

Investigative Report Pertaining to the Death of 'Issam Judeh Mustafa Hamed Palestinian Male, ID # 94426105

*A Report by Physicians for Human Rights
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Summary

The International Forensic Program of Physicians for Human Rights (PHR) has concluded that the controversial death of Palestinian 'Issam Judeh Mustafa Hamed was the result of trauma sustained in a motor vehicle roll-over. PHR dispatched to Israel and the territories two pathologists from the United States, Dr. Robert Kirschner of the University of Chicago and Dr. Nizam Peerwani of the University of North Texas. Drs. Kirschner and Peerwani, both veteran medical examiners, noted that the type and distribution of injuries observed on the body surface, including gliding abrasions (road rash) and gravel abrasions, indicate that 'Issam Judeh was most probably thrown out of the vehicle when it rolled over, impacting the ground mainly along the left side of the body, including the left-side of the head. The fracture at the base of the skull, evident on CT-scan, is indicative of medium or high velocity impact generally seen in injuries sustained in a motor vehicular crash. Furthermore, they noted that there were no defensive wounds or burns on the body surface. Since an autopsy was not performed, presence of occult internal blunt force traumatic injuries prior to vehicular crash could not be ruled out. Similarly, events leading to the crash could not be established including the possibility of the decedent being chased by the Israeli Defense Forces.

Purpose

This report specifically addresses the findings pertaining to the cause and manner of death of 'Issam Judeh.

A team of physicians from Physicians for Human Rights USA, consisting of James C. Cobey, M.D., M.P.H., an orthopedic surgeon, Robert Kirschner, M.D. and Nizam Peerwani, M.D., both forensic pathologists, traveled to Israel, West Bank and Gaza from October 20 - 27, 2000 to assess following:

1. To determine cause and manner of death in the disputed case of 'Issam Judeh, a 40-year-old Palestinian male, whose body was found next to a car. Allegations are that he was beaten to death by Israeli settlers in West Bank and/or by members of Israeli Defense Forces (IDF). Israeli officials claim he died in a car accident;
2. At L. Greenberg Institute of Forensic Medicine in Tel Aviv, review autopsy and forensic reports pertaining to, among others, the two Israeli soldiers killed by Palestinians in Ramallah, Israeli Arabs killed in Nazareth as well as any other deaths documented by Israeli pathologists. Only one of the two Israeli soldiers was autopsied at the L. Greenberg Institute of Forensic Medicine. A formal request has been made to obtain copy of the autopsy report. None of the Arabs killed in Nazareth or other Arab towns and villages in Israel were examined or autopsied by the L. Greenberg Institute of Forensic Medicine in Tel Aviv.
3. Document injuries and deaths in Gaza and the West Bank via review of X-rays, photographs, hospital records and interviews with doctors, nurses and patients, and evaluate spent ammunition samples. The objective is to establish, if possible, types of injuries sustained, types of firearms and ammunition used, distribution of and number of gunshot wounds on the body, as well as age and sex of victims. The goal is to

determine whether excessive and/or indiscriminate force has been used by the IDF. (Please see separate PHR report ---www.phrusa.org)

4. Evaluate whether medical neutrality has been breached by IDF and/or Palestinians by attacks on ambulances and health workers. (Please see separate PHR report).

I. Introduction

The team from Physicians for Human Rights USA which evaluated the death of 'Issam Judeh consisted of Robert Kirschner, M.D., and Nizam Peerwani, M.D., forensic pathologists from the United States, who traveled to Ramallah, West Bank, on October 22, 2000. The team was, however, unable to obtain permission to perform an exhumation autopsy. Hence, this evaluation is based on review of the medical records, CT-scans, postmortem photographs, clothing, the wrecked vehicle, scene of death as well as interviews with persons having knowledge or involved in the investigation of 'Issam Judeh's death.

The team interviewed Dr. Munther Alsherif, Deputy Minister of Health for the Palestine Authority; Dr. Nasri Mu'Allem, neurosurgeon at Ramallah Hospital; Bassam Judeh, brother of the decedent; and Raslan Mahagna, who had obtained witnesses testimonies pertaining to death of 'Issam Judeh. The team also evaluated the following:

1. A color video recording of the cutaneous (external) traumatic injuries
2. A six-page typed document detailing the circumstances of the death of 'Issam Judeh, prepared by B'Tselem
3. A two-page typed report prepared by Dr. Nasri Mu'Allem, a neurosurgeon at Ramallah Government Hospital
4. Fifteen (15) color photos detailing external (or cutaneous) trauma
5. CT-scans of the head
6. Green denim overalls and blue briefs

In addition, the team visited the scene where the body was discovered and inspected a wrecked orange colored 4-door Subaru (1979 model) which was last seen being driven by 'Issam Judeh.

