Modern forensic medicine is an interdisciplinary science that applies scientific and reliable knowledge from medicine for legal purposes. It aims to reveal facts such as time of death, cause of death, and age of the deceased. These facts can then be used to construct legal cases in occurrences of suspicious death. As such, forensic medicine lies at the intersection of medicine and law – an arena whereby medical knowledge and experience serve the legal system. Anthropological research on legal-medical systems in various contexts examines how autopsies help the state keep social order, describing the role it plays in controlling the lives and deaths of local populations. Historically, forensic medicine has been used in different parts of the Arab world, beginning in ancient Egypt some four thousand years ago. Modern forensic medicine systems generally appeared in parallel with the rise of the modern nation-state, which accompanied interactions between the Arab region and Europe.

Whether power is conceived in classical terms, as the power of the hegemon to govern the subject, or, as Michel Foucault maintains, as a disciplining force dispersed throughout society and implemented by many institutions, science and technology are indispensable to the expression and exercise of power. Regarding the body’s role, Foucault is precise: “the body is also involved in the political field; power relations have an immediate hold upon it; they invest it, mark it, train it, torture it, force it to carry out tasks, to perform ceremonies, to emit signs.” Following Foucault, in Bodies That Matter, Judith Butler explains how the body is re-signified, re-formed, and re-structured by apparatuses of controlling powers. The question explored here is how
different authorities have used forensic medicine to re-signify, re-structure, re-form and mark the Palestinian body, and how institutions, especially in Jerusalem, have played a role in this exercise of sovereignty.

Forensic medicine practices have changed according to changes in the political and legal structures in the Arab world in general and in Palestinian society in particular. These changes reflect the social and political developments determining laws and procedures during the different colonial periods. Changes in forensic medicine within Palestinian society have also reflected different approaches maintained by each governing power.9 My claim is that it is possible to read-write Palestine’s history and present, through reading-writing the history and present of Palestinian corpses’ “lives.”

Over the Dead Palestinian Body

Several anthropological studies have examined the social-political formation of the Palestinian body, largely focusing on symbols and meanings of the lived body in political contexts.10 These studies refer mainly to the period of Israeli occupation, overlooking historical developments leading to its formation and analyze the body’s formation via the relationship between the individual-social body and the political body.11 In the past decade, Some Palestinian scholars have begun to challenge this perspective, recognizing the agency and power of the Palestinian body. Most prominent, Esmail Nashif considers the body an agent of resistance against the sovereign’s power.12 His ethnography of Palestinian political prisoners reveals the ways they use inner body spaces to transfer knowledge outside prison walls. Examining the relationship between the human individual and the collective body, Nashif explains how Palestinian prisoners use deep body spaces to internalize collectivity by circulating the knowledge-power of their captives’ community.

The relationship between the political context and the political body is revealed in additional studies on the Palestinian lived body and on Palestinian death.13 For example, in an earlier study conducted by the author, the social-political agency of the dead Palestinian body is discussed, and the Palestinian corpses’ “rites of passage” within the current Palestinian forensic medicine system is examined.14 In her writings on death in Jerusalem, Nadera Shalhoub-Kevorkian reveals the Israeli settler-colonial practices on the dead Palestinian and describes how Israel re-structures Palestinian death rituals in the space of Jerusalem.15 Honaida Ghanim, meanwhile, suggests developing Foucault’s concept of biopower to thanato-power to discuss and analyze the Israeli apparatuses used to control Palestinian lives and deaths.16 Thanato-power and the absolute Israeli sovereignty over Palestinian death and the Palestinian corpse are examined in a recent study by the author on the Israeli practice of imprisoning and freezing Palestinians killed during the last Palestinian uprising, which began in September 2015.17 Among other issues, the study reveals how Israel’s conditions to release detained corpses prevented Palestinians from performing full autopsies on the bodies. In this way, Israel ensured that there wouldn’t be autopsies; managed the “Palestinian’s death issues”;18 and controlled Palestinian death narratives.
Scholarly literature on forensic medicine within Palestinian society is scarce. Meira Weiss, the first anthropologist to examine the ways the Palestinian dead body has become a site for practicing Israeli sovereign powers within the context of forensic medicine, examined autopsy practices conducted on dead Palestinian bodies at the Israeli National Center of Forensic Medicine (NCFM) in Abu Kabir. However, Israeli, Palestinian, and Jordanian scholarship on forensic medicine in Palestine do not examine the period before the British Mandate (1921–1948), incorrectly placing its origins in this period. Toward the end of the nineteenth century, the European militaries, science, and commerce began to interact with and reshape the Ottoman Empire’s health system. Some Western ideas also replaced shari’a law in commercial legal processes and in criminal law. As a result, local communities objected to the application of several pieces of new and “modern” legislation, such as that which introduced post-mortem examinations.

Muslim societies, including Palestinian society, have demonstrated social-religious attitudes both supportive of and resistant toward autopsy and human organ transplantation. Authorities establishing modern forensic medicine systems in Muslim societies have frequently faced rejection by local communities, which believed such practices contradict shari’a requirements that bodies be buried directly following death, and without tampering. Many Muslims refuse autopsy for any reason due to the sanctity of the human body, and opponents of forensic medicine often cite a statement by the prophet Muhammad: “Breaking dead bones is identical to breaking them when alive.” Several regimes have found it necessary to issue fatwas permitting autopsies and organ transplantation in order to use these tools in practicing legal sovereignty and in imposing social order. The first known fatwa on post-mortem examinations was issued in 1910, when the famous Egyptian scholar Muhammad Rashid Rida published a fatwa entitled “Post-mortem Examinations and the Postponement of Burial.”

