the US is usually represented by the medico-legal institutions of the coroner and medical examiner.²¹ However, as forensic science is concerned with criminal law and official certification of death, existing forensic systems could not

meaningfully engage with the pandemic dead. As ‘natural deaths’, these dead evaded the gaze of this arm of state surveillance and were seen as matter out of place within these systems. Simultaneously, as a public health emergency and mass fatality event, COVID deaths surpassed the private sector’s capacity to care for and manage individual, private deaths. Funeral directors were thrown into a much more public role than usual, as they became social managers of catastrophic death with very little support from the state. What resulted was a context where individual practitioners at both forensic offices and funeral homes were faced with a choice between voluntarily working above and beyond their capacity, or watching the dead and their families be abandoned.

This possibility of abandonment, or letting the dead die a second death due to uncare,²² mirrors the abandonment of the living who contracted COVID-19 in the US. The federal government’s botched, inconsistent and at times non-existent governance of COVID-19 medical care in 2020 and 2021 meant that thousands of people were allowed to die, especially those from socially marginalised populations.²³ At work was the biopolitical logic of “making live and letting die,”²⁴ whereby members of certain populations are allowed to die in the name of the health or security of the nation-state. The impact of COVID-19 on socially marginalised communities played out in southern Arizona much as it did in other regions, with disproportionate numbers of deaths and hospitalisations among Hispanic, Native American and Black communities.²⁵ The only reason that the bodies of the dead were not abandoned and left uncared for was due to the actions of individual funeral directors and forensic authorities. To illustrate this, I begin with a brief overview of the medico-legal response to COVID-19 deaths in Pima County, Arizona, before discussing in turn the role of the medical examiner’s office and that of the funerary industry.

COVID-19 deaths in Pima County, Arizona

The PCOME is located in Tucson, Arizona, which is about 113 miles from the state capital, Phoenix, and about sixty-six miles from the international border with Mexico (Figure 1). This otherwise unremarkable county medical examiner’s office has become somewhat internationally famous, due to its work to identify the remains of those who have died while crossing the US–Mexico border into Arizona. Although the focus of this article is not on this aspect of medico-legal work in southern Arizona, it is important to understand how the response of forensic practitioners to mass death in the borderlands informed their approach to the mass fatality event of the COVID-19 pandemic.

In the early 2000s, following a shift in federal border enforcement strategy that pushed migrants to take deadly routes through the Sonoran Desert, the office saw a dramatic increase in cases of human remains found in desert areas. Unfortunately, what was initially thought to be an aberrancy became a trend, and between the years 2000 and 2020 the office investigated 3,356 cases of ‘Undocumented Border Crossers’, in the language of the office.²⁶ The volume and complexity of these cases (highly decomposed or skeletal, unidentified, with families scattered throughout the Americas) along with the commitment of office leadership to do everything in



Figure 1 PCOME jurisdiction and counties covered. Courtesy of Dr Gregory L. Hess, Pima County Office of the Medical Examiner.

their power to identify the unknown dead compelled the county office to transform. New procedures and checklists were developed, databases created and relationships forged with foreign consulates, local and international non-governmental organisations (NGOs) and federal forensic programmes, all in ways that were unusual for a county medical examiner's office.²⁷

With the COVID-19 pandemic, the year 2020 brought another crisis of death, but one which impacted on the office in distinct ways. In a published supplement to the PCOME Annual Report for 2020, Chief Medical Examiner Dr Gregory Hess explained that 2020 saw an overall increase in deaths from all causes reported to the office, although the total proportion of that increase that can be categorised as secondary to the virus is unknown.²⁸ Normally, the PCOME certifies an average of 20 per cent of all deaths in Pima County, which include the deaths of non-residents

who die from various causes while in the county. From 2017 to 2019, the average number of deaths from all causes reported to the office annually was 2,846. In 2020, the office saw a 38 per cent increase, with 3,920 deaths reported from all causes, representing 29 per cent of total mortality for Pima County. This increase is explained by COVID-related deaths (and storage cases) as well as by increases in both overdose deaths and border deaths.²⁹

