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Text of the Speech by Mr. Syed Shahabuddin, Former Ambassador of India to Algeria and Former Member of Parliament, to **The 17th Annual Convention of the IMA., St. Louis, August, 1984**

Past President of the I.M.A. Dr. Khan, President Dr. Nagamia and President-elect Dr. Fadel, Members of the Board of Directors and of the Executive Committee, Ladies, Gentlemen and Young Friends.

I very much appreciate, Dr. Khan, your rather extensive introduction, I don't really think it was ;necessary, and your kind invitation to address the Association this evening. I deem it a privilege and an honour to speak to a distinguished gathering like yours. However, I must admit that I really wonder in what capacity have I been invited. The thought strikes me that perhaps in my present role as a politician I am expected to be a know-all, capable of speaking on any subject under the sun! Or, looking inwardly, that since I am a chronic patient and always looking for medical attention, that might be the reason. The real reason may well be that among you I find many faces I am familiar with, many friends like Dr. Mallick whom I know so well. That is the reason why you have shown me this indulgence.

Knowledge is not the monopoly of any group or nation or community. It is the common heritage of all mankind and the sum total of human knowledge as we find it today is indeed the contribution of many peoples, and the result of exchange amongst various peoples. The historic role played by Islam and particularly by the Arabs as the standard bearers of Islam in the promotion of human knoweldge and in the advancement of medical science is well-known. This exchange goes on. But the banner of knowlege goes on changing hands; perhaps it is a pity that Muslims are no longer at the frontier of knowledge. But those of you, who are here this evening, have played a role in keeping that spirit alive. You in a sense represent the avante garde of the new generation of Muslims all over the world, which is trying to reclaim its lost heritage, because, as our Holy Prophet (pbuh) said, knowledge anywhere is the lost heritage of a Momin. You are in the United States to reclaim that heritage on behalf of the Umma and it is this that justifies your presence here in the States.

This reason is not limited to an individual or to a particular 'Qaum' if I may use that phrase. In this hall, I find representatives of many countries and many nations. Your assembly is therefore for me another symbol of what has been called Islamic resurgence. Let us all pray that we shall live to see a new Baghdad, and a new Seville, a new Cordoba and a new Grenada.

My mind goes back to the contributions Islam made in Quito, the Capital of Ecuador. There exists the oldest hospital in the Western hemisphere and the question is as to why it has to be in Quito. The connection is obvious, it is because the tradition of organized medicine came to the West from the Arabs through Spain.

During the period of colonization in which we were all swept under the tide of imperialism, our medical systems lost their inherent dynamism, their spirit of inquiry. Stagnation set in. Colonization affected our mode of thinking. It affected our entire personality and as in other branches of human endeavour, it overtook the medical profession and then the indigenous systems and institutions went into decline. In that phase, the Western system of medicine which was offered to us was used by our new political masters as a political tool, as an instrument of dominance, as a symbol of control. And as you know, the elite were the first to fall in line. They took to the new fashion and once the elite were converted, the masses, despite their mistrust and initial suspicion, follow. The result was that the stream of inquirty dried up; the indigenous system was downgraded. The inherent spirit was lost and an era of decadence set in. First came the Western doctors; then came the doctors trained in the West. Now the cycle has turned a complete circle. Now we have doctors trained in Western medicine in the East like you who are taking care of the health of the West and who are making their own contribution to the promotion of the Western medical science. In a sense the East is paying back a debt through you.

Unfortunately, in the Third World, poor health caused by endemic diseases remain one of the biggest obstacles to human development. It is an obstacle to human happiness everywhere in whatever measure it might be. But the Third world, to which most of us belong, continues to suffer from what we call squalour, hunger and malnutrition. Disease is the natural consequence. We have a problem of environmental hygiene. We have rampant epidemics. Many of our people back home, do not even get clean water to drink.