The issue of post-mortem autopsy rose to prominence in the 1980s as a result of its increasing use in Arab and Muslim nation-states. During that time, the Kingdom of Saudi Arabia, Morocco, and Egypt, among other Arab countries, issued relevant fatwas. Those who accepted post-mortem practices used the discourse these fatwas, relying on the Islamic statute that “necessities cancel prohibitions,” and the rule, “If there is a contradiction between two beneficial options, choose the most beneficial, but if there is contradiction between two negative options, choose the lesser to prevent the more powerful.” Thus, while autopsy may be bad, outbreaks of disease and releasing criminals to commit more crimes are worse. By using fatwas and religious discourse, different authorities could employ an apparatus of science, medicine, and law to control local societies. Within the Palestinian context, the families and the Palestinian Authority (PA) have used fatwas in favor of post-mortem practices.

The data on the present-day practices presented in this paper are based on ethnographic fieldwork conducted between 2004 and 2008 at the Forensic Medicine Institute (FMI) at al-Quds University in Abu Dis, near Jerusalem. The research drew on various resources to learn about the wider socio-political context structuring forensic medicine in Palestine today, including: documentation by researchers from Israel, Palestine, and the wider Arab and Western world; current scholarship on related topics such as the history of medicine.
and of law in Palestine; and local Palestinian press coverage of death cases involving autopsy. These resources provided essential background for my ethnographic research on practices performed on the dead Palestinian body within the primary present-day Palestinian forensic medicine system. Interviews were also conducted with physicians and lawyers who had worked during different historical periods, most notably during the annexation of the West Bank to Jordan (1948–1967), and during the period of Israeli occupation from 1967 to the time of the 1993 Oslo accords; various members of the FMI staff; and others working in forensic medicine system outside the institute. Fatwas and brochures published by al-Quds University and the FMI on autopsy and its other functions were reviewed and analyzed.

**Ottoman Governance (1516–1917)**

Forensic medicine practices existed in Palestine, and the Arab world more generally, even before it came under Ottoman sovereignty. Although autopsies were not conducted, other methods were used to assess or “examine” the dead body. Regulations established by a British Mandate committee cite body examinations and reports in cases of crime conducted in Jerusalem in the year 1100 under regulations called Jerusalem Assizes. This set of laws and regulations underpinning forensic medicine practices at that time stipulated the conditions of criminal cases necessitating examination of the body. Reports described these examinations’ findings, specifying the locations and cause of wounds. During the sixteenth century, historian Mustafa ‘Ali described autopsy as a means of demonstrating local physicians’ inferiority in comparison to their Europeans colleagues. As a clerk in the provincial divan in Aleppo in 1582–1583, ‘Ali came to recognize the greatness of a certain Christian physician who had investigated the cause of death of an acquaintance of the Venetian bailo. The physician insisted on opening the corpse’s stomach and threatened to leave his post as the bailo’s personal physician if not allowed to carry out this procedure. The heads of the Venetian community opposed him, but he received permission and performed the autopsy.

Although there is evidence that autopsies were problematic procedures in the Ottoman Empire due to social-religious attitudes against them, they were occasionally performed in special cases. A seventeenth-century Jewish physician from Jerusalem named Rabbi Raphael Mordekhai Malki explained autopsy’s place during that time:

If someone passed away without an apparent cause, and had been under constant medical attention and received treatment, physicians could operate on the body in order to establish a concrete cause of death. But not every physician was entitled to decide about an autopsy on his own, and carry it out alone. There had to be a consensus of three physicians about the need for autopsy in each specific case, and the deceased’s relatives had to give their consent.
Malki adds that autopsy was not to be performed on certain groups. Not surprisingly, all belonged to the elite: important personalities, the rich, and famous scholars – the right to medical treatment and autonomy over one’s body changes according to social class.36

In addition to the rare autopsy, external examination and description of a dead body and crime scene investigation were in use in seventeenth-century Palestine. Jerusalem and Nablus shari’a court sijillat reveal various factors concerning post-mortem examinations, including differing practices according to gender.37 As historian Dror Ze’evi notes, men’s unnatural deaths were reported far more frequently than deaths of women, and women’s deaths were always related to accidents such as slip and fall. Ze’evi cites an example from 1689:

Zayid ibn Mutawi’ from the village of Bayt Iksa [7 kilometers west of Jerusalem] arrived in court, and informed the qadi that his daughter had died. She had been standing on the roof of his house in the village and, as God willed it (bi-qada’ Allah wa qadarihi), she suddenly fell. While falling, she toppled a large boulder that dropped on her head and killed her. The father requested that an inquest be held, so that he could bury his daughter.

When they [the secretary of the judge, official of the endowment, and minute of the shari’a court] arrived in the village an inquest was held in the presence of those mentioned above, as well as Sheikh Dib, Sheikh Muhammad ibn ‘Alayan, Ahmad ibn Zayid, and a group of inhabitants of the village. The girl Banwa was found lying lifeless near her father’s house. All those present were interrogated on the cause of her death. All repeated her father’s story and claimed that no one in the village was to blame for it. This evidence was heard and noted, and when the team returned to court, its members filed a detailed report, asking the qadi to write it down in the sijill. It was recorded in accordance with their request, on 10 Rajab 1100 [30 April 1689].38

Autopsies were rarely undertaken at that time. Inquests, such as the one described, involved observing the scene, examining the corpse externally, and interviewing (invariably male) witnesses. Such practices continued until the mid-nineteenth century, when the Ottoman Empire began to be affected by modern Western medicine brought to the area by foreign doctors and academics. The first efforts to end the prohibition on dissection in the Ottoman Empire were made during the reign of Sultan Selim III, but official permission for dissection was given only in 1841 during the reign of Sultan ‘Abd al-Majid.39 This autopsy was performed by the Austrian doctor Carl Ambrose Bernard, who was the first to lecture on forensic medicine in the Ottoman Empire at the school of medicine in Istanbul, newly established in 1839.40

