

# WEBINAR PROCEEDINGS

## COVID-19 AND ISLAMIC BURIALS: SAFEGUARDING THE DIGNITY OF THE DEAD

JUNE 17, 2020 • 10:00 AM–12:00 NN







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# Contents

Introduction	1
Opening Remarks	3
Mr. Boris Michel <i>Head of Delegation,     International Committee of the Red Cross</i>	3
Professor Teresa S. Encarnacion Tadem, Ph.D. <i>Executive Director, University of the Philippines     Center for Integrative and Development Studies</i>	5
Hon. Ahod B. Ebrahim Al Haj <i>Chief Minister,     Bangsamoro Autonomous Region in Muslim Mindanao</i>	7
Lectures and Presentations	9
<i>Safe Handling of Mortal Remains of COVID-19 Victims:     Forensic Science</i>	9
Dr. Alexandra Frances Starkie <i>Forensic Specialist, International Committee of the Red Cross</i>	
<i>Islamic Burials in Times of Pandemic</i>	15
Professor Abdulhadi T. Daguit <i>Commissioner for Ulama, Bangsamoro Autonomous     Region in Muslim Mindanao and Senior Lecturer,     UP Institute of Islamic Studies</i>	

<i>Practical Challenges and Recommendations on Muslim Dead Body Management: Experience from Zamboanga City</i>	18
<b>Sheikh Mahir Gustaham</b> <i>Member, Darul Ifta' Region IX Palawan, President, Mahir Foundation, and Global Affairs Consultant, International Committee of the Red Cross</i>	
<b>Statement</b>	21
<b>Dr. Abdullah B. Dumama, Jr., CESO III</b> <i>Undersecretary of Health, Field Implementation and Coordination Team (Visayas and Mindanao), Department of Health</i>	
<b>Question and Answer Portion</b>	23
<b>Synthesis and Action Points</b>	29
<b>Dr. Zul Qarneyn Abas</b> <i>Deputy Director, Ministry of Health, Bangsamoro Autonomous Region in Muslim Mindanao</i>	29
<b>Associate Professor Macrina Adjerol-Morados</b> <i>Dean, UP Institute of Islamic Studies and Convenor, UP CIDS Islamic Studies Program</i>	30
<b>Mr. Boris Kelecevic</b> <i>Deputy Head of Delegation, International Committee of the Red Cross</i>	31
<b>Webinar Photos</b>	33



# Introduction

This is a documentation of the webinar titled “COVID-19 and Islamic Burials: Safeguarding the Dignity of the Dead,” which was held last June 17, 2020, from 10:00 AM to 12:00 NN via the teleconferencing platform Zoom. The webinar was organized by the Islamic Studies Program (ISP) of the University of the Philippines Center for Integrative and Development Studies (UP CIDS), in partnership with the Bangsamoro Autonomous Region of Muslim Mindanao (BARMM) and the International Committee of the Red Cross (ICRC).

The webinar aims to discuss the challenge of having to adapt protocols and procedures for the management of the dead in the context of the COVID-19 pandemic while, at the same time, ensuring their dignity and respect through established rites and rituals in Islam and Islamic law. The participants in this webinar included high-level policymakers from the National Commission on Muslim Filipinos (NCMF), the BARMM Ministry of Health, BARMM provincial representatives, young Moro professionals, and *ulamas* working directly on the management of dead.

Assistant Professor Darwin J. Absari of the UP Institute of Islamic Studies (UP IIS) served as the webinar’s moderator and facilitator. Dr. Cheery D. Orozco of the UP CIDS ISP and Ms. Camille Lucille A. Bello of the UP IIS served as documenters of the webinar.







# Opening Remarks

**Mr. Boris Michel**

Head of Delegation

International Committee of the Red Cross

Mr. Boris Michel acknowledged distinguished guests and partners and welcomed the participants of the webinar. Mr. Michel also expressed how honored they were to co-organize the webinar together with the Bangsamoro Autonomous Region in Muslim Mindanao (BARMM) and the University of the Philippines Center for Integrative and Development Studies (UP CIDS). As the current Head of Delegation of the International Committee of the Red Cross (ICRC), Mr. Michel described ICRC's mission and international mandate as "a neutral and impartial humanitarian organization actively working in armed conflict areas in over 90 countries for over 150 years now. ICRC's international mandate was derived from the Geneva Convention's universally ratified set of rules that aim to reduce the suffering during armed conflict and other situations of violence... [T]he Geneva Convention...gave ICRC the mission to protect and to assist people affected by conflict and to promote international humanitarian law." Moreover, Mr. Michel elaborated that the "ICRC has been in the Philippines since World War II and for the last several decades had been focused in addressing consequences of internal conflicts and assisting authorities to improve conditions of detention in overcrowded jails and prisons. Specifically, ICRC conducts activities in coordination with national and local authorities, maintaining proximity with the affected communities, and engaging with many local and international actors with bearing on humanitarian situation. This includes training and promotion

of humanitarian principles and norms, with state and importantly non-state actors but also with the academia, religious leaders, health practitioners, and the civil society.”

With the emergence of COVID-19 in the Philippines, Mr. Michel also elaborated that the ICRC’s programs are set to support national authorities, health care facilities, and places of detention, together with the Philippine Red Cross, as they respond to the pandemic. According to him, ICRC focuses on populations most at risk from the spread of the virus, such as detainees, displaced and vulnerable people in conflict-affected areas of Mindanao, and also importantly, the frontline responders. At the national level, the ICRC engages in close coordination with relevant national bodies, local authorities, and the World Health Organization (WHO) to ensure that guidelines on policies on COVID-19 response take into consideration the situation in places of detention. Additionally, Mr. Michel narrated that ICRC stayed in contact with people in conflict-affected areas and engaged with various political parties to remind them of their obligations to the international humanitarian law particularly those provisions that are most relevant to the COVID-19 situation. Moreover, ICRC also provides material support, training, and expert advice to support the work of key health facilities, the Philippine Red Cross, and medico-legal departments.