Although the office directly certified about 120 deaths due to COVID-19, the main way that the COVID-19 pandemic impacted on the PCOME was through ‘jurisdiction declined’ cases, where the office was not involved in certification but, rather, only in storage.³⁰ Beginning in July of 2020 and ending in April 2021, the PCOME offered cold storage spaces to the deathcare industry in Tucson, culminating in a total of 446 remains stored at the PCOME on behalf of twenty-five different funeral homes or hospitals.³¹ The peak was in January of 2021, when the office was storing 243 ‘COVID-MF’ (‘COVID Mass Fatality’) bodies in addition to its regular cases, adding up to a peak census of 375–400 remains in storage at one time. In a January letter to the Pima County Board of Supervisors Administrator, Chief Medical Examiner Dr Gregory Hess explained that the office had stored forty-nine decedents on behalf of funeral homes in the four-month period from 13 July to 23 December 2020, and 221 in the two-week period from 25 December 2020 to 11 January 2021 (Interview, PCOME, June 2021). ‘We have quite simply become overwhelmed,’ Hess states, and requests county emergency authorisation to purchase two refrigerated trucks and a lift, and to hire four additional staff (Interview, PCOME, June 2021).

The PCOME and mass fatality coordination

In addition to serving as the county’s Forensic Science Center, the PCOME also has an administrative role of ‘mass fatality coordination’ in emergencies or disasters. A mass fatality event as defined by the Chief Medical Examiner is ‘any event that overwhelms the system’s ability to deal with human remains’ (Interview, PCOME, June 2021). ‘This system,’ Dr Hess clarified, ‘is not just necessarily the medical examiner’s office but is the deathcare industry at large’ (Interview, PCOME, June 2021). Although the PCOME does have a role in such circumstances, there are also other county government offices with leadership roles in mass-fatality events and emergencies, leaving the responsibility for governing the dead in such times somewhat ambiguous. What played out in late 2020 and early 2021 in Pima County with peak fatalities due to the pandemic was not clear, organised and routinised governance of the dead but, rather, the emergence of a system that was decentralised, locally specific and innovative. While it is beyond the scope of this article to examine other systems to manage excess death during the COVID-19 pandemic, it is safe to assume that there were many variations in governance systems throughout the US.

Interviewees from the PCOME describe much of 2020 as an experience of waiting and watching, predicting that funeral homes would become overwhelmed, but not knowing exactly when that would happen. Acting proactively, the Chief Medical Examiner did two things early on: (1) offered morgue space to local funeral homes, and (2) worked with county administrators and the Arizona Board of Funeral

Robin C. Reineke

Directors to change a law banning cremations at night, in the hope that this would allow crematoria to operate up to 24 hours per day. Although the PCOME offered storage space as early as July 2020, it was not until late November of that year that funeral homes used this service on a large scale: 'I would say it really started to get crazy after the Thanksgiving holiday. We were having storage issues' (Interview, PCOME, June 2021). Because of the border deaths issue, the PCOME already had extra storage in the form of one refrigerated semi-truck and one pull-behind mobile morgue. As these overflow spaces began to fill in late November, the PCOME's Emergency Preparedness Coordinator (Dr Vogelsberg, who also serves as one of three forensic anthropologists at the office) began to search for additional refrigerated semi-trucks, while the Chief wrote to the county board of Supervisors for emergency funding authorisation. Trucks were obtained and overflow from funeral homes was effectively managed, but not without both frustration and creativity, as will be discussed below.

PCOME interviewees agreed that the role of facilitating storage for the funeral home industry was within their purview as county morgue. As Administrative Service Manager Christopher Smith explained,

Because even if we said, "Hey we can't take any more," then what? Because they, the funeral homes and hospitals, they don't have anywhere to put them either. So as the acting Medical Examiner, that's our responsibility. (Interview, PCOME, June 2021)

Similarly, as the Deputy Chief Medical Examiner Dr Eric Peters explained, 'We kind of have a dual function of being the morgue for the county – so therefore the body storage for the county – as well as the medical examiner's office' (Interview, PCOME, June 2021). As much as there was clarity around the public responsibility of the PCOME to support the deathcare industry through the provision of storage space during a mass fatality event, there was also a good degree of distancing the office from the responsibility for managing these particular deaths. As the Chief Medical Examiner said, most COVID deaths 'don't have anything to do with us as a medical examiner's office' (Interview, PCOME, June 2021). Dr Hess also explained,

Our role is different depending on the type of fatality, so if it's like a plane crash, we're certifying all of those because they're all accidents or whatever so we have to certify them so it is obviously definitely full on our problem. A viral pandemic is not. (Interview, PCOME, June 2021)

Early on in the pandemic, a lot of the work of PCOME staff was educating the community on which deaths needed to come to the office and which should not. The Chief chuckled as he described the process,