At that time, Palestine was considered a remote area, with high rates of infectious disease and mortality affecting everyday life.41 The local Palestinian population of farmers, urbanites, and settled and nomadic Bedouin tribes relied primarily on folk medicine, which employed medicinal herbs, bone-setting, burns, blood-letting, leaches, amulets, and
cupping therapy. Physical practitioners included religious healers and midwives. Until the 1850s, there were no certified doctors in the area. From 1860 to 1865, the Ottoman government appointed several foreign doctors (including Italians, Greeks, Hungarians, and Poles) to the province to work as military surgeons, health officials, and municipal doctors. During that period, as part of legal and administrative district reorganizations, medical unions were created in the Palestinian cities of Jerusalem and Jaffa, with doctors holding social and educational roles in addition to medical responsibilities.

Throughout the nineteenth century, despite being remote from the seat of the empire, many doctors came to Jerusalem because of its sanctity and contributed to the development of its modern medicine. Due to Jerusalem’s centrality and religious status, Ottoman interest in the city also began to rise. Jerusalem’s importance for the Ottoman regime stemmed from its appeal to Europeans and Americans, who came to establish welfare and religious institutions and foreign consulates, which also turned Jerusalem into an arena of power struggles among different forces. Jerusalem’s increasing importance enhanced the importance of the whole of Palestine as, among other reasons, the Ottomans feared losing the city’s administration and sovereignty to foreigners. Palestine’s centrality led several governors, charged with carrying out reforms and upholding the law, to work emphatically to maintain order and safety. Generally speaking, forensic medicine served as an instrument of support for the Ottoman legal system, enabling it to better exert control over society. In addition to Jerusalem, some historians noted occurrences of post-mortem examinations in the cities of Haifa, which belonged to the Acre district, and Beersheba, which belonged to the Jerusalem district.

Beersheba was rebuilt by the Ottomans in 1900, and was one of five jurisdictions (qada) comprising the Jerusalem district (mutasarriflik), alongside Jaffa, Hebron, Jerusalem, and Gaza. The authorities appointed a local mayor, as well as a pharmacist, who lived in the city and was responsible for arranging and planning medical examinations required by courts of law in cases of homicide and injuries following confrontations occurring among feuding Bedouin tribes. In Haifa, according to court records (sijilat), the municipal doctor’s main forensic role was to give medical or legal advice following a policeman’s or attorney’s request. Sometimes, when there was suspicion of murder, the doctor was sent to the scene of death. One such record notes: “The doctor concluded upon examination that the cause of death was stabbing with a sharp instrument.” Another record reads: “The dead baby found in one of the town’s streets is 42 cm long, has blond hair and blue eyes. He has six fingers on each hand and is 37 days old. Cause of death was diarrhea. This is what the examination of the body revealed.” According to the records of the German consulate of Jerusalem, only external examinations were performed, not autopsies. However, historian Orit Navot claims that there were three fields in which doctors in public medicine could not make independent decisions, one of which was the performance of autopsies for legal needs. Her claim can lead us to conclude that autopsies were at that time performed rarely and only under certain circumstances.

Other forensic medical practices during the period of Ottoman sovereignty included seeking assistance from a doctor, or a “medical expert,” which usually meant the military doctor. For example in one case, a medical expert was asked to assess whether an elective
abortion was justified. The doctor declared: “If the pregnancy is harmful for the mother’s health, then it is legitimate to abort the fetus while giving due consideration to the law and medical practice.” Legal positions regarding abortion were identical in Egypt, Syria, and Palestine. Social positions and reactions by the local population regarding autopsies as part of Western medicine were also similar in the three areas. Local populations rejected autopsies based on the tenet holding for the rest of the Muslim world, the belief that the body must remain intact for resurrection on judgment day. It can be assumed that the religious scholar Muhammad Rashid Rida’s fatwa issued in 1910 affected the attitudes of some Muslims in the region, making it increasingly possible for autopsies to be performed in the early twentieth century.

The British Mandate (1921–1948)

After World War I, the British Mandate divided medical administration in Palestine into four regions: Jerusalem, Nablus, Haifa, and Jaffa, and eighteen sub-regions. A senior health official, usually British, headed each area and managed and supervised health activity. A junior official, usually a Palestinian, assisted the senior official. Mortality rates decreased following the establishment of this public health system. Meanwhile, in the early stages of the British Mandate, the legal system in Palestine rested upon a variety of laws whose principles at times conflicted. Ottoman law, which formed the constitutional basis of Palestinian law, leaned toward Islamic and Muslim customs, whereas those enacted by the British Mandate originated from English common law. Forensic autopsies were performed in cases of suspicious or unnatural death, mainly by British government doctors, who acted on behalf of the Crown’s delegates in Palestine and usually had some training and experience in post-mortem diagnosis. Regional authorities appointed these doctors, who functioned as coroners. The law governing examination of the cause of death and the coroner’s work writ large was based on the ancient English institution of the coroner. Coroners in England were then part of the criminal justice system; their job was to conduct forensic investigations in cases involving murder. In Palestine, coroners’ training was mainly legal; judges, too, had little to no background in the field of medicine. Therefore, investigations were unscientific and limited, especially in cases where medical experience and knowledge were necessary. Further, coroners in Palestine were only called upon in cases of suspicious death, whereas in England from 1911 doctors were required to identify the cause of any death to the best of their knowledge and belief.