Mr. Michel also shared that in many parts of the world, ICRC engages with religious leaders on universal principles of humanity which are common to international humanitarian law and many religious traditions. According to him, in the Asia-Pacific region, the ICRC regularly interacts with Christian, Muslim, Buddhist, Hindu, and other religious leaders and experts. Given that many people die in natural disasters and conflicts, ICRC often focuses on dignified management of human remains, such as providing training and technical support to religious leaders and health authorities. One of the prevalent challenges today, he further explained, is the issue of Muslim burials amid the COVID-19 pandemic, citing some questions such as how BARMM authorities can ensure that health and other protocols are in place to prevent the spread of the virus. How can the *ulama* (religious scholars) ensure the conduct of prescribed religious burial rituals? How can they ensure safety and

dignity of management of human remains in line with humanitarian law and forensic science? According to Mr. Michel, it is through the converging perspectives of the ICRC and its partners, which share a common obligation and aspiration to uphold the dignity of the dead and of the surviving family members despite many challenges and constraints imposed by the COVID-19 pandemic, which made the webinar possible. Mr. Michel hoped that through the webinar, ICRC, together with its partners, may bring clarity and provide practical recommendations for addressing gaps presented by the complexity of the COVID-19 response. Mr. Michel concluded by thanking the co-organizers from the UP Institute of Islamic Studies and BARMM and hoped to continue working together to achieve the common goal of safeguarding the dignity of the dead during COVID-19 and beyond.

**Professor Teresa S. Encarnacion Tadem, Ph.D.**

Executive Director

University of the Philippines

Center for Integrative and Development Studies

Dr. Teresa S. Encarnacion Tadem welcomed the participants in the webinar and acknowledged the distinguished guests. As the Executive Director of the UP Center for Integrative and Development Studies (UP CIDS), Dr. Encarnacion Tadem stated that the webinar is one of the 2020 activities of the Center. She then narrated the Center's brief history as the policy research unit of the UP System. Founded in 1985 by then UP President Edgardo J. Angara, the UP CIDS harnesses various perspectives, methodologies, and ideologies in its conduct of basic and policy-oriented research. She emphasized that under the mandate of the University, the Center aims to contribute to national development through knowledge creation and public service. Its channels to fulfill this mandate include lectures, forums, workshops, and roundtable discussions, and—as ushered by the “new normal”—webinars. It also publishes discussion papers, policy briefs, monographs, and the Philippine Journal of Public Policy (PJPP).

Dr. Encarnacion Tadem also elaborated the twelve programs of the UP CIDS and how these programs help communities in the time

of the COVID-19 pandemic. The Education Research Program (ERP), which focuses on governance and has been helping the Department of Education (DepEd) come up with modules for the K-12 Program, while the Program on Higher Education Research and Policy Reform (HERPR) provides policy advice to the Commission on Higher Education (CHED) and has been looking on the facilitation of online learning in higher education institutions. The Assessment, Curriculum, and Technology Research Program (ACTRP) focuses on DepEd's assessment and curriculum reviews, while the Program on Data Science for Public Policy (DSPP) is part of the University's pandemic response team. The Program on Escaping the Middle-income Trap: Chains for Change (EMIT C4C) is working closely with the Department of Trade and Industry (DTI) with regards to agricultural and trade concerns. The Program on Alternative Development (AltDev) is currently mapping out the state of grassroots communities in Southeast Asia amid the COVID-19 pandemic, while the Political Economy Program (PEP) focuses on industries affected by the pandemic, such as manufacturing and the services industry. The Program on Health Systems Development (PHSD) is engaged in community-based health systems and is now at the forefront of the COVID-19 response of the Philippine General Hospital (PGH) and in field sites located in a number of provinces. The Islamic Studies Program (ISP) and the Program on Social and Political Change (PSPC) are currently doing researches on responses of government institutions to the pandemic, while the Strategic Studies Program (SSP) examines foreign policy in the time of COVID-19. The Decolonial Studies Program (DSP) looks into decolonial approaches and responses to the pandemic. Apart from the twelve programs, Dr. Encarnacion Tadem further highlighted the Local-Regional Studies Network, which includes UP Baguio's Cordillera Studies Center (CSC), which is assessing at the impact of the pandemic on the environment in the Cordillera, and UP Cebu's Central Visayas Studies Center (CVSC), which is looking into sustainable tourism.

Dr. Encarnacion Tadem emphasized that the Islamic Studies Program of the UP CIDS seeks to take the lead in advancing Islam towards nation-building and to encourage deeper appreciation of Islam and Muslim Filipinos. According to Dr. Encarnacion Tadem,

the webinar is most timely given the numerous deaths associated with COVID-19. She expressed that she fully understands the pressing need to interrogate the issues and concerns of managing dead bodies of COVID-19 victims vis-à-vis tradition. Dr. Encarnacion Tadem concluded her message by acknowledging the participation of the distinguished webinar partners and participants from the ICRC, the BARMM Ministry of Health, young Moro professionals, and the ulama to discuss both the forensic and Islamic points of view in the management of the dead in the context of COVID-19. She ended by saying, “I have no doubt that there will be an indeed interesting and relevant dialogue on this which will input in policies on this matter.”

### **Hon. Ahod B. Ebrahim Al Haj**

Chief Minister

Bangsamoro Autonomous Region in Muslim Mindanao

On behalf of Hon. Ahod “Al Haj Murad” Balawang Ebrahim, Bangsamoro Autonomous Region in Muslim Mindanao (BARMM) Cabinet Secretary Mohammad Asnin Pendatu read his opening message. According to Hon. Ebrahim, the ongoing battle with the COVID-19 pandemic has moved governments from around the world to craft mechanisms to address issues on health, as well as socioeconomic concerns, such as blended learning strategies and adapting the “new normal.” At the same time, he emphasized that for Islamic communities, religious practices remain not just a concern, but a priority. He further stated “while we grapple with the unseen enemy, we must be firm in maintaining practices sensitive to our faith.”

Hon. Ebrahim further highlighted that one prime issue involves Islamic burials for deaths associated with COVID-19. According to him, it is important to reach out to religious scholars to educate them on how burials are done in the context of the pandemic to preserve the dignity of the dead as humans and as Muslims. He also elaborated that the Bangsamoro government, through its Regional *Darul Ifta’* (Decree Council) has started providing ways to explain the conduct of the Islamic burial. He also acknowledged that this particular concern

will be a continuing and evolving conversation based on Islam, medicine, and actual experiences of people working on the ground.

Hon. Ebrahim concluded by stating that the webinar manifests the desire of the BARMM and its partners to mainstream and continue the conversation on COVID-19 and Islamic burials. The BARMM Chief Minister ended by saying, “I pray that this joint effort be of benefit to our community. We are always grateful to serve our people with your respective institutions.”



# Lectures and Presentations

## ***Safe Handling of Mortal Remains of COVID-19 Victims: Forensic Science***

**Dr. Alexander Frances Starkie**

Forensic Specialist

International Committee of the Red Cross

Dr. Alexander Frances Starkie acknowledged the participants and distinguished guests, and extended her gratitude for the invitation to share her expertise in the safe handling of mortal remains of the victims of COVID-19 from the field of forensic science, and with reference to the strategic programs of the Forensic Unit of the International Committee of the Red Cross (ICRC). She proceeded to present a brief introduction to the ICRC forensic unit, the general principles in the management of the dead, the unique responses needed in this time of COVID-19 pandemic, and some recommendations and resources used.