People would call us and say, 'Hey we had this death due to COVID,' and we'd say, 'That's great, go ahead and certify it,' right, so those are deaths reported to us that we're not taking jurisdiction of because they're natural deaths and they know why they

died. And so they may have reported it to us but we didn't certify them. (Interview, PCOME, June 2021)

Similar statements made by PCOME staff included:

We were doing a good job of keeping COVID-19 cases out of our office ... because they weren't technically our cases. (Interview, PCOME, June 2021)

There's no reason for our office to be involved in that because it doesn't fit the jurisdiction of the medical examiner. (Interview, PCOME, June 2021)

You had to put people where you can to make sure there's room for new cases of actual ME [medical examiner] cases. (Interview, PCOME, June 2021)

Indeed, COVID-19 deaths were not technically under the jurisdiction of the medical examiner. However, in addition to clarifying that role, these statements also point to the fact that even the governance and administration of these dead was somewhat above and beyond the traditional role of the medical examiner's office. Even serving as the county's mass fatality coordinator was not unambiguously the role of the PCOME. Although the PCOME does have an employee with the title of 'Emergency Preparedness Coordinator', this position was authorised and approved only in 2019, and the employee's duties under this title were scheduled to begin only in the summer of 2020. The position was created both to support the county in case of an emergency and to support the ongoing staffing needs for forensic anthropologists to examine and identify the border dead (Interview, PCOME, June 2021). Furthermore, the PCOME is just one of many county offices with some kind of emergency or disaster preparedness designation.

It gets confusing when you get into this emergency management realm. So there's the Office of Emergency Management, there's an Emergency Management Coordinator at the Public Health Department, we have our own Mass Fatality Coordinator ... (Interview, PCOME, June 2021)

The Mass Fatality Coordinator, Dr Vogelsberg, also discussed joining calls with the Arizona Board of Funeral Directors and Embalmers, the Arizona State Department of Health and a private NGO, Coyote Crisis Collaborative, which, according to its annual report for 2020, completed 'administration and coordination of the state task force on fatality management, generating multiple guidance documents for the state.'³² There was ambiguity about which county or state agency had the responsibility to serve in an administrative role for the problem of excess dead during the COVID-19 pandemic. The PCOME stepped up in ways that were not required by law. As the Chief explained,

Okay, because we're not certifying a lot of those and so they don't have to come here and we stepped in with a remains management concept even if we weren't certifying the deaths. And so theoretically it's not really our problem, in terms of a certification

problem. And we could have potentially leaned more on Emergency Management than do something, if we wanted to. (Interview, PCOME, June 2021)

Some medical examiners in the state of Arizona did in fact lean on other government agencies rather than assume a leadership role in the governance of the pandemic dead: ‘Maricopa County had an overflow cold storage thing in the basement of some parking structure that wasn’t even being managed by the medical examiner’s office, it was being managed by the Office of Emergency Management’ (Interview, PCOME, June 2021). The PCOME volunteered for the role of managing excess dead in the county, ‘rather than trying to push that problem back on the community by telling hospitals they need to activate their own plans and go find a reefer truck and park people out there’ (Interview, PCOME, June 2021). It would also have been an option for the PCOME to take on an even more prominent role in the administration of the dead than they did. As Dr Vogelsberg described, ‘For a while we were like, you know, “Are we going to like take jurisdiction over every death and just sort through them?” And we like, thought of doing that for a while, at the beginning. Luckily we didn’t do [that]’ (Interview, PCOME, June 2021).

Without clarity around responsibilities for managing the dead, there was frustration and confusion, as well as innovation and creativity. Dr Vogelsberg described an endless schedule of conference calls with state and county task forces where on-the-fly attempts to centralise and govern unfolded while people were actively trying to manage the emergent situation.

Everybody wanted to make all these like state-wide things and we’re like, ‘Every county is different.’ It felt just like a lot of buzzwords and, you know, making plans, and we’re like, ‘Well who’s gonna read these plans? We’re all here, we’re the ones who need to know. Who are these for?’ (Interview, PCOME, 2021)

When Dr Vogelsberg needed assistance finding refrigerated semi-trucks, the various task forces were not helpful, referring her back to the master plan or encouraging her to follow the traditional (and very slow) bureaucratic county procurement process. It was at that point that she gave up. She laughed, remembering the frustration: “Okay you guys aren’t helpful, like I’m, I’m stuck. I’m not talking to you anymore. I’m avoiding your calls.” She tried to reach out to a neighbouring county who had shared on one of the calls that they had found a refrigerated truck. “Where did you buy this truck? What did you do?” And even they were a little elusive, like, “Well I think you need to talk to your emergency person ...” and I’m like, “I’m not trying to steal your truck!” Like, what is this? Why are we all not talking? Eventually she and Dr Hess used Google to find a couple of trucks being sold down the road.