II. Circumstances of the Death

'Issam Judeh Mustafa Hamed (henceforth 'Issam Judeh) was 40 at the time of his death. He was married with five children and was a painter by profession. He lived in *Uhm Safa*, a village near Ramallah, north of Jerusalem in the occupied West Bank. The village is along a main road, flanked by two Israeli settlements, Ateret on the east and Halmish (Neve-Tzuf) on the west. Israeli Defense Forces (IDF) guard both these Israeli settlements. *Uhm Safa* had remained generally calm throughout the recent Intifadah Al-Aqsa, which began on September 29, 2000.

On Saturday, October 8, 2000 at 1500 hours, 'Issam Judeh started for the village cemetery where he had a paint job. The cemetery is located along the main road on the east side of the village. 'Issam Judeh was driving a 1979 Subaru, which he had purchased in Israel, and had failed to pass inspection for road worthiness there. It continued to bear Israeli license plates. He was the sole occupant in the automobile. To get to the cemetery, he had to leave the village and travel along the main road by the Israeli settlement Ateret. According to testimonies collected by B'Tselem, Musa 'Obeid, a village resident, observed an IDF jeep begin a chase of the vehicle driven by 'Issam Judeh, with both the cars driving westwards towards Halmish.

Later that afternoon, Musa 'Obeid received an inquiry from 'Issam Judeh's wife, who was concerned about her husband's whereabouts. Musa 'Obeid expressed the opinion that 'Issam Judeh was perhaps being detained by IDF at Halmish because of the presence of unauthorized Israeli license plate on his Subaru and that he would be released after a fine.

When 'Issam Judeh had not arrived home by 1900 hours, the village organized a search party that combed the route 'Issam Judeh may have driven along, and made inquiries with the IDF guards at the Halmish settlement. The search party then notified the Palestinian Television, as well as al-Watan, a local TV Station, the Palestinian police and the Palestinian DCL (liaison office).

On the following day, early in the morning of October 9, 2000, Bassam Judeh, brother of 'Issam Judeh proceeded to Beit El Police Station and was told that 'Issam Judeh was not being held there. At approximately 0930 hours, 'Issam Judeh's wife observed a car along the shoulder of the road, some 400 meters from her house. She descended to the scene and found her husband lying face down in a pool of blood, fully clothed, some two meters away from the over-turned vehicle, which had come to rest on its right side. An IDF army jeep arrived and stood some ten meters away, and did not interfere with the subsequent transfer of the body first to the decedent's house and then to Ramallah Government Hospital.

III. Medical Examination at Ramallah Government Hospital on October 9, 2000

The body of 'Issam Judeh arrived at Ramallah Government Hospital on October 9, 2000 at 1030 hours, and was examined by Dr. Nasri Mu' allem, a neurosurgeon. Examination included external inspection, video and 35 mm color photo recording of injuries, radiography of the left upper distal extremity as well as CT scan of the head. An autopsy was not performed. Partial clothing were retained including a green sleeveless overalls and blue briefs. Dr. Mu' allem concluded that 'Issam Judeh "...received severe head trauma with multiple skull fractures and high tension pneumo-encephalus, causing severely increased intra-cranial pressure". He also noted that there were "Other lesions of different sizes, scattered all over the body, most likely due to dry burns". The mechanism of head trauma was defined in the report.

IV. Evaluation of CT scans, Color photos and Clothing by PHR team members

A. The CT scans

1. Multiple facial and skull fracture with left-sided distribution involving the:
 - a. Maxillary sinus with tension pneumo-encephalus (air within the cranial cavity) causing a mass effect of the anterior region of the cranium
 - b. Depressed temporal skull fracture
 - c. Linear, non-depressed parieto-occipital skull fracture
 - d. Fracture of the petrous ridge (at the base of the skull)
2. Bi-hemispheric subarachnoid hemorrhage (bleeding within the coverings of the brain)
3. Compression of lateral ventricles (1) due to severe cerebral edema (swelling)

B. The color photos: Fifteen (15) color photos were made available.

1. HEAD: The unwashed face is covered in multiple foci with dried and crusted blood, and road dirt mainly along the central portions including the glabella (between the eyes) and the nasal surface. Blood is noted within the nostrils, mouth, as well as oozing from the left external auditory meatus (left ear canal). There is prominent left peri-orbital ecchymosis with edema ("black eye"). Also noted is facial lividity (2) with contact pallor of the mid-forehead and left zygoma (cheek bone area), consistent with the body lying face down for some duration of time. Blunt force cutaneous traumatic injury of the face and scalp is present with pre-dominant left-sided distribution and includes:

- a. Two small non-patterned gliding abrasions of left forehead and one of left upper eyelid with the intervening forehead depicting patchy areas of contusions
- b. Bilateral bulbar sub-conjunctival hemorrhage
- c. Non-patterned gliding abrasions with surrounding contusion of left cheek and zygoma (cheek bone)
- d. Non-patterned gliding abrasion of left nasal surface
- e. Two scalp lacerations including one of left parietal scalp due to tangential blow with slightly avulsed superior margin, and the other of the left parieto-occipital scalp.