“The ICRC Forensic Unit,” Dr. Starkie explained

serve as a reference worldwide in the application of forensic science, promoting humanitarian principles, ethics, and laws to the needs of the victims and the surviving families; providing advice, support, training, and access to conferences for local authorities, forensic practitioners, first responders, and all of those involved in all aspects of management of the dead including searching for, recovery, analysis, identification, and general management of large number of deceased persons in crisis.

She also briefly described what are the key elements that make up the management of the dead and who the key players are in it. “Management of the dead in a dignified manner is well covered in numerous domestic, cultural, religious, and international laws (particularly international humanitarian law and international human rights law),” she further espoused. When the ICRC refers to management of the dead, it is referencing the process of managing the dead outside normal circumstances, securing the identification of the deceased with proper investigation, and fully informing families of the process that must be undertaken to the body, including a proper and documented final rite. She also identified key individuals, officers, and partners who play crucial roles in the management of the dead in the Philippines, since an efficient system for planning for, mitigating against, and responding to mass casualty incidents coordinated at the national level is in place as a result of the various unfortunate situations the country has experienced through natural disasters.

According to Dr. Starkie, as an immediate response to the COVID-19 pandemic, the ICRC established protocols and procedures identifying the key priorities for the management of the dead. These included the health and safety of the staff involved, the dignity of and respect for the dead and their families, affirming the various cultural and religious practices (as long as the additional safeguard to prevent further spread of the virus is in place), and ensuring that any medico-legal death investigations are unimpeded by the COVID-19 pandemic. She further explained the practicality of these priorities for the management of the dead. By health and safety, she noted that it is essential to understand how the virus behaves, how hazardous it is to one’s health, and how it can survive for a period post-mortem. Thus, she highlighted the need to implement standard safety procedures, such as: (1) limiting the interaction with the deceased, both in the number of individuals handling the body and the movement of the body, (2) using the appropriate personal protective equipment (PPE), and (3) training in the proper donning (the process of putting on) and doffing (the process of removing) of these items. These safety procedures would significantly reduce the risk of infection in handling the deceased, though it is considered to be equivalent to or slightly less than the risk for the medical staff treating living patients.



Dr. Starkie explained that showing dignity of and respect for the dead also meant adhering to the standards and expectations to domestic and international laws. She enumerated some measures as follows: (1) there should not be any unnecessary delays in the collection or recovery of the deceased, (2) each individual must still be awarded the care and attention that they would expect in other circumstances, (3) the extra pressures that COVID-19 involves must not lose or mix up the identity of the individual with another person, (4) the reason for the death should be investigated if necessary, (5) the whereabouts of the individual must be fully and properly documented throughout the process, and (6) families must be ensured that the individual does not become a missing person or an unclaimed or unidentified individual. She affirmed that the affected families and their wider communities are treated with the same respect as they would be if it were any other death in the community since there should be no stigma attached to the occurrence of COVID-19 within any community.

Dr. Starkie also noted that despite the beliefs that every country, culture, religion, family, and individual has for their deceased loved ones, it would be wise to acknowledge that funerary customs need to be adjusted this time of a pandemic. She provided a basic guideline for the protection of the families of the deceased, as follows: (1) grieving individuals in communities require assistance and support from community and religious leaders and academics, (2) they must be provided with information necessary for them to understand why certain practices may no longer be possible, or may need to be adjusted for their own safety, (3) the families of the deceased must still feel empowered by including them in the decision making as much as possible with whatever choices remain or can still be offered to them, and (4) the families must be assured that although they may not be able to partake in important rituals and ceremonies, professionals and religious leaders can certainly do so on their behalf. The key, according to Dr. Starkie, is establishing trust through transparency and honesty, by engaging the families in the discussions about what can and what cannot be practiced, who will be present, and what will be said.

Dr. Starkie then outlined some key recommendations on the management of the dead during the COVID-19 pandemic. First is to ensure that only individuals trained in handling the dead in relation to COVID-19 can conduct these activities. As a technical recommendation, she affirmed the Department of Health (DOH) guidelines, which dictate that burial or cremation must occur within 12 hours of death, there must be a limited handling and movement of the dead, and that the body be placed within an infection-controlled body bag or double-layered regular body bags to provide an extra barrier between the infection risk and the handler. Furthermore, the body has to contain the name and status of the individual which should be clearly legible on the label of the body bag. It must be ensured that the body bag is completely disinfected for the safety of the next individual who will come into contact with it. Finally, the body handlers must don the appropriate PPEs: a long-sleeved gown to protect skin and clothing, shoe covers—or alternatively washable rubber boots, a surgical mask (ICRC would recommend an N95 respirator), goggles or face shield to protect the face from splashes, and gloves. The handlers must also practice the proper donning (dressing), doffing (removal), and disposal of these items.

As further recommendations Dr. Starkie highlighted the importance of personal preparedness, responsibility, and adaptability for one's personal health and safety. According to her,

Sharing of proper information and facts is one of the strongest tools we have available to us. It is important that we make ourselves aware and confident in the various government guidelines that have been issued not only nationally but internationally. This is a global pandemic and many countries are learning the same lessons that we are. As specialist in our own respective fields, we have responsibility to engage in discussions together such as through this webinar and with lawmakers to highlight any considerations we would feel will benefit the communities and families that we are serving.

Dr. Starkie also provided significant recommendations from the Islamic law and jurisprudence with the help of a colleague, Dr. Ahmed Aldawoody. Dr. Aldawoody is known for detailing in various publications how burial rites can be adapted to ensure that practitioners and scholars remain safe during the COVID-19 pandemic. Dr. Starkie presented the key points of Dr. Aldawoody's recommendations, which include (1) the need to train the body handlers in the use of PPE, (2) that *ghusl* (full body ritual purification) may still be permitted dependent upon the various local government units (LGUs) and hospital guidelines, locally, (3) that *tayammum* (dry ritual purification using a purified sand or dust) may be performed if *ghusl* is not permitted, (4) that in these situations, it is important to avoid direct contact with the body or body fluids, and (5) that the Department of the Interior and Local Government (DILG) and the Department of Health in Manila enforce that no hygienic preparation of any human remains is permitted, including the trimming of nails, hair, shaving, and the incurrence of embalming.