The actual storage of the bodies inside the morgue and refrigerated trucks also included creativity and ambiguity. Chief Medicolegal Death Investigator, Gene Hernandez, described coming into the office on a Saturday with his son to set up dozens of hospital beds that had been in storage as part of an unused mass disaster kit. ‘Just so we didn’t have to put people on the ground. We don’t want to put folks on the ground, we just gotta ... you just can’t do it’ (Interview, PCOME, June

2021). Despite this reluctance to place bodies on the ground, as the deaths increased PCOME staff found it difficult to move through the space with bodies up on tables and racks. Morgue Supervisor Lindsay Hairston described modifying how the dead were stored:

We decided not to do a rack system in the second and third trailer because we found that lifting bodies over was not only putting us at risk but then putting us in the potential that we could drop this person too, and we actually found out that it didn't make that much more space, we actually have more space, keeping them on the floor of the trailer versus doing a rack system. (Interview, PCOME, July 2021)

What is significant about these stories is that PCOME staff were not operating according to bureaucratic protocol but, rather, practices grounded in care, both for the dead and for the health and well-being of staff. As the Chief Medicolegal Death Investigator's story indicates, even their own families volunteered to be a part of work to care for the dead.

The decision making and creativity around the management of excess dead at the PCOME operated on a more individual and private level (though no less social) than what might be expected of a public medical examiner's office. From the Chief making decisions about exactly what role the PCOME would play during the pandemic to Dr Vogelsberg finding trucks on Google, from the Chief Investigator bringing his son to set up tables for the morgue to the Morgue Supervisor deciding that one could still show respect for the dead and place them on the ground, the governance of the dead during COVID was not ordered, bureaucratic and routinised but, rather, somewhat improvised, creative and grounded in care rather than law. The leadership of the PCOME and the willingness of staff to go above and beyond the minimum obligations of care as established by the law is consistent with their work in the border context where the office stands out among border jurisdictions for providing exceptional care.³³ Likely due to the particular ethical orientations of individual forensic experts at this office when border deaths started to increase in southern Arizona, the provision of equal care for all dead, including those most marginalised and criminalised, became normal over twenty years ago. However, even with this leadership role on the part of the PCOME, the private funerary industry in Tucson reeled under the unanticipated responsibility to manage the dead during a pandemic with almost no other state support.

The private governance of a public health emergency

The decentralised and unscripted governmental response to excess death during the peak of the COVID-19 pandemic relates to the fact that, to a large degree, the management and care of human remains in the US is done by the private funeral and mortuary industry. Once a death is certified and a death certificate completed, whether by a physician or a forensic authority, the body is then sent to the funeral home of the family's choice. Because the pandemic dead were largely certified by hospital physicians, the vast majority of the dead went straight to funeral homes with

no stop at a medical examiner's office. However, this sector of the deathcare industry in Tucson received very little, if any, government support beyond what was offered by the PCOME. This lack of support likely relates both to the fact that funeral homes are private businesses and to the long history whereby the work of those who care for the dead is hidden and stigmatised. From a lack of support for storing and caring for the dead to staffing shortages and their place in line for vaccines, the funeral industry representatives I spoke with felt completely abandoned by the state.

There are about twenty-five funeral homes in Tucson, most of which are owned by corporations such as Service Corporation International and North Star Memorial Group. I was able to interview only two members of the local funerary industry: the general manager of an independently owned and operated mortuary, and the funeral director of a subsidiary mortuary owned by a corporation. Both funeral homes saw about a 30 per cent increase in cases in 2020 when compared to the previous two years. For both, the dramatic increase in cases began during the summer and continued through the spring of 2021. April Seybert, the general manager of the locally owned business, recalled, 'We ran out of capacity, and we stayed that way from probably October maybe November through probably February, could have been into March. And it was a nightmare' (Interview, funeral home, June 2021). Some funeral homes were so overwhelmed that they were booking cremations four to six weeks out. Because of this long delay and the impact of time on human remains, many could not guarantee open-casket services. In addition to new cases, these funeral homes were also responsible for those who had prearranged contracts. As cases increased and put pressure on capacity, there was tremendous stress and anxiety among staff. They worried that those with prearranged contracts would be turned away for lack of space, felt emotionally exhausted by the volume of work with those experiencing unexpected loss and experienced stress around enforcing COVID-19 restrictions at funerals.

