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(Mis)Handling COVID-19–Related Deaths and Islamic Burial Rites Among Muslims in the Philippines

Darwin J. Absari¹ and Cheery D. Orozco, DIS²

Introduction

One of the many challenges the Muslim communities in the Philippines faced during the pandemic was the management of COVID-19-related deaths within the framework of the Inter-Agency Task Force for the Management of Emerging Infectious Diseases (IATF-MEID), a group of state agencies tasked to address the health crisis. This case study aims to look into challenges, limitations, and good practices of handling COVID-19-related deaths among the Muslim population in Metro Manila, and in the provinces of Rizal, and Bulacan, from March 2020 to December 2022. This case study focuses on the implementation of IATF-MEID guidelines in upholding Islamic burial guidelines. Data come from six data sites including hospitals, mosques, and Muslim burial sites in four major Muslim communities. The authors conducted interviews with doctors, an ambulance driver, a cemetery administrator, and family members who were directly involved in COVID-19 death-related incidents.

The COVID-19 and the Muslim Dilemma

Although the first confirmed COVID-19 transmission in the Philippines occurred on 21 January 2020, when a traveler from Wuhan, China arrived in Cebu City via Hong Kong (DOH 2020), the first local transmission did not happen until March 7. On March 17, through Proclamation No. 929 series of 2020 (DILG 2020), President Rodrigo R. Duterte placed the entire Philippine archipelago under a state of calamity that would last for six months. Then on March 24, the IATF-MEID was created. It was designated as the policy-making body of operations related to the public health emergency (IATF-MEID 2020). Three days later, Memorandum Circular No. 2020-063, “Interim Guidelines on the Management of Human Remains for Patient Under Investigation (PUI) and Confirmed Corona Virus Disease 2019 (COVID-19) Cases,” was released by the Department of Interior and Local Government (DILG 2020a). The General

1 Darwin J. Absari (djabsari@up.edu.ph) is Convenor of the Islamic Studies Program (ISP), University of the Philippines Center for Integrative and Development Studies (UP CIDS). He is also Assistant Professor and College Secretary at the Institute of Islamic Studies, University of the Philippines Diliman.

2 Dr. Cheery D. Orozco (cdorozco@up.edu.ph) is a Senior Project Assistant at the UP CIDS ISP.

Guidelines 4, Item 15 of this memorandum states,

Burial, preferably cremation, shall be done within 12 hours after death. However, cremation or burial of human remains, to the most possible extent, shall be in accordance with the deceased person's wish, decision of those who have the duty to make funeral/burial arrangements, and religious and culturally-acceptable norms of the deceased. (2020a, 3)

Muslims, as the largest minority group with distinct culture and religious beliefs, were given special considerations in burying their dead. The DILG Memorandum Circular Section 2020-063 (General Guidelines 4, Item 22) further states that

Special considerations should be given in respect to various religious and cultural practices. Local government units (LGUs) with identified Muslim Cemetery shall not restrict a Muslim who died as a PUI or a confirmed COVID-19 case, as long as the processing and handling of the human remains be in accordance to the universal, standard and transmission based precautions set by this Circular. (2020a, 3)

The IATF-MEID Resolution No. 15 (2020) requires that the remains of a Muslim COVID-19 patient be placed in an airtight sealed bag, undergo an Islamic burial rite conducted by an *imam* (a prayer leader), and buried immediately or within 12 hours. Muslims are required to bury their dead within 24 hours, which was commanded by the Prophet Muhammad. "Hurry up with the dead body for if it was righteous, you are forwarding it to welfare; and if it was otherwise, then you are putting off an evil thing down your necks" (Sahih Bukhari n.d.). Furthermore, as Daguit (2020) espoused, the burial rites in Islamic tradition are *fard kifayah* or a collective obligation consisting of *ghusl* or the ritual washing of the dead body; *kafan* or shrouding the body with pieces of cloth; and *salat-ul-janazah* or the funeral prayer.

Cremation is prohibited because it is considered a violation of the dignity of the human body.

However, some of these obligations such as *ghusl* can be adjusted in times of disasters like a pandemic. In such cases, pouring or spraying water on the body is sufficient. Otherwise, burial without *ghusl* or *tayammum* (dry purification) can be done. Furthermore, the handling and management of the remains is guided by two considerations based on Islamic jurisprudence: (1) the protection of the lives of the body handlers and the community, and (2) the respect attributed to the dignity of the dead, and the sentiments of the family, particularly in situations like armed conflicts, disasters, or pandemics.

However, the Islamic burial rites demonstrate adaptability to evolving medical research and forensic guidelines such as the international standards in handling and managing the remains of those who died from COVID-19 (Daguit 2020, 15–16). Thus, they are compatible with both the medical and forensic guidelines provided by DILG, IATF-MEID, and the International Committee of the Red Cross (ICRC).