The appointment and duties of coroners in Palestine were outlined in the Coroner’s Ordinance of 1926. According to this ordinance, the high commissioner had the authority to appoint one or more coroners to investigate cases of suspicious death in every district. If the coroner knew of a dead body in his district, and there was suspicion that the person was murdered or died an unnatural death, the coroner was required to investigate the causes of death as quickly as possible. The coroner had the authority to postpone the burial of the deceased in his district until the end of the investigation, and if he could
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not complete his investigation, the deceased was not buried until the coroner issued a burial order.\textsuperscript{70} The ordinance also charged the district medical officer with examining the deceased at the scene of death and performing an autopsy on the organs he saw as vital for the coroner’s inquiry.\textsuperscript{71} The medical officer’s report to the coroner constituted vital evidence upon which the coroner would base his decision as to whether a corpse could undergo immediate burial. The 1926 coroners’ ordinance was amended in 1932, taking away from the coroner “the power to commit for trial, and makes further provision as to the proceedings at an inquest where a charge before a magistrate’s court is in progress.”\textsuperscript{72}

Experienced local pathologists were engaged by British officials to perform autopsies, although conflicts of interest existed between various groups of the population and the British Mandate forces.\textsuperscript{73} In the 1940s, Mandate officials began searching for local Jewish pathologists who could perform post-mortem autopsies, in service of the British coroners. However, autopsies on the native population were carried out on only rare occasions due to the tensions and conflicts between Jewish immigrants and native Palestinians.\textsuperscript{74} This situation continued until the Palestinian catastrophe of 1948 and the establishment of the Israeli state. With the break-up of the Mandate into regions governed by three different regimes, the Palestinian dead body also passed through one of three different forensic medicine structures.

\textbf{Israeli, Jordanian, and Egyptian Rule (1948–1967)}

The events of 1948 severed the legal conjunction between the West Bank, the Gaza Strip, and the remainder of Palestine.\textsuperscript{75} When Jordan extended sovereignty over the West Bank, it explicitly acknowledged the law that had existed in Palestine prior to the declaration of Israeli statehood on 15 May 1948. The Jordanian constitution of 1951 and 1952 authorized the law operating in the West Bank to remain in effect until specific correction or cancelation.\textsuperscript{76} Nevertheless, Jordan formally broadened the law in the West Bank upon its official annexation in 1950.\textsuperscript{77} New legislation adopted in the Hashemite Kingdom of Jordan also applied to the West Bank, and the original judicial and legal systems were gradually superseded.\textsuperscript{78} By 1967, the law in the West Bank and Jordan remained under the influence of Napoleonic (or Continental European) law, which had been adopted by Jordan in 1920 despite its connections with Britain.\textsuperscript{79} The Jordanian forensic investigation system operated according to the standard of European systems, whereby the authority to order an autopsy lies with the attorney general, who was assisted by forensic doctors acting on behalf of the health bureau.\textsuperscript{80} On the other hand, the legal system in the Gaza Strip remained virtually unchanged from 1948 to 1967. Egypt did not annex the territory, and aside from a few military orders, it maintained the common law that had previously dominated. The outcome was three different legal systems, one in the West Bank, another in the Gaza Strip, and the Israeli law imposed on Palestinians living within the Israeli state borders.\textsuperscript{81} Autopsies were performed on the bodies of the third group of Palestinians at the Israeli NCFM (Abu Kabir), established in 1954 by Professor Heinrich Karplus. Previously, staff pathologists in hospitals had performed post-mortem examinations and autopsies.
Generally, information on forensic medicine during Jordan’s pre-1967 West Bank rule is obscure and scarce, but interviews with doctors who worked in the Jordanian system during this period can help provide some insights. One retired doctor noted: “There were cases in which the attorney general decided if there was a need to examine the body, and this examination was performed by a pathologist and not a resident forensic doctor like today.” A doctor who was still working during the research in Jerusalem recalled:

When I started out in the late fifties, I worked in the hospital in Beit Jala, and I remember there was a case for autopsy. The person who performed it was an ordinary doctor. There were no forensic medicine specialists. The instruments were very basic and many results were wrong.

In the Jerusalem region, doctors conducted autopsies at the Austrian Hospice following the attorney general’s decision. A doctor who had worked in Ramallah said:

The Austrian hospital in Jerusalem, known as the Hospice, was the main hospital and the center of medicine. Some complicated cases were sent to this hospital, but most autopsies were performed in the main hospital of each area in which the deceased was found, and the attorney general was the one who decided whether autopsy was necessary or not.

The mufti of Jerusalem and the West Bank verified this process: “In each city there was a department for autopsy in the main hospital. The attorney general gave the instructions and according to the results they decided if it is murder, then they began the investigation process.”

Later, the Jordanian military forces turned the Austrian hospital into a military hospital and following Israel’s 1967 occupation of the West Bank and Jerusalem, it became affiliated with the Israeli military. After several years, Israel returned it to the Austrian diocese. Also with Israel’s occupation of the West Bank and Gaza Strip, all Palestinian bodies came under the jurisdiction of a single regime and would be transferred to the Israeli NCFM (Abu Kabir) for autopsy, when determined necessary.