As further highlighted in the recommendations of Dr. Aldawoody, *kafan* (shroud) may be performed "before the body is placed within a body bag. Thereafter, it is important to ensure that body bag where the body is contained within is leak proof, body sealed, properly labeled, and the outer surface is fully disinfected. However, when performing religious rites, if the body is already contained within a body bag upon arrival, international specialist and domestic legislation recommend that the body not be removed from the body bag. Instead, *kafan* may be performed to the outer surface of the disinfected body bag and...PPE [can] be properly employed and disposed of thereafter by the body handlers." On the other hand, the performance of *al-janazah* (the funeral prayer) may take place at the grave side with a minimum of two (2) Muslims present, both wearing appropriate PPE while observing social distancing. As for the grave, it is internationally accepted to be at least 1.5-meter deep and not within the 25-meter radius of any residential area, with the water table in the area more than two meters below the surface to ensure that no body fluids enter the hole of the table. Dr. Starkie also mentioned how the Philippine Sanitation Code (PSC) already dictates that "exhumation for those who died or supposed to have died

of communicable diseases may not be exhumed within five (5) years. Again, international best practice dictates that graves must be marked indelibly with identification information. Equally, a cemetery map should be created and updated with every burial. Families should still be permitted to visit the grave once it is safely filled and they observe regular and relevant protocols, such as social distancing and wearing of PPE.”

Dr. Starkie provided some resources that international bodies, such as the ICRC and other academic institutions, have produced, which can serve as relevant references in this unprecedented time of pandemic. These included information posters containing basic information on the management of the dead designed for communities and affected families, training sessions for first responders who are responsible for collecting and transporting the bodies of those who have and may have died of COVID-19, posters and various articles from the World Health Organization (WHO) presenting disease control to medico-legal professionals who examine and investigate the deceased. In addition, it provides information and support to government institutions and advisory boards to ensure best practice is maintained nationwide. Dr. Starkie highlighted two key documents produced by the ICRC, such as, a general guideline document for the management of the dead issued by the ICRC Forensic Unit and a joint collaboration between the ICRC Forensic Unit and the ICRC Water and Sanitation Unit (WatHab) containing detailed information for setting up management and maintenance of cemeteries in times of unprecedented loss of life. She also shared other resources which would be made available to participants of the webinar as online resources. They are as follows: (1) the Pan-American Health Organization (PAHO) and WHO joint issuance of “Dead Body Management in the Context of Novel Coronavirus,” issued on March 18, 2020, (2) the ICRC Forensic Unit’s “COVID-19 General Guidance for the Management of the Dead,” (3) the WHO issuance on “Infection Prevention and Control for the Safe Management of the Dead Body in the Context of COVID-19,” issued on March 24, 2020, and (4) the ICRC Forensic and WatHab Unit issuance on “Protection, Dignity, and Respect for the Deceased Individual in Relation to COVID-19.”

In conclusion, Dr. Starkie challenged the participants to be vigilant while remaining flexible to adapt to the new normal of this unprecedented public health crisis. While the risks are clear, she also urged communities to remain calm by properly implementing these simple steps in mitigating health risks and remaining safe, while getting involved in providing awareness to contain COVID-19. She also emphasized that, “preparation and prevention are our strongest tools and if properly applied in caring for the dead, we are also caring for the living by helping them grieve, come in terms of their loss, and proceed with their lives by accessing the legal and administrative services that they require.”

## ***Islamic Burials in Times of Pandemic***

**Ustadz Abdulhadi T. Daguit**

Commissioner for Ulama, Bangsamoro Autonomous Region in Muslim Mindanao and Senior Lecturer, UP Institute of Islamic Studies

Ustadz Abdulhadi T. Daguit acknowledged the distinguished guests and welcomed the participants of the webinar. Ustadz Daguit highlighted the issues concerning the ritual washing of the dead body (*ghusl*), shrouding (*kafan*), funeral prayer (*salat al-janazah*), collective burials obligation (*fard kifayah*), and cremation. He also provided some recommendations before concluding his presentation.

“In Islam, human dignity is a right given by Allah to all human beings who are His vicegerents on earth,” with this, Ustadz Daguit established the basic foundation to understanding the rights to dignity and respect of every human from the time he/she is conceived until after his/her death, handling his/her remains properly whether in times of peace, war, epidemics, disasters, or other catastrophes. He emphasized that in Islamic tradition, the burial ceremony is a collective obligation (*fard kifayah*) consisting of ritual washing of the dead body (*ghusl*), shrouding the body with pieces of cloth (*kafan*), and funeral prayer (*salat al-janazah*). The handling of the Muslim cadaver, according to him, must be guided by these two considerations established by Muslim jurists and Islamic authorities.

The first of these is the basic consideration of protecting the lives of the body handlers and the community. For the “protection of life is the first of the five ultimate objectives of the Islamic law and therefore overrides any other Islamic obligations.” The second consideration is that of attributing respect to the dignity of the dead and the emotions of their loved ones as much as practically possible, particularly in extraordinary situations like armed conflicts, pandemics, or disasters.

Since the medical knowledge and scientific evidence related to the COVID-19 pandemic and its implications to Islamic legal practices are still limited, Ustadz Daguit identified some guiding principles on performing these core Islamic burial laws: *ghusl*, *kafan*, and *salat al-janazah*. In the ritual washing (*ghusl*) of the COVID-19 victim’s body, a strong consideration is given to the necessary protective measures as follows, “Forensic guidance includes wearing a complete personal protective equipment (PPE)—including gloves, gown, a waterproof apron, face shield, goggles, and a mask—as well as avoiding direct contact with blood or bodily fluids, making sure that wounds are covered with waterproof bandages, and avoiding contact with the face and mouth, as well as food, drink, or eating and drinking utensils.” If this ritual, which includes “scrubbing the body of the deceased person, could lead to infection,” he further explained that pouring or spraying water on the body is sufficient, otherwise, dry purification (*tayammum*) or even burial without both *ghusl* and *tayammum* can be done. In performing the shrouding of the dead body (*kafan*), he emphasized the need to highly consider the risk to infection and the options of shrouding from outside the body bag or that of a single shroud covering the whole body in extremely challenging situations. Finally, the funeral prayer (*salat al-janazah*) can be done at the grave site after the burial of the dead by a minimum of two individuals within a period of 24 hours after death. Otherwise, he emphasized that absentee funeral prayer (*salat al-ghaib*) can be performed on COVID-19 victims in open spaces or cemeteries, since mosques (*masajid*) are closed. He then established that these practices were upheld by the Islamic opinion (*fatwa*) of the Regional *Darul Ifta’* of the Bangsamoro Autonomous Region in Muslim Mindanao (RDI-BARMM), the Zamboanga Peninsula and Palawan *Darul Ifta’*, the Supreme Ulama Council of Basilan, and other local and international

Islamic organizations. Similarly, the DOH, DILG, and National Commission on Muslim Filipinos (NCMF) have issued varying fatwa and guidelines regarding the issue.