2. TORSO: The torso is clothed in a blue underwear only. Anterior lividity is once again noted, involving the anterior neck, chest and abdominal areas, consistent with the body lying face down for some period of time. Confluent areas of blunt force traumatic injuries are noted, consisting mainly of abrasions (3) with predominant left sided distribution. All the injuries are confined to the back, including the upper and left back, and the left flank with sparing of the chest and abdominal surfaces. These injuries include:

- a. Linear patchy vertically oriented gliding abrasions (road rash) of the left and right upper back
- b. Gravel abrasions of left scapular region (shoulder blade area), extending to the left posterior shoulder and posterior axilla (arm-pit)
- c. Large confluent area of deep gliding abrasion (road rash) involving the left mid-flank and back
- d. Gliding abrasions of left lower flank extending to the pelvic rim (hip region) and incorporating a superficial linear laceration

3. EXTREMITIES: Prominent blunt force traumatic injuries are noted, consisting mainly of abrasions, with predominant left-sided distribution. These injuries include:

- a. Linear gliding abrasions of the left lateral arm extending from shoulder to the elbow with the distal area depicting distinct gravel abrasions
- b. Prominent rectangular area of deep patterned abrasion (4) of left mid anterior thigh with surrounding soft tissue contusion and edema
- c. Focal non-patterned abrasions of left distal thigh and left knee.

4. POSTMORTEM ARTIFACTS: Postmortem artifacts were noted on the body surface with slippage of skin. Such lesions generally lack vital tissue reaction and present yellow dry surface, except in dependent portions where such slippage of skin may have a reddish base due to presence of postmortem lividity. Such artifacts may be produced by radiant environmental heat. There are many such artifacts present some of which include:

- a. Small abrasion of left lateral buttock (antemortem injury) associated with a large inferior area of postmortem slippage of skin, the denuded (naked) area presenting a yellow parchment-like appearance without discernible tissue reaction
- b. Small non-patterned irregular abrasion of left upper medial buttock (antemortem injury) with postmortem slippage of skin, the denuded (naked) area presenting a yellow

- parchment-like appearance without discernible tissue reaction
- c. Two focal areas of postmortem slippage of skin along the left posterior thigh
 - d. Patchy areas of postmortem slippage of skin along the right posterior buttock with rolled-up skin along the inferior border and yellow pale denuded surface without vital reaction
 - e. Postmortem slippage of skin along the right medial arm
 - f. Postmortem slippage of skin along the distal right medial forearm extending from the mid forearm to the wrist joint along the ulnar border, without vital tissue reaction but with reddish base due to associated postmortem lividity
 - g. Patchy areas of postmortem slippage of skin along the medial surface and the ulnar border of left forearm, extending from the elbow to the wrist joint without vital tissue reaction but with reddish base due to associated postmortem lividity
 - h. Focal area of erythema of left penile shaft

V. Examination of the Clothing Worn by 'Issam Judeh

Two items of clothing were made available including a blue briefs and a green denim overalls. The briefs appeared intact, without blood or serum stains. The overalls depicted several areas of tear (age of the tear cannot be established), staining by paint and dirt as well as drip and transfer blood mainly along the anterior surface. Inspection of the inner surface of the overalls did not yield significant blood, and most importantly, there was absence of linear streaking of blood from raw or bleeding wounds of the thigh and/or the torso had the decedent been dressed after death.

VI. Visitation of Scene by PHR Team where Body was Discovered

The wrecked over-turned vehicle was discovered along the road side approximately 10 meters from the edge of an asphalted road. A sharp curve along the road is noted, some 40 meters from the site. The general terrain is hill with small and large rocks, and pebbles along the road-side. The exact location where the wrecked vehicle and the body were discovered is unmarked and cannot be established. Tissues or body parts were absent. Large amounts of broken laminated Subaru-brand windshield glass were present, clustered in a tight geographical area.