**Israeli Occupation (1967–1993)**

Following the 1967 occupation of the West Bank and Gaza Strip, the Israeli military administration formally preserved the different legal and judicial systems previously operating in these territories, though in actuality it increasingly circumvented them and eliminated their effectiveness as important issues were relegated to Israeli military courts. Jordanian law continued to develop after 1967, but it was impossible to implement new legislation in the West Bank. Gaza, too, fell under exclusive Israeli military rule, composed of military decrees and military courts, and any legal change or innovation was prevented from taking place there as well. Between 1967 and 1993, Israel issued 1,400...
military decrees in the West Bank and 1,000 in Gaza. Military courts were established immediately following the occupation to enforce these decrees, displacing existing law in all essential issues in both the criminal and civil arenas.88

Beginning in June 1967, autopsies of Palestinian bodies were performed at the Israeli NCFM (Abu Kabir). The procedure would begin with the Palestinian attorney general determining the need for an autopsy, and then issuing an autopsy order. If the military governor approved the order, the body was transferred to the Israeli NCFM. A doctor from the Palestinian FMI recalled: “The Palestinian attorney general issues an order requesting an autopsy, the Israeli military governor approves, and the body is transferred to Abu Kabir by ambulance.”98 A former attorney general explained further: “As an attorney general I gave all the information on a case . . . . I decided which corpses should be autopsied, especially in civil cases. A signed agreement needed to be received from one family member. In political cases the Israelis decided, not me.”90

An employee of the Israeli NCFM during that period related:

Most of the cases were incidents of feud between clans, honor killings, and killings of collaborators, which were the most difficult ones because of the abuse of the body before death. The Israeli forensic medicine team rarely came to the scene. In some cases we performed autopsies late at night or even on Saturdays because it was important for them to bury their dead. They would come and take the body, and put it in the trunk. Back then, there was still no law for transporting bodies in designated vehicles.91

During the first Palestinian intifada from 1987 to 1993, many Palestinian bodies from the West Bank, Gaza Strip, and Jerusalem, were transferred to the Israeli institute. These bodies included those of collaborators with Israel, abused and killed by Palestinians, Palestinians shot and/or beaten to death by Israeli military forces during confrontations or inside Israeli prisons, and suicide bombers.92 In cases in which families or international human rights organizations questioned the objectivity of the institute’s work, a permit was issued for a doctor representing their interests to be present during the autopsy’s performance.93

According to Israeli law, family consent is required prior to performing an autopsy.94 This rule was upheld vis-à-vis Palestinian bodies in criminal and suspicious death cases. In politically motivated cases, especially for suicide bombers, this rule was disregarded. In these cases, the Supreme Court issued orders allowing a complete autopsy.95 In such cases, especially when parts of a suicide bomber’s body came into contact with others at the scene (whether survivors or victims), different samples, such as blood (when possible) and muscle samples for hepatitis B and C tests, were taken and; serologic tests were processed in the laboratory of Tel Aviv University’s Sourasky Medical Center and biological molecular analyses were undertaken in the liver unit of the Hadassah University Medical Center in Jerusalem.96

The institute handled Jewish and (mostly Palestinian) non-Jewish bodies differently, particularly in regard to three procedures: circumcision, tattoo removal, and restoration...
of tissues prior to burial. These three actions were performed on Jewish bodies but not on non-Jewish bodies.97 Thus political identity of a person continues even after death. Examining the medico-legal and the social-political practices inscribed on the Palestinian flesh, Meira Weiss describes how the Palestinian corpse is othered within the Israeli Institute of Forensic Medicine. Othering the body positions it in a state of exception whereby the body is objectified for the medical gaze.98 When the Palestinian corpse became objectified under the Israeli military system’s gaze, this gaze was more political than medico-legal. Weiss writes:

In the first intifada, the [Israeli] army allowed the institute to harvest organs from Palestinians, using special regulations that gave the institute permission to conduct autopsies on every Palestinian killed. These autopsies were accompanied by the harvesting of organs, which were used by the skin bank and other organ banks for organ transplantation, research, and medical studies. Many of the institute’s workers referred in interviews to the first intifada (1987–1993) as the “good days” of harvesting organs, which was done frequently and freely compared to other periods. . . . Fewer Palestinian corpses arrived at the institute during the second intifada.99

Weiss offers two explanations for this reduction in organ harvesting. The first reason stems from the opening of the Palestinian Institute of Forensic Medicine in 1994, following the Oslo accords. The second reason, according to the Israeli institute’s manager at that time, is the decline of the Palestinian health situation in the mid-1990s, which rendered many Palestinian corpses “unsuitable” for harvesting due to infections such as hepatitis. Weiss adds: “Foreign workers replaced Palestinians as a source for skin and other organs.”100

This period in the history of forensic medicine in Palestinian society came to an end with the 1993 Oslo accords, ratified by both the Palestinian and Israeli sides. Nevertheless, the dead Palestinian body continued to be subject to the Israeli forensic medicine system when a Palestinian dies inside Israeli territory, for example when a political captive dies in an Israeli prison or when a Palestinian is killed while attempting to commit a criminal or nationalist act in Israel. These practices indicate that, within the Israeli context, sovereignty over the body ultimately derives from sovereignty over the land.

The Palestinian Authority (1993–Present)

Following the Oslo accords, institutions of Palestinian self-government began to be established. One of Yasir ‘Arafat’s earliest decisions as PA president – in decision number 24 of 18 October 1994 – was to announce the establishment of a center of forensic medicine whose work soon commenced. In his decision, ‘Arafat declared: “A forensic medicine center, belonging administratively to the Ministry of Justice, and technically to the Ministry of Health, is to be established . . . . The Ministry of Justice is to take on preparing the regulations for planning a center and deciding on its expertise, however in
consultation and coordination with the Ministry of Health.”

The establishment of the forensic medical system as one of the first institutions of the Palestinian Authority reveals its importance in imposing social order through sovereignty over bodies via the law and medicine. However, when this system was established, the local community rejected its medico-legal practices. According to interviews, this rejection emerged from many different reasons, the three most important of which were: the belief that autopsy contradicts shari’a; the belief that the Palestinian system would continue practices previously undertaken by the Israeli institute, such as neglecting corpses and harvesting body parts; and the rejection by part of Palestinian society of all institutions stemming from the Oslo accords, which were regarded as expanding the oppression of Palestinian society. The Palestinian Authority thus sought a fatwa approving autopsy, organ transplantation, and the teaching of anatomy. This fatwa helped the PA to practice its sovereignty over bodies and impose law and social order through its modern forensic medicine institute.