Ustadz Daguit also presented some considerations for exceptions relevant to the COVID-19 pandemic provided by the Islamic law, such as that for the collective graves and cremation. Muslim jurists agreed that “in case of necessity such as armed conflicts or disasters, collective graves are permitted” provided the male and female bodies are separated even by a barrier of dust. In other cases, the “practice of burying the dead in separate graves based on religious identity is still observed in some Muslim-majority countries. But burying the dead in the ground is the (only) correct way, therefore, cremation is prohibited because it is considered a violation of the dignity of the human body.” Thus, cremating COVID-19 victims’ bodies among Muslim communities remains a concern among non-Muslim majority countries like the Philippines.

Ustadz Daguit submitted some recommendations to both Muslim and non-Muslim participants. He upheld that (1) the treatment of the dead in various traditions must be sustained; (2) the open posture in seeking guidance from and working with the Islamic scholars, and religious and community leaders be maintained; and (3) the implementation of the necessary responses made by the wider Muslim community must consider, first and foremost, comfort and reassurance to the whole community while respecting basic health and safety concerns. He concluded that while the Islamic burial laws and instructions are considerably and continuously shaped by available medical evidence and forensic guidelines, they demonstrate adaptability to the reality of handling the remains of those who died from COVID-19. Thus, he noted that it is realistic to follow the authorities’ medical and forensic instructions while also respecting the Islamic burial laws.

## ***Practical Challenges and Recommendations on Muslim Dead Body Management: Experience from Zamboanga City***

**Sheikh Mahir Gustaham**

Member, *Darul Ifta'* Region IX Palawan, President, Mahir Foundation, and Global Affairs Consultant, International Committee of the Red Cross

Sheikh Mahir Gustaham presented a case study in handling a dead body in Zamboanga City, highlighting the practical challenges and pertinent recommendations within that context.

Sheikh Mahir established that prior to handling Muslim cadavers during a global pandemic, he and his team of eight religious and community leaders in the city went through rigorous trainings on the proper donning, doffing, and use of PPE and other means of protecting themselves as they handle the cadavers of suspected and COVID-19 positive victims. The trainings were done through the ICRC and in Dr. Hussain Sanijuan's Zamboanga City Health office. Sheikh Mahir also emphasized how the team strictly enforced the guidelines provided in the trainings, which included checking of remains, performing the dry purification (*tayammum*), shrouding (*kafan*), funeral prayer (*salat at janazah*), lowering of the dead body in the grave, marking the grave, and related hygiene protocols. He further explained that the excellent chain of command is the other critical factor in the case study, so that if someone passes away, any health care facility in the city connects with the City Health Office of Zamboanga City. The City Health Office then connects with his team. They proceed to gather information related to the dead body from the City Health Office, connect with the family, and go to the burial site. There, his team administers the donning and doffing of PPEs and enforces the guidelines in protecting the handlers of the dead body all throughout the burial rituals and process.

Sheikh Mahir then discussed how the new burial process looks like in their context at this time of pandemic. Since the ritual of washing the dead body (*ghusl*) is not allowed, he emphasized what were permissible in the process instead. These included the performance of dry purification (*tayammum*) on the body bags instead



of the dead body and at times on the first layer of the white cloth. The shrouding (*kafan*) in three layers is also done outside the body bag. Then the funeral prayer (*salat al-janazah*) is performed in the health care facility and in an open space within or near the cemeteries. The body is then lowered in the grave by his team of handlers. If any family member would like to join the team in the funeral prayer and the lowering of the body in the grave, at least one of them is allowed, provided that they wear the proper PPEs and other needed materials. There were many times, too, that the team of handlers would provide even the white clothes for shrouding, or the plank of wood to mark the grave. They consider this sensitivity to the practice of helping one another part of the new normal as they themselves were also recipients of the kindness of others.

As the team covers the grave, the religious and community leaders and handlers of the cadaver retreat to a designated area to go through the process of decontamination and final hygiene protocols. As Sheikh Mahir discussed, the handlers and the vehicle used to transport the body are decontaminated, among others. He also mentioned the importance of marking the graves with the deceased person's name, date of birth, and date of death written on a piece of wood for the family's need to properly identify the deceased person. As in the case of Zamboanga, he cited how a philanthropist donated a piece of land as a dedicated grave site to suspected or positive COVID-19 victims and how having a dedicated grave site helped the families of the deceased persons follow the protocol.

Finally, Sheikh Mahir posed some practical challenges and recommendations gathered from the communities they served. The challenges he mentioned include the critical need for Muslim funeral services and burial sites, lack of proper communication and coordination between the health care facilities and the funeral teams, some cultural beliefs and traditions which are detrimental to the safety of family members, and lack of resources, including training and manpower. Thus, Sheikh Mahir recommends the following: (1) for BARMM to consider establishing a Muslim funeral team in each of its cities and municipalities, mandated to be in-charge of emergency situations of pandemic proportions; (2) in an event of a crisis like this pandemic, where ignorance and misinformation breed

fear and alienation, which includes communities closing their burial sites, BARMM should be able to identify alternative burial sites; (3) for BARMM to provide an open line of communication and proper coordination between health care facilities and the funeral teams to easily facilitate the burial process and avoid unnecessary delays and confusions; (4) the concerned authorities must conduct information dissemination and communication relating to safety measures in handling a cadaver of COVID-19 victims, emphasizing both the sufficiency of performing dry purification (*tayammum*) in times of a pandemic while affirming the burial ceremony as a collective obligation (*fard kifayah*); (5) for BARMM local government units (LGUs) to facilitate the provisions of medical supplies, transportation, training, and manpower to the funeral teams in each city and municipality; (6) to identify key religious leaders and scholars, those in the Ulama Council and the *Darul Ifta'* of BARMM to volunteer, train, and be part of teams for Muslim dead body management; and (7) to have at least one medical officer or health personnel and one sanitary inspector as part of the funeral team.

In the case of Zamboanga City, Sheikh Mahir affirmed the excellent coordination and communication among its key stakeholders, that despite being a big team of medical doctors (which includes a group of Muslim medical doctors), they are able to work alongside Muslim religious leaders and scholars, allowing the latter to fulfill their mandate.



# Statement

**Usec. Abdullah B. Dumama, Jr., CESO III**

Undersecretary of Health

Field Implementation and Coordination Team (Visayas and Mindanao)

Usec. Abdullah B. Dumama congratulated all the speakers for their very impressive presentations, especially how Sheikh Mahir presented various protocols of burials. As far as resources, such as personal protective equipment (PPE) and cadaver bags, are concerned, Usec. Dumama informed Sheikh Mahir that the Department of Health Zamboanga Peninsula Regional Office in Zamboanga City can provide their team with additional resources. According to him, the DOH ensured that these resources will be provided to the needs of the BASULTA (Basilan, Sulu, and Tawi-Tawi) areas.