VII. Examination of Wrecked Vehicle by PHR Team

The orange colored wrecked Subaru was parked along the rear of the decedent's residence in *Uhm Safa*, a village near Ramallah. The vehicle depicted considerable amount of damage most of it recent with absence of rust in the areas where the paint had peeled or scratched away. The predominant areas of vehicular damage include the left frontal region with unhinged hood and partial cave-in of the roof mainly along the right anterior region. The windshield is broken and absent. The rear-view mirror on the driver's side is also broken and missing. There is some compromise of the driver's compartment, mainly due to partial roof cave-in, however, the dash board, steering column and steering wheel all appear in the pristine location. The front under-carriage and wheel assembly are damaged. Body tissue or desiccated blood is absent.

VIII. CONCLUSION

It is the opinion of the PHR Team, within a reasonable degree of medical and forensic certainty that:

1. 'Issam Judeh Mustafa Hamed died in a motor vehicular roll-over accident (5). The type and distribution of injuries observed on the body surface including the road rash (gliding abrasions)

and gravel abrasions indicate that 'Issam Judeh was most probably thrown out of the vehicle when it rolled over, impacting the ground mainly along the left side of the body, including the left-side of the head. The fracture of the left petrous ridge at the base of the skull, evident on CT-scan, is indicative of medium to high velocity impact, generally seen in the setting of a motor vehicular crash. Absence of dicing injuries (angulated cuts produced by fractured wind-shield glass) indicates that the body was most probably thrown out of the car as the car began to roll-over before the wind-shield smashed. This may account for the fact that the inspection of the vehicle near the time of accident failed to yield presence of blood or tissue within the compartment. Finally, had 'Issam Judeh sustained these cutaneous injuries from an assault, the injury would be distributed on both the sides of the body, across the face, upper torso and extremities and not merely one-sided.

2. There are no defensive wounds. Defensive wounds consist of contusions when a blunt instrument is being used or cuts and stabs when a sharp instrument is being used. Such wounds are typically distributed along the dorsal surfaces of the hands, wrist joints and forearms and are sustained when a victim is attempting to ward off blows.

3. Although the PHR team was not able to independently verify, medical records reviewed indicate that 'Issam Judeh also sustained fractures of the distal left radius and ulna (bones of the forearm). There are several mechanisms by which both radius and ulna are simultaneously fractured, including direct blow, however, the most common mechanism is in the setting of a motor vehicular accident. Fractures due to a direct blow or impact by a blunt instrument, called "nightstick fractures", typically consist of a non-displaced fracture of ulna alone.

4. The rectangular area of patterned abrasion of the left thigh is most probably due to the impact of left thigh on the rear-view mirror as the body was being thrown out of the vehicle, although it may also have occurred when the thigh impacted a similar hard rectangular object at the scene.

5. Body depicts scattered foci of postmortem artifacts with slippage of skin, without chemical or electric burns.

6. The pattern of lividity indicates that the body lay on its ventral surface (on its face) for several hours, perhaps as much as 6-7 hours.

7. Occult internal injuries cannot be assessed since an autopsy was not performed and hence occult blunt force traumatic injuries prior to vehicular crash cannot be ruled out. Similarly, events leading to the crash cannot be established including the possibility of the decedent being chased either by the Israeli Defense Forces and or the Israeli settlers.

Endnotes:

(1) ventricle, cavity within the brain normally filled with cerebrospinal fluid

(2) With cessation of circulation after death, the blood, while it is still fluid, gravitates to the dependent portions of the body thereby distending the dependent capillaries and veins. This capillovenous distension is known as postmortem livor mortis (lividity) or hypostasis. Lividity occurs in all the dependent tissues and viscera. It is readily observed in lightly pigmented skins where it appears as mottled patches which gradually extends and coalesces. Under ideal conditions, lividity may be visible as early as 1/2 hour death and fully developed in 6-10 hours. Thereafter, it is "fixed", i.e. it does not shift with changing of body position.

(3) An abrasion (scratch or scrape) represents the tearing away of the epidermal or the outer layer of the skin by crushing injury or friction. Abrasions are of two types: (i) Compression Abrasion, where the force causing the injury is directed perpendicular to the body surface thereby imparting a pattern which resembles the object which produced it; and (ii) Gliding Abrasion where the force causing the injury is directed tangential to the body surface scraping the epidermis, as in a passenger thrown out from a motor vehicle in a crash. When such an abrasion is extensive it is called road rash (or brush burn).

(4) The location of the patterned rectangular abrasion is consistent with that produced by impaction with a rear-view mirror. Inspection of the motor-vehicle reveals a broken rear-view mirror along the driver's side.

(5) This case was independently reviewed by Dr. Chris Milroy of the UK and his colleagues. They have independently come to a similar conclusion.

Physicians for Human Rights mobilizes the health professions and enlists the general public to protect and promote the human rights of all people. PHR shared the 1997 Nobel Peace Prize for its role as a founding member of the International Campaign to Ban Landmines.

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