Between 1994 and 1996, most forensic medicine practices in Palestinian society were performed in regional hospitals. In 1996, al-Quds University in Abu Dis adopted the idea of grouping all the roles and jobs of forensic medicine into a single institute, allocating space in the medical faculty to establish a forensic medicine department. Locating the modern state institute near Jerusalem, on the campus of al-Quds University, expresses the political-national perception of Jerusalem as the future capital of the modern Palestinian nation state. The dean of the medical faculty at al-Quds University explained:

The medical faculty in al-Quds University was founded in 1994, after a presidential decision and selection of al-Quds University. Several reasons led to this, one of which is Jerusalem’s status as the future capital of the Palestinian state.

A 2008 pamphlet published by the FMI in collaboration with al-Quds University states:

The late president Yasir ‘Arafat issued a presidential order to build a center of forensic medicine, the central location of which will be Jerusalem, for national political interests. For two years there were no actual results to this order due to many difficulties, such as location, land, and medical staff. Out of a belief in the greater good of the Palestinian people, which is one of al-Quds University’s objectives, the medical faculty received all the criminal cases in the Palestinian territories.

During this period, some Palestinian forensic doctors received training in Jordan. Two doctors from the West Bank and two from Gaza, as well as several technicians, interned in the relevant fields of the Jordanian forensic medicine system. The institute’s operation is thus highly influenced by the Jordanian system. In June 2000, a new modern facility for the institute, funded by the Australian and Danish governments, was completed in
the faculty of medicine building at the university and since 2000, autopsies have been conducted in this new facility. The institute’s opening was accompanied by a fatwa from the mufti of Jerusalem and the West Bank, which reads, in part:

Islam brings to account the needs of the human being and provides special importance for medicine and treatment. Exposing the body is permitted for this purpose depending on the need, and based on the religious rule “necessities invalidate prohibitions.” Based on this rule, it is possible to perform medical examinations on the body of the male and female both. It is possible to conduct an autopsy of the body to reveal illness, treatment, and secrets that God buried inside the human body. In addition, it is possible to dissect a body for the benefit of science and students. The body can be dissected to reveal murder and cause and time of death, and for forensic medical purposes. It is important to conduct the dissection in a convenient and closed place, where only doctors and medical students can enter. It is important to note that dissection for deviant and abusive reasons is religiously prohibited. Dissection is permitted when it maintains human dignity and value.104

In its beginnings, the Palestinian FMI in Abu Dis functioned as the main forensic medicine center in the West Bank, to which all the autopsy cases were transferred after the attorney general’s decision. As time passed, Israeli military restrictions and political dynamics, including the construction of the separation wall and the erection of permanent checkpoints and military passageways, impacted and restructured Palestinian space-time. The division and fragmentation of space-time under PA control produced many difficulties regarding transferring corpses to Abu Dis. As a result, the Palestinian Authority’s forensic medicine system is divided between several centers, including a managerial office in Hebron and, until September 2005, an additional office in Bethlehem, and three forensic medicine institutes: the main one at al-Quds University, another at al-Najah University in Nablus established on 2006,105 and a third in al-Shifa’ Hospital in the Gaza Strip. A fourth adjunct institute has been established in 2014 as a small unit at al-Ahli Hospital in Hebron, to which corpses are transferred under the authority of the attorney general of the West Bank.

The role of the various institutes is clear from the following pamphlet from 2008, published by the main institute in Abu Dis: “The institute does its share in carrying out justice by contributing the technical and medical experience needed by the state attorney and legal system to clarify an event or accident.” One of the three doctors who served as director of the institute between 2004 and 2009 explained:

When a death occurs under suspicious circumstances, the attorney general sends for the forensic doctor residing in the district to perform an external examination and decide if an autopsy is necessary. The law demands the performance of an autopsy to determine the cause of death. If the death was caused by a criminal act, the precise knowledge of the cause is important for the legal process. In cases of disease, the cause of death is determined in
order to understand the type of disease for the benefit of the family, society, and science.106

The role of the FMI and the tasks it performs have changed over the years, reflecting changes in the institute’s administrative structure, which themselves derive from socio-political changes in Palestinian society, including the death of Yasir ‘Arafat in 2004, the appointment of Mahmud ‘Abbas (Abu Mazin) as PA president in 2005, Hamas’s victory in parliamentary elections in 2006,107 and the subsequent split between Hamas and Fatah.108 Changes at the FMI include the termination of the first director of the institute, a forensic medicine doctor appointed by Yasir ‘Arafat.

Toward the end of July 2005, the institute performed a number of different tasks, primary among them conducting autopsies on the bodies of Palestinians in cases of suspected or known murder, as well as in cases of traffic accidents or sudden death of unknown reason. After every autopsy, a forensic-medical report is prepared for the attorney general and available to the court of law. Sex-related tests, including virginity tests for girls and women and rectal tests for boys and men, were also carried out at the local attorney’s request in cases of suspected rape or sexual abuse.109 The FMI ran lab tests of bodily tissues and fluids, though it was unable to perform many common tests due to insufficient laboratory equipment or expertise. Some tests were sent to al-Maqasid Hospital’s lab in Jerusalem and many were sent to al-Najah University’s lab in Nablus, as the PA recognized both labs. The institute preserved tissue and body parts for future needs, such as teaching university students in the faculties of medicine, dentistry, and law, who also received lectures and practical instruction in the autopsy room.