Usec. Dumama further elaborated that as far as training and manpower, specifically donning and doffing of PPEs, is concerned, he suggested that the DOH in Zamboanga Peninsula Regional Office provide trainings for the Muslim Dead Body Management Team headed by Sheikh Mahir. He also suggested that the Regional Office can provide one medical officer and sanitation inspector in case the Local Government Unit cannot provide one. Usec. Dumama expressed his support to the team by saying that they will do their best to provide the necessary things that the team needs.





## Question and Answer Portion

Assistant Professor Darwin J. Absari, moderator of the webinar, facilitated the question and answer (Q&A) portion by instructing the participants to type their questions in the chat box of Zoom. Below were the questions raised and the responses from the speakers:

- (1) How can we increase the number of Management of the Dead and Missing (MDM) trained people at this time of pandemic, while the roll-out of MDM trainings in the locality (e.g., LGUs, responders, etc.) before the pandemic was quite slow?

Dr. Starkie responded that increasing the number of MDM is indeed a real challenge which is further complicated by the limitations of travel and gathering. She added this makes proper training all the more complicated. Hence, she emphasized that ICRC is producing guideline materials both in paper and digital forms, and, in partnership with the Professional Regulation Commission (PRC) is also investigating the potential to provide video- or web-based training. Dr. Starkie also expressed that participants are free to contact her so they can discuss specific challenges and consider custom-made solutions.

- (2) As of today, is there any confirmed case of living person contracting the disease from the dead body of confirmed COVID-19 case?

According to Dr. Starkie, to date, there have been no confirmed cases reported of a living person contracting the virus from a

dead body. However, she added, there was one reported case in Thailand, but after further investigation the claim was retracted. It is therefore considered that while there is a risk involved, proper use of protective measures and PPE are very effective.

- (3) With the proper use of PPEs for body handler, can we perform *ghusl* on the dead body?

According to Dr. Starkie, scientifically speaking, the proper use of PPE provides adequate protection, when combined with refraining from touching the body directly or coming in contact with body fluids. Therefore, an adapted method of “sprinkling” or “spraying” the body instead of scrubbing would be strongly advised.

- (4) Do we have cases for COVID-19 that Muslim bodies were cremated? Or did the DOH, DILG, and NCMF deal with this right away, given that the first victims of COVID-19 deaths were Muslims from the National Capital Region (NCR)?

According to Ustadz Daguit, he has not heard of a cremated Muslim body, because the practice is prohibited in Islam. He explained that the COVID-19 deaths in NCR were buried in the cemeteries located in Montalban, Rizal and Norzagaray, Bulacan.

- (5) I understand that Islam uses white shrouds to cover the deceased. However, is it acceptable to use “black” cadaver bags for known Islam deceased?

According to Ustadz Daguit, the black cadaver bag is not the *kafan*. He further explained a white cloth should be placed outside of it to wrap the cadaver bag.

- (6) How true is it that the COVID-19 positive cases now in Lanao del Sur (after the *Balik Probinsya* or Back to the Province Program by the government) were caused by results of rapid

testing, which is known to be unreliable and providing false positive test results?

According to Usec. Dumama, he has not heard of the rising cases in Lanao Del Sur, but he can confirm that locally stranded individuals (LSIs) have indeed undergone rapid testing. However, he emphasized that rapid testing should not be a standalone test, citing that in the example of Davao City, Mayor Sarah Duterte has already normalized avoiding rapid tests for diagnostic purposes. He further explained that rapid testing can only be done if one has already recovered or completed the 14- to 21-day quarantine. According to him, rapid testing becomes useful if it is validated and accredited by the Food and Drug Administration (FDA), and is used to determine whether antibody count has already risen, or if the body has defended the immune system adequately.

- (7) Is there an effort in non-BARMM communities, especially in the NCR, with regards to COVID-19 Muslim victims' burial?

Regarding the issue on the COVID-19 dead victims in the NCR, Ustadz Daguit noted that efforts are concentrated in providing the proper burial rites at the cemeteries in Montalban, Rizal and Norzagaray, Bulacan. It is because these were the allocated areas for burial rites, since Barangay Maharlika refused to accept deceased COVID-19 victims, except if they are from the said area. Incidentally, Barangay Maharlika does not have any known case of deaths caused by COVID-19 just yet. Thus, he relayed that what NCMF did was organize a task force that works with the government agencies, such as DILG and DOH, to bring all suspected COVID-19 Muslims deaths to Montalban and Norzagaray.

Additionally, Usec. Dumama highlighted that NCMF has contributed considerably to the Inter-Agency Task Force (IATF) for the Management of Emerging Infectious Diseases in terms of policy and guidelines. He further explained how NCMF has

been contributing to Muslim burial protocols, policies, and guidelines. He added that NCMF has been part of the IATF when they were able to provide accurate and timely procedures and opinions, particularly in handling patients who died inside or outside a facility.

- (8) Is there any case of family members forcefully taking the remains of their loved ones who were suspected COVID-19 victims from health authority or hospitals in Mindanao? This happened in some areas in Indonesia and the trend is increasing at the moment.

According to Usec. Dumama, there is no such case since he started handling the hospital operations in Visayas and Mindanao. He further explained that he has not read of anything like that and cannot recall of any community or family members who forcibly took the remains of their loved ones.

Sheikh Mahir added that there was no such incident yet. What they experienced was a suspected COVID-19 death where the family wanted to handle the burial but was refused and advised to wait for the swab result. He added that they had to adjust the time of the burial as they waited for the result of the test. According to him, there were two incidents when they had to wait for the test results, which came out negative. It is only then that the family was allowed to bring the remains of their loved ones and facilitate the burial. Sheikh Mahir emphasized the importance and benefits of having available swab tests in their city. Otherwise, issues might arise. He shared another incident in Basilan which became viral on social media. The suspected victim was assumed to have fallen from a mango tree, but the doctors refused to release the body unless a swab test was conducted. It took some time to have the test as there were no locally-based test kits available that time. Sheik Mahir highlighted that the issue is not about the hospital refusing to give the body to the family, but to have the body tested first and have the results right after.



- (9) As your team handles the bodies of those who tested positive to COVID-19 in Zamboanga, may I know if you had undergone any swab or rapid tests as frontliners yourselves?

According to Sheikh Mahir, they have not yet undergone swab or rapid tests but their team follow proper handling of COVID-19 dead bodies in Zamboanga City. However, they are willing to have their team tested.

Having heard this, Usec. Dumama responded and asked how many members of the team should be tested. According to Sheikh Mahir, they are eight but only five are working in Zamboanga. With this, Usec. Dumama offered to ask the DOH Region 9 to do RT-PCR tests for Sheikh Mahir's team since they are considered frontliners.