Interviewees expressed frustration and hurt that they were not provided adequate support to manage the high volume of decedents during the winter of 2020–21. The funeral director explained that although they 'didn't have anything through a government source' (Interview, funeral home, July 2021), they did get authorisation from the parent company to retain staff during the first shutdown and provide overtime during the peak. The general manager of the other funeral home interviewed for this research was frustrated at the lack of help she received from the Arizona Board of Funeral Directors and Embalmers: 'I reached out to the state board, and I didn't get any help' (Interview, funeral home, June 2021). She continued,

I reached out to the board and I said, 'Whose responsibility is this to help us I mean, are you going to bring in refrigerated trucks as the funeral board? Do I call FEMA? What do I do?' and I was told, 'Well, that's your responsibility, you'll have to get a truck.' Well, if you ever try to rent a refrigerated truck for a mortuary you can't, because no one's going to use it after that. You have to buy it. We're an independent firm, how are we going to buy a refrigerated truck? So if it hadn't been for the medical examiner's office ... we were on the cusp of having to turn families away because we couldn't take anymore' (Interview, funeral home, June 2021).

Minutes from a January 2021 board meeting of the Arizona Board of Funeral Directors and Embalmers state:

[The] Board Executive Director is working closely with both state and county emergency partners. Licensed funeral establishments should not be reaching out to FEMA asking for refrigeration. Many locations are adding additional storage. If you cannot store a decedent appropriately, you should not be taking the call. We are in the middle of a fatality surge that has not previously been experienced in recent times. Air quality in Maricopa and Pima County granted waivers for crematories to extend hours of cremation beyond their normal hours and yet in many cases this is not being utilized. Board staff is sending out surveys to funeral establishments in an effort to stay informed on the needs and difficulties being experienced.³⁴

The Board minutes are clear that funeral homes in the state were expected to solve mortuary storage issues on their own. This meant that larger corporations were better able to handle the surge than smaller, independently owned businesses. The minutes also encourage funeral homes to decline cases rather than seek out additional storage. Although these are for-profit businesses that are not obligated to take on clientele, it was clear in my interviews that the staff felt a duty to respond, nearly expressing horror at the idea of turning someone away:

If it wasn't for the medical examiner, I mean, I don't know what we would have done. Yeah, we would have just had to shut the doors until we cleared out some space, you know what I mean. And that's a shame because, especially people that were prearranged with us, because you can do prearrangements and lock in prices with us. So we are kind of like contracted and obligated to take care of your funeral. When we don't have space for you ... thank God that didn't happen. (Interview, funeral home, June 2021)

Although the ability to cremate at night was helpful in theory, a shortage of staff meant that many funeral homes couldn't take advantage of the lifted restrictions:

Well what's hard with our business is, and not taking away from any other field at all, but I can't just walk down the street and pass out a card looking for an embalmer. There are very few licensed embalmers and funeral directors and it's not like you can just bring in, you know, temps. When I called the State Board, I got an e-mail back that told me that I needed to hire more people and that I could hire temporary workers. You can't just run a Craigslist ad for that, like that's not the answer. I don't need help answering the phones I need help storing, and I need help embalming and cremating and it's not like you just drag somebody in and go, 'Here's the retort, fire it up.' You can't make somebody ... you can't do that. (Interview, funeral home, June 2021)

Social anxieties about working with the dead, along with stigmatisation of death-care workers, made it more difficult for the funerary industry to quickly hire surge staff the way that other sectors could. The situation was stressful, and interviewees

Robin C. Reineke

expressed sympathy for businesses experiencing storage or staffing failures that were reported in the press. About leaking trucks in New York: ‘That stuff could happen here’ (Interview, funeral home, June 2021), and, ‘Yeah, and they tried their best and it’s not their fault, you know they got hit hard’ (Interview, funeral home, July 2021).