Mishandling and Refusal of Burial Rites in Maharlika in Taguig City, Quiapo in Manila, Montalban in Rizal, and Norzagaray, Bulacan

Just under two months after the first COVID-19 transmission in the country, DILG Secretary Eduardo M. Año ordered an investigation into a local government official. This investigation was prompted by an alleged refusal of Muslim burial rites for two Muslim Filipinos who died of COVID-19 on March 22 and March 30, respectively. As reported by DILG News (2020), the first patient was buried two days after their demise, as both cases were denied burial permits in their locality. Despite government guidelines that ensure cultural sensitivity, aiming "to the most possible extent, (to) be in accordance with the person's religion of customs" (Patag 2020),

growing refusal cases on Muslim burial rites remained unreported.

While consideration was given to burial rites, the DILG and IATF-MEID guidelines were not properly and consistently enforced in Metro Manila. Formal and informal interviews—with an ambulance driver, a community leader, mosque and cemetery administrators, several medical practitioners, and loved ones from June to November 2022—substantiated cases of mishandling and denial of Islamic burial rites to patients who died from COVID-19. According to the driver, the following are reasons for such mishandling and denial: When pertinent government agencies, particularly in the barangay and city level, refuse to exercise collective support and obligation to uphold the—Islamic burial rites based on reported cases (a case in Montalban, Rizal);

1. When the decision of doctors and/or hospital administrators prevails over the decision and preference of loved ones (Maharlika Village cases);³
2. When family members consent to cremation, a practice often adopted for managing COVID-19 deaths due to fear and/or ignorance of the Islamic burial rites and existing DILG and IATF-MEID guidelines (the Maharlika Village cases);⁴
3. When non-Muslim loved ones consent to cremation, a dilemma particular to Balik-Islam families (a case in one hospital in Quezon City);⁵
4. When family presence or information is absent, or when family members lack

education, among other reasons (a case in one hospital in Pasig).⁶

A doctor candidly complained about the general noncompliance of the large hospital where he works, particularly because of adherence to the hospital's COVID-19 cremation protocols, which are done in compliance with the DILG and IATF-MEID guidelines.⁷ The hospital would insist on conducting their own cultural burial rites, the doctor said. These refusals would cause a lot of trouble in handling and managing the remains, aggravating the difficulties in managing the COVID-19 situation in hospitals. Furthermore, he underscored how hard it was to be understanding, and comply with the wishes of, Muslim families and community leaders in these situations.

Upholding Human Dignity in Handling and Managing the Remains of Muslim COVID-19 Patients in Metro Manila

In communities where there was a strong collective obligation or support for the enforcement of the DILG and IATF-MEID guidelines, which were compatible with Islamic traditions, the following good practices were observed:

1. In the city of Manila, the Local Government Unit (LGU) partnered with the ICRC to provide training and orientation to cemetery management teams in the proper handling and managing of the remains of Muslim COVID-19 patients. At the height of the pandemic in June 2021, Mayor Francisco “Isko” Moreno Domagoso spearheaded the inauguration of the Manila Islamic Cemetery (Figure 1). It served eight burials after its opening.⁸

3 This information is taken from an interview conducted by Asst. Prof. Darwin J. Absari with the ambulance driver in Maharlika Village, Taguig City on June 5, 2022.

4 Ibid.

5 This information is taken from an interview conducted by Asst. Prof. Darwin J. Absari with the head of the Salam Police Advocacy Group (SPAG) at the University Hotel of the University of the Philippines on September 22, 2022.

6 Ibid.

7 A conversation with Dr. Cheery D. Orozco via Zoom on November 22, 2022.



Carrying out an Islamic burial rite that upholds both the Islamic traditions and the medical and forensic guidelines of the Philippine authorities held on March 2020. Photo: UP CIDS ISP

2. Strong faith in God and concern for the dead motivated the ambulance driver and the religious leaders of Garden Mosque in Maharlika Village, Taguig City to provide proper burial to Muslims who died of COVID-19. Although they had no proper training, they observed health protocols such as wearing of Personal Protective Equipment (PPEs).⁹
3. The same care for the dead from a Christian doctor in a hospital in Pasig City was given to a Muslim patient. The doctor requested that Islamic rites such as bathing and prayer be performed before he was taken out of the hospital. This willingness to learn practices from other faith bridges misunderstanding and religious gaps and promotes solidarity.¹⁰
4. Cases of success were also noted when families insisted on having Islamic burial rites, although these instances were few and far between vis-à-vis cases of refusal.¹¹ In situations involving refusal due to lack of understanding, it is crucial to provide orientation to Muslim families about their rights to practice and uphold their beliefs and traditions.
5. Reporting instances of the lack of enforcement or violations of DILG and IATF-MEID guidelines has proven to be

8 This information is taken from an interview conducted by Asst. Prof. Darwin J. Absari with the head administrator of the Manila Islamic Cemetery in Quiapo, Manila on July 22, 2022.