Additionally, Mr. Boris Mitchell emphasized that from the ICRC perspective, his ICRC colleagues, frontliners who have been working in prisons or who have been potentially exposed to COVID-19 have been tested. He explained that it is also one way to show that you can be frontliners and operate safely. However, Mr. Mitchell explained that it was difficult to test those in Mindanao, as test centers are not that available, though he knows it is already improving. Thus, he expressed his gratitude to Usec. Dumama for offering to Sheikh Mahir and his colleagues the possibility to be tested to make sure that everybody is safe and also to reassure the others who may have doubts that the ICRC can operate safely.

- (10) Sheikh Mahir hinted at reluctance of some people to be involved in management of the deceased positive or suspected COVID-19 victims, have you noted stigmatization towards the health workers and other responders?

Usec. Dumama answered that it is a common occurrence everywhere, specifically in the hospitals where there were positive cases. He cited how they have been receiving reports

from cases in Davao City where the nurses assigned in the isolation wards and the intensive care units (ICUs) in Southern Philippines Medical Center (SPMC) and other government hospitals were forcibly thrown out of their boarding houses. Because of this, Usec. Dumama shared that they provided the frontliners with proper documentation, rented out housing facilities for them, or sent them to hotels, all paid by the government agency working with them. However, the situation is already improving, because DOH is doing risk communication, which is a very good tool to soften the stigma on health workers. He also shared how this stigma affects them at the DOH, how people seemed reluctant to approach them and those who directly interact with COVID-19 patients in SPMC, among others.



# Synthesis and Action Points

**Dr. Zul Qarneyn Abas**

Deputy Minister of Health

Bangsamoro Autonomous Region in Muslim Mindanao

Dr. Zul Qarneyn Abas started by affirming the presentations as excellent, clear, and insightful in terms of providing guidelines in the proper handling of the Muslim remains, particularly those who died due to COVID-19. He then presented his proposed action points.

Muslim religious leaders (MRLs) and *Darul Ifta'* should review the current practices of handling the remains of the deceased and provide comprehensive guidelines and procedures as needed through a religious decree (*fatwa*). He emphasized the need to uphold minimal physical contact with the remains of the deceased throughout the burial rituals as described in the case presentation made by Sheikh Mahir Gustaham.

In terms of disseminating the current guidelines and fatwa on the proper handling of the remains of the deceased, Dr. Abas called on the MRLs, Darul Ifta', and other agencies such as the NCMF, DILG, DOH, and Ministry of Health (MOH) BARMM to include all the mosques (*masjid*) and MRLs in the country, particularly in BARMM, in the contact list.

In terms of capacity building in the provinces, Dr. Abas called on the wider Muslim community leadership to get ready for a surge of COVID-19 cases and victims. He proposed for an institutionalization of an agency that will take charge of handling the remains of the deceased, and in training the MRLs and health professionals at the LGUs about proper management of the remains of the deceased. He also proposed that the guidelines and procedures presented in the

webinar be emphasized in these recommended trainings, particularly the procedures for inspection, prevention, and control of transmission of COVID-19 from the remains of the deceased to their handlers.

Finally, Dr. Abas urged the pertinent government institutions and international partners of BARMM for resources in handling the remains of the deceased. He mentioned how agencies like the DOH and MOH can help provide PPEs, alcohols, masks, other essential needs, and most importantly for dedicated ambulances and other vehicles for the transportation of the remains.

### **Associate Professor Macrina Adjero-Morados**

Dean, UP Institute of Islamic Studies and

Convenor, UP CIDS Islamic Studies Program

Dean Macrina Adjero-Morados affirmed the relevance and timeliness of the webinar's goal, which is to provide policy recommendations relative to the growing need to disseminate the right information and educate people at this time of a global pandemic. She then proposed the following action points coming out of those needs.

Firstly, Dean Morados proposed setting up a hotline connecting Muslim families who need assistance in handling the remains of deceased loved ones to pertinent agencies, such as NCMF and DOH. She noted how crucial this is within the Islamic context since the remains of the deceased victims need to go through the burial ritual in less than 24 hours. On the other hand, though the DILG and DOH are able to establish these guidelines beforehand, there is still a need to reinforce information dissemination procedures between the working agencies and the communities they serve.

Dean Morados also emphasized proper response to the typical misunderstanding of the concept of predestination (*qadr*) in this time of pandemic. She observed this common response among many Muslims, "If Allah wills it, you will be afflicted; and you cannot do anything about it." Thus, she urged the Muslim religious leaders (MLRs) to provide basic training on the prevention and control of COVID-19 transmission within the communities. The training

component, she noted, can be reinforced by providing reading materials to every household in the community in partnership with agencies, such as the ICRC, which have efficient and available materials.

Another practical action point that Dean Morados proposed to the MLRs was on the sustenance of relief assistance, particularly to daily wage dependent Muslim households in the city. She observed that this would urge more people to stay at home during the quarantine period. “While we give importance in respecting the dignity of the dead, we must also do something to help uplift the dignity of our Muslim brothers and sisters while they are alive,” she concluded.

### **Mr. Boris Kelecevic**

Deputy Head of Delegation

International Committee of the Red Cross

Mr. Boris Kelecevic shared his thoughts and affirmation on the webinar after discussing with Dean Adjerol-Morados, in particular how they were burdened by the need to discuss and clarify issues, and how the webinar proceeded with a good turnout and interesting discussion.

In terms of safeguarding the dignity of the dead from the perspectives of forensic science, Islam, and community implementation, Mr. Kelecevic believed that the goal of the webinar was achieved. Moving forward, he urged the partner organizations to continue to work with ICRC as they commit to provide guidance, support, technical advice, and training that would help ease the work in the community level. More importantly, he promoted their key offices in Manila and Mindanao, which could work alongside partner organizations and community leaders in terms of guidance and support.