In addition to receiving very little support from any state entity other than the PCOME, funerary workers also expressed frustration and hurt that they were not recognised as essential workers nor prioritised for the vaccine. In the original vaccine protocol for the state of Arizona, ‘We were below truck drivers’ (Interview, funeral home, June 2021). After some calls to the Pima County Board of Supervisors and some social media campaigning, they were moved up in priority to 1A and were able to get the vaccine relatively early. But the feeling of being invisible and unrecognised remained:

I mean, we’re guaranteed that we’re working with these people. So, as a personal note, I mean I’m kind of still frustrated that we’re not considered up there with first responders. I mean, God forbid any tragedy ever happens, funeral directors are going to be assisting and helping. (Interview, funeral home, July 2021)

I think that was one of all the funeral directors’ biggest frustrations is that, there was this attitude like, ‘You’re there for us, and we’ll call you when we need you.’ You know, just being shoved to the side a little bit. (Interview, funeral home, July 2021)

On top of managing surplus deaths due to COVID-19, funerary workers also had to enforce pandemic restrictions at funerals. The restrictions included a ban against social gatherings of over ten people as well as a mask mandate. These restrictions meant that funerary workers had to serve in a new capacity as enforcers of regulations simultaneous to their traditional role of providing funerary care, two roles which felt in opposition to one another:

For funerals and such, not to be able to provide a family what they really wanted. Possibly not giving them what they actually needed for closure, that was truly the biggest challenge because we want to help. That’s what we’re here for. We’re not doing it ... you’re not going to get rich from funeral service. I mean it’s there to truly to help people and you feel that you’re stuck in saying, ‘Sorry we can only have ten people here,’ and having a family have to pick which ten are going to come. (Interview, funeral home, July 2021)

This funeral director also expressed confusion and grief at having to persuade the next of kin of someone who had died from COVID-19 that they had to wear a mask at the funeral. ‘It’s like ... your loved one just passed from this ... why would, why would you do this?’ (Interview, funeral home, July 2021). Mitigating risk from a pandemic involves constructing barriers between people. Whether through social distancing practices, masks or capacity limitations, pandemic safety measures involved distance, separation and barriers. These practices run counter to what those in the deathcare industry seek to do, which is to provide a space of social

connection and intimacy. Those I interviewed felt conflicted and unsure if the care they were able to provide would be enough to provide the family with what they needed for healing. The funeral director explained empathetically how hard it was to have to keep people separate from one another, from the care providers and from the dead themselves:

The families that had someone pass away from COVID, not being able to reach out to them and them not being able to touch their loved one like they normally would, you know, things that you've come to expect in funeral service. Seeing families miss that part of it ... I think they'll grow past that, but just ... there's a certain intimacy in funeral service and 2020 kind of sterilised a lot of that, and took away a lot of that. We couldn't be as close to them, we weren't giving hugs to families as they leave. And they're more reluctant to hug each other or touch the body and it's just ... it goes against what we've been trained for throughout our lives and what we've become accustomed to. (Interview, funeral home, July 2021)

Funerary workers both became the managers of catastrophic death in the community and were forced to police temporary legislation designed mitigate the risk of spreading COVID-19 in spaces of grief and mourning. Although pushed into this more public role, this sector of the deathcare community was largely not supported or recognised for its work. As April Seybert explained, 'Our local people had to step up and do something extraordinary, with very little support. That's why I pointed out that we're last responders, instead of first responders we're the last responders' (Interview, funeral home, June 2021). These 'last responders' absorbed the impact of a deathcare system in the US not designed to support care for the dead as persons, much as investigation of the dead as evidence. This came at a cost to their personal health and well-being:

But you just think about those times and it's like, oh my God I, I don't know how we got through it, honestly. We're still alive, you know, no heart attacks or strokes. But I got put on a third high blood pressure medicine during that time, and came down with shingles. I wasn't even fifty years old. So it affected all of us. I mean physically and mentally and the impact of stress is serious. (Interview, funeral home, June 2021)

Conclusion

The COVID-19 pandemic put unprecedented strain on systems in southern Arizona to manage and care for the dead and their families. The reaction of the local deathcare industry discussed in this article reveals ambiguity around which authority is in charge when it comes to surplus death, as well as some degree of ungovernance of the dead. A viral pandemic reveals a gap in the care of dead bodies in the US: when there is a mass fatality event where questions of criminal law are not of concern to traditional state forensics, societal obligations to care for the dead fall on the shoulders of individual deathcare providers. While individuals and institutions in Tucson, Arizona stepped up in remarkable ways, this came at personal

cost to them, and is far from guaranteed. For future events, the possibility that some dead are abandoned to a state of uncare is very high. The biopolitical patterns of the deaths themselves, where certain parts of society are made to live and some allowed to die, will be reflected among the dead, with some provided care and some abandoned to a state of uncare and neglect.

Notes

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