9 This information is taken from an interview by Darwin J. Absari with the ambulance driver in Maharlika Village, Taguig on June 5, 2022.



Newly constructed Manila Islamic cemetery (June 2021) to serve the growing Muslim communities in Metro Manila. Photo: Darwin J. Absari.

productive, as evidenced by the reported cases of two families in Montalban, Rizal (Patag 2020). This holds LGUs and hospitals, among other agencies, accountable to their constituents and to the enforcing authorities, such as the DILG and National Commission on Muslim Filipinos (NCMF), which eventually conducted an investigation in light of direct reports of the families of the deceased.

6. Ensuring a collective obligation to uphold the DILG and IATF-MEID guidelines should be part of the priority of LGUs and hospitals. Lack of awareness or understanding of these guidelines and policies can never be an excuse.¹² In collaborating with Muslim religious leaders and organizations, barangay leaders, as well as hospital and cemetery administrators, can undergo training and orientation on how to handle and manage the remains of Muslim COVID-19 patients.

These are some of the best practices which were shared by the cemeteries in Quiapo, Manila, and in Maharlika Village, Taguig City. Cemetery personnel confidently conducted the burial rites after receiving training from ICRC Muslim personnel.

Lessons and Recommendations

From these experiences, we can affirm that the state did not falter in its immediate and long-term response to the health crisis, as it offered policies and protocols through its governing and enforcing agencies. Furthermore, these policies and protocols aligned with Islamic burial rites, and vice-versa.

However, we must also acknowledge the challenges related to the mishandling and refusal of Islamic burial rites to Muslim families. The absence of information, understanding, care, and a sense of solidarity regarding the collective responsibility towards the predicament of Muslim COVID-19 patients and their

10 Ibid.

11 Ibid.

12 This is taken from an interview with a nurse-friend in a hospital in Metro Manila via Facebook Messenger on August 16, 2022.

families paints a clearer picture of how the wider Filipino community perceives Muslims. Muslims continue to be marginalized; their needs and requests are undervalued. Instead, they are challenged to assimilate into the broader community. This demand for assimilation seems to characterize the common attitude of government agencies, including LGUs and hospitals, when it comes to handling confirmed COVID-19 cases among Muslim patients. However, proper integration should be attuned to the voice of all community members, including the minorities therein.

Further exploration of this issue recommends that various government agencies do the following:

1. Address the grievances of those who have been denied of their burial rights, particularly when enforcing authorities such as doctors, city officials, and barangay officials did not uphold Islamic burial rites;
2. Ensure the enforcement of the last will and testament of the deceased (especially among Balik-Islam individuals and families, or Muslim converts) when their non-Muslim loved ones insist on an alternative course of action;
3. Establish the need for alternative burial rites and sites for mixed-culture families or lone Balik-Islam family members when conducting Islamic burial rites become unfeasible; and
4. Address the widespread issue of missing pertinent hospital documentation for deceased Muslim COVID-19 patients primarily due to administrative inefficiencies in hospitals across Metro Manila and nearby provinces.

If the process of change aims to adopt, accept, and successfully implement necessary changes as a response to the

health crisis, a clear, regular, and thorough plan for communication and readiness must be in place.

Such a plan for policies and protocols throughout all levels and platforms will ensure broader dissemination. A persuasive communication strategy is crucial, especially for coordinating with enforcing agencies like LGUs, hospital and cemetery administrators, Muslim religious leaders, DILG, IATF-MEID, NCF, and community constituents. All can collaborate toward successful policy and protocol implementation.

Lastly, educating constituents provides an opportunity for everyone involved to take ownership of the change process and create an impact. This is where awareness evolves into understanding and action, converting ideas into attitudes, behaviors, and results. LGUs, hospital personnel and administrators, cemetery administrators, Muslim religious leaders and families, along with partner agencies, can come together to operationalize policies and protocols into actual procedures and processes. This involves training and equipping key leaders, followed by measuring results and assessing impacts. At this stage, the DILG and IATF-MEID guidelines are transformed into action points that hospital authorities, cemetery administrators, and other relevant figures can enforce in collaboration with the families of the deceased. These transformative processes can occur across educational platforms and levels, making integration not only more feasible but also just.

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Editorial Office: Lower Ground Floor, Ang Bahay ng Alumni,
Magsaysay Avenue, University of the Philippines,
Diliman, Quezon City 1101
Telephone: 8981-8500 loc. 4266 to 4268 / 8426-0955
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