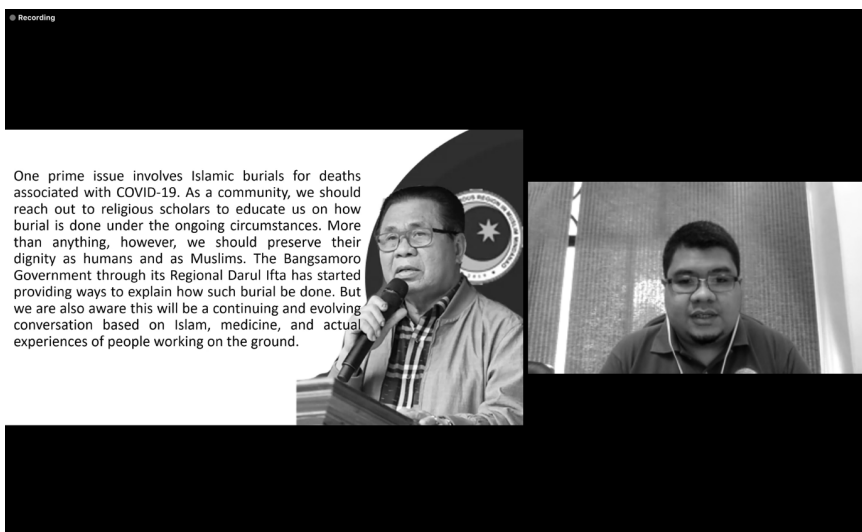
Mr. Kelecevic recognized the values of preserving the information and insights shared in the webinar, making them available to more communities, and allowing an open line of communication among the organizers and participants to keep the conversation going. As he further noted, “It was the need for coordination and for

communication, for complimentary between house authorities, between religious experts and practitioners, between humanitarian workers and forensic science experts” that were highlighted by the resource persons, reactors, and participants.

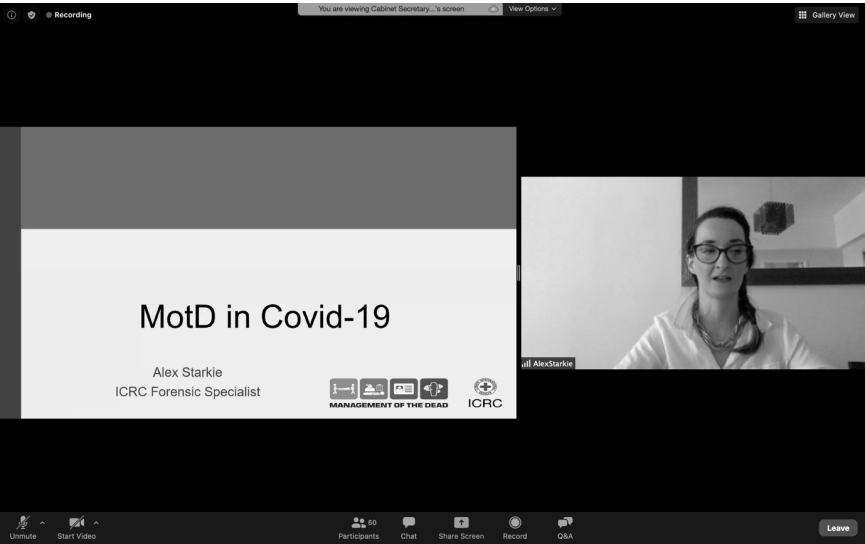
Mr. Kelecevic concluded by emphasizing awareness to all stakeholders, since “the more information are made available, particularly when the correct information are being circulated,” that’s when the goal is achieved. He then acknowledged all the partners and authorities involved in the event, urging them to continue cooperation and leadership of the process.



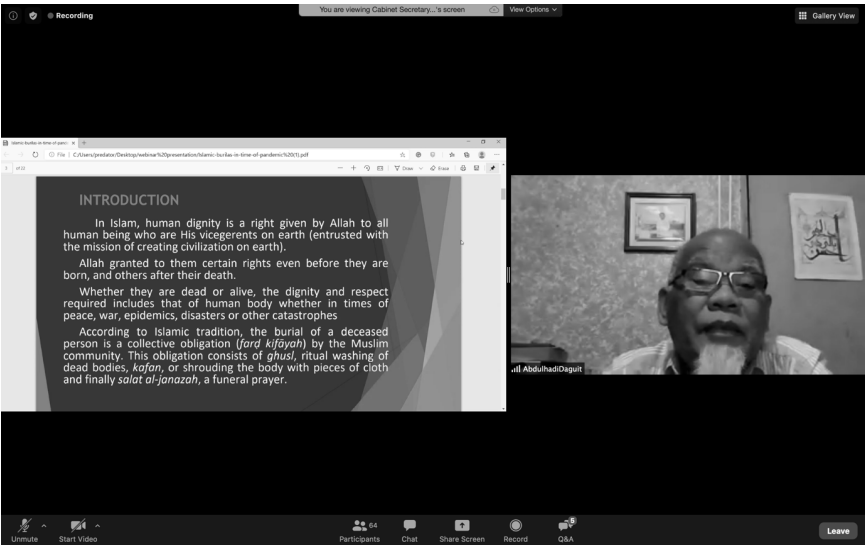
## Webinar Photos



BARMM Cabinet Secretary Mohammad Asnin Pendatu reads the message of BARMM Chief Minister Al Haj Murad to the partners, speakers, guests, and participants of the webinar

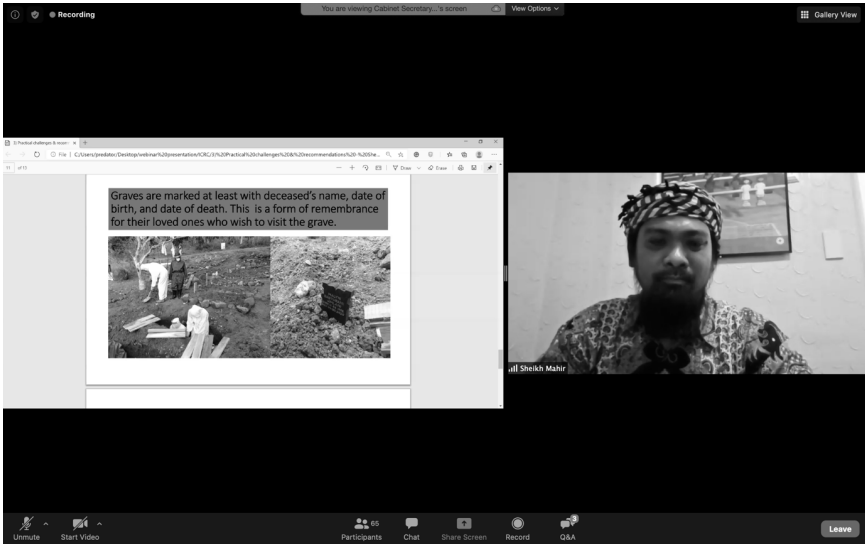


Dr. Alexander Frances Starkie of the International Committee of the Red Cross discusses Managing the Dead (MotD) in COVID-19 from a forensic perspective



Professor Abdulhadi Daguit delivers his lecture on Islamic burials in times of pandemic





Sheikh Mahir Gustaham shares his experiences on handling and managing the dead in the time of COVID-19



Usec. Abdullah Dumama, Jr. answers a question raised by a participant during the question and answer (Q&A) portion of the webinar



Sheikh Mahir Gustaham answers another question raised during the webinar’s Q&A portion



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