The FMI also preserved bodies of individuals whose families were unable to be identified or located, or whose families refused to receive them for burial, as in cases of the death of a family member in circumstances that “bring disgrace and shame on the family,” such as collaborators with Israel and women murdered by their family members. The director of the forensic medicine system in the West Bank stated:

These bodies are preserved for a period of time in a refrigerator, sometimes for two weeks and sometimes for much longer, until the general attorney issues a burial order, and the body is taken for burial in coordination with the police forces and municipal bodies in Abu Dis. Each body is issued a number.110

The institute also identified bodies via investigation, arriving at a legal conclusion, generally without the aid of DNA tests. DNA tests were performed in specific cases, according to the attorney general’s considerations and significance in a trial, but during this period such tests were performed in Jordan.

Toward the end of July 2005, Palestinian internal security forces stormed the FMI in Abu Dis, which resulted in changes in the institute’s managerial structure and its forensic medicine practices. According to a head prosecutor in the southern West Bank: “since the end of 2005 until today, the institute ceased performing sex-related tests on the living,
such as virginity tests. These are relegated by the attorney general’s order to hospitals and private clinics authorized to conduct these tests.” The FMI also stopped preserving corpses, because it was determined to be unnecessary and in possible conflict with religious beliefs. The decision of how and where to bury the unclaimed bodies reverted to the attorney general. Meanwhile, tissue and body-part preservation was transferred to the pathology institute in the university’s medicine faculty.

Ultimately, the FMI is subordinated to a number of different authorities. As laid out in Yasir ‘Arafat’s decree establishing it, and confirmed in interviews by the institute’s directors and lawyers who work in the forensic medicine field, the institute’s activity falls under the managerial authority of the Ministry of Justice and the professional authority of the Ministry of Health. It further operates according to al-Quds University regulations, being situated on its grounds. Existing at the meeting point between these worlds, the FMI reflects forensic medicine’s complexities, with the legal world engaged in regulating society according to philosophic principals and the medical world basing its regulations on science. This intersection, which also includes the academy, shapes and structures the “life course,” or the rites of passage, of the dead Palestinian body that enters the Palestinian forensic medicine system.

**Conclusion**

In order to understand Palestinian medico-legal practices, it is important to understand the social-political structures and dynamics that characterized each historical period. Likewise, in order to understand the social-political structures and dynamics of the Palestinian society along its history, one can read the history of the Palestinian corpses’ “lives” and rites of passage, especially in cases of suspicious and unnatural death. In such cases, the corpse “travels” through different post-mortem practices and medico-legal structures. As a result, the corpses take on new “lives,” the rites of which are institutionalized and politicized. Since the end of the nineteenth century, different sovereign authorities in Palestine have used post-mortem examinations and forensic medicine practices to maintain social order and legal sovereignty. Autopsy was and still is used as a means for upholding the law among the local population, which at times objected to the performance of autopsies. This objection has largely rested upon religious faith and ideology and has generally been silenced by the instruments of those in power. One of the instruments used has been the religious system – and its agents, such as the mufti – which frequently acted as a mediator between the sovereign power and the local population, and as a new social-religious knowledge producer.

Medico-legal practices indicate that the corpse has been a site for restructuring and inscribing the relationship between ruling authorities and the local population in Palestine. During the Ottoman era, as Jerusalem became a site of greater attention from religious people and physicians from all over the world, the Ottoman government gave Palestine a special status and forensic practices came into use. This indicates that when an area becomes central for governance, its corpses can play a role in imposing the law and
keeping social order. The British Mandate also used the coroner system in Palestine as a tool to control the local population through the establishment of related regulations. Under Israeli occupation, corpses were again sites for restructuring the relationship between the colonized and colonizer. Israel reserved for itself the right to conduct autopsies on dead Palestinians. Its regulations reveal how forensic medicine can serve as a differentiating tool among different populations. By using the Palestinian harvested organs, Israel also re-structured the Israeli bodies. Despite its silence and inactivity, according to Bruno Latour’s concept of social network, the Palestinian corpse must be considered an active social-political agent.113

This agency continued after the 1993 Oslo accords, when the FMI was one of the first institutes established by the Palestinian Authority. This indicates the importance of such an institute in helping the nation-state control living bodies by compelling autopsies over dead bodies. Establishing this modern state institute at the authority’s beginnings and near Jerusalem made a political and national statement. This location was a symbolic spatial representation of the PA’s proximity to restoring sovereignty over the city and over the Palestinian body. As a result of political developments, this spatial representation slowly scattered to fragments, similar to the shattered control of the PA. In today’s Palestinian forensic medicine, the “life” course of a dead body is structured by society’s social and political dynamics. The forensic medicine system is situated in a unique socio-political context in which several centers of power are active. The situation is dynamic, since the borders between self-government and occupation are equivocal and vague, producing characteristics differ greatly from those in nation-states, both materially and theoretically. Today, the Palestinian imagined state with its imagined capital in Jerusalem has more or less collapsed alongside the near total destruction of Palestinian space-time. This destruction has gutted the centrality of the Palestinian Authority and weakened its hegemony, segmenting its control and dismantling its sovereignty. The existence of four modern state forensic medicine institutes in parallel with the absence of a state indicates the PA’s weakness and its loss of control over bodies, both living and dead.

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Endnotes
2 A death is suspicious when it is unexpected and its circumstances or cause are medically or legally unexplained. Examples include murder, suicide, and medical negligence.
7 Foucault, Discipline and Punish, 25.
8 Judith Butler, Bodies that Matter: On the Discursive Limits of ‘Sex’ (London: Routledge, 1993).
19 See Daher-Nashif, “Havnayat ha-hahya.”
30 Most of the research data was updated during 2015–2016, through a post-doctoral fellowship granted by the Arab Council for Social Sciences and Carnegie Corporation of New York.

31 This name comes from the French verb *asseoir*, meaning “to seat,” to put something in its place. *Assise*, here used in the plural, refers to a courthouse.


34 Shefer-Mossenson, *Ottoman Medicine*, 60.

35 Shefer-Mossenson, *Ottoman Medicine*, 60. It is important to note that this explanation does not mention differences between Arabs and Jews living at that time, but notes difference in social status as a factor affecting the decision to conduct an autopsy. The question should be raised here as to whether this difference derived from autopsy costs or from superiority of the elites’ body/death over those of others.

36 Shefer-Mossenson, *Ottoman Medicine*, 60.


41 Davudovitch and Greenberg, “Public Health,” 122. Until 1841, Palestine was part of a province that included Lebanon, Syria, and Jordan, and whose administrative center was Damascus; in 1841, Jerusalem was separated from the Syrian province and became the administrative center of a district that included Gaza, Jaffa, and Hebron. See Butrus Abu-Manneh, “Jerusalem in the Tanzimat Period: The New Ottoman Administration and the Notables,” *Die Welt Des Islam* 30 (1990): 1–44.


Amar, History of Medicine, 8.

Amar, History of Medicine, 274.

Amar, History of Medicine, 277–79.


Abu-Rabia, “Bedouin Health Services.”


Yazbak, Haifa in the Late Ottoman Period, 79.

Yazbak, Haifa in the Late Ottoman Period, 80.

German Consulate files, B/556/1805, report of the municipal doctor, 15 June 1895, in Yazbak, Haifa in the Late Ottoman Period, 80.


This expert, a military doctor, was named Nusred Fuad, a military doctor.


De-Paz and Lifshitz, “‘Natiha refu’it-mishpatit,” 129.


Griffiths and Brock mention that if a doctor could not indicate a disease as the cause of death, a coroner was required to conduct an investigation, except for diagnoses of Sudden Infant Death Syndrome (SIDS) and “old age,” both considered “natural.”

Hadidi, Hamdi, and Bukayrat, al-Tibb al-shar'i, 52–53.

Hadidi, Hamdi, and Bukayrat, al-Tibb al-shar'i.


Heinrich Karplus, “Present Day Forensic Medicine Services in Israel: Their Development and Legal Background,” in Proceedings of the Fifth International Medical-Legal Seminar, Jerusalem Quarterly 70 [ 93 ]
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78 Robinson, “Politics of Legal Reform,” 53.

79 European law is currently anchored in Arab countries because of the legitimacy given to it by the Ottoman Empire, which had been heavily influenced by Napoleonic law in the mid-nineteenth century.

80 According to Hadidi, Hamdi, and Bukayrat, the legal system in the West Bank during this period was stable and transparent, and suited Palestinian society’s norms and values as an Arab society. Hadidi, Hamdi, and Bukayrat, al-Tibb al-shar’i, 52.

81 Robinson, “Politics of Legal Reform,” 53.

82 Author interview, Jerusalem, November 2008.

83 Author interview, Jerusalem, October 2008.

84 Author interview, Ramallah, October 2008.

85 Author interview, Jerusalem, November 2008.


87 Robinson, “Politics of Legal Reform,” 53.

88 Robinson, “Politics of Legal Reform,” 54.

89 Author interview, Abu Dis, April 2005.

90 Author interview, Ramallah, March 2007.

91 Author interview, Tel Aviv, January 2009.


93 Hiss, Kahana, and Arensburg, “Forensic Medicine in Israel,” 156.


96 Hiss, Freund, Motro, and Kahana, “Medico-Legal Investigation,” 550. Jehuda Hiss served as the head of the National Institute of Forensic Medicine between 1988 and 2005. He was dismissed from this role because of his mismanagement of the institute’s work. He continued to work as head pathologist of the institute until 2012, when he was dismissed from this position.

97 See Weiss, ‘Al gufatam ha-metah, 145.

98 Weiss, ‘Al gufatam ha-metah, 149.

99 Weiss, ‘Al gufatam ha-metah, 149.

100 Weiss, ‘Al gufatam ha-metah, 149.

101 Sari Nusseibeh’s decision to establish an institute of forensic medicine on the university’s grounds was promulgated on 26 January 2000. He stated: “In accordance with the suggestion of the assistant to the president of the university in development and design, the assistant to the president in fiscal management matters, head of design and execution in the medicine faculty, and a former dean of empirical study, it was decided to establish an institute of forensic medicine at al-Quds University . . . from the date of 1 January 2000.” Construction was completed on 6 June 2000 and the institute opened.

102 Author interview, Abu Dis, February 2006.

103 This influence follows from then PA chairman Yasir ‘Arafat’s decision on 20 May 1994 that “subordination to the laws, regulations and orders that were de facto before June 5 1967 in the Palestinian territories (in the West Bank and in Gaza) will continue until their union.” This fatwa was issued in 2000 and published in the most popular local newspaper, al-Quds on 2 August 2001. On 14 May 2004, another fatwa was issued and also published in al-Quds daily newspaper. It included reference to the same issues raised in the first fatwa, but with an extended discussion.

104 Establishing the institute at al-Najah University also derived from the university’s desire to ease the process of studying anatomy for its medical students: before 2006, students had to travel to Abu Dis to observe and practice dissection.

105 Taken from an interview with the institute’s first director (presiding during the first half of my ethnographic work), published in al-Hayat al-Jadida newspaper, Ramallah, 21 April 1999.


109 These are routine tests performed on every autopsied body.

110 Author interview, Abu Dis, July 2006.

111 Author interview, May 2016.