Decolonization has been going on for the past 35-40 years and slowly so many new states have emerged. They have tried to do what they can and yet a lot remains to be done. The Third World still has a much higher death rate and a much higher rate of infant mortality; its medical facilities continue to be extremely poor and almost non-existent for a vast cross-section of the people and scarcely available to the rest. The Third World continues to suffer from what has been called the urban-rural divide. You might well appreciate that there is almost, what I call, a class distinction in terms of availability of medical facilities. No doubt the elite in our countries have access to the latest in medical science or technology. We have endowed prestigious institutions and upto-date facilities in many of our capitals to look after the health of our elite. Perhaps many of them can compete easily with some of the best facilities anywhere in the world. And yet the fact remains that a disproportionately high proportion of the blind in the world, of those who suffer from contagious disease, of those who are born congenitally defective, of those who suffer from malnutrition, of those who are physically handicapped, of those who are mentally retarded, of those who suffer from diseases like leprosy, or T.B., live in the Third World. The Third World is the host, it caters in a much higher proportion, to the parasites, the bacteria and the germs that we are familiar with and the Muslim World as a part of this Third World, is no exception. Let me give you an example from India where I come from we have a show place like the All India Institute of Medical Sciences and yet to me this facility is a symbol, if I may say so, of the wrong priorities that we have followed in advancing our public health system. Undeniably much progress has been made in India. The statistics speak for themselves. One can cite, for example, that the total stock of doctors in India has gone up 10 times since independence; that the number of medical colleges has increased from 30 to, may be, 120, that the annual intake of medical schools (I am only talking of the Western system) from may be 2,500 around the year 1950 to more than 12,500. Similar 'progress' has been made in other parts of the Third World. But if you look at the per capita-expenditure on health, it is much below the world average, much below the level which would assure our peoples a life of dignity, a life worthy of human beings.

Another, important aspect of the picture is the collapse of the indigenous system. Some effort has been made in our countries to revive the ancient systems, of you might call them, Oriental Medicine. These systems, after all, have generations of experience behind them. They grew out of, and were thus suited to, the cultural mould of our peoples. I would plead with you not to treat those systems with disdain, to respect them because I feel that in order to meet the health requirements of the Third World, these oriental systems have also to be brought in as collaterals, as partners in a spirit of genuine cooperations. Without such cooperation, we can never touch the core of the health problem.

Today Science and Technology are advancing at an accelerating pace. With the development of bio-genetics and bio-engineering and of miracle drugs and computerised diagnosis, Health for ALL is within reach of mankind by the year 2000. For developing countries, however, the limiting factor is COST and high-cost medical

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technology is simply out of their reach in the foreseeable future. The World is shrinking but stratifying at the same time. What is possible in 'global towns' is not possible in 'global villages'. The urban-rural dichotomy is not only within nation-states but within human society, as a whole.

But just as medicine does not have a scientific aspect only, it does not have a socio-economic dimension alone. Medicine has a spiritual dimension. Compassion and commitment must be added to skill and equipment. Every diagnosis is an act of Prayer; every treatment is an act of Mercy; every intervention is an act of Faith.

Equation of man with machine is at most a fragmentary approach. Islam adopts a holistic approach and takes a comprehensive view of Man as the sum total of 'JISM', 'RUH', 'AQL' and 'NAFS'. the self-curative potential must be tapped and symptoms cannot be treated in isolation; side-effects must also be watched, specially when synthetic drugs are administered. Socially, Islam stands for Musawa'at i.e. EQUALITY which implies that basic health needs of all human beings must be fulfilled. The question is: is it possible to have a synthesis of all there considerations, a convergence of all the aspects and approaches? I have no doubt that it is possible and that the medical-men themselves shall be the agents of the synthesis, not the politician, nor the administrator.

What is our target in the Third World? In one word, we must be able to solve the health problem of the masses. The elite can take care of themselves. I have no doubt that they have been taken care of to a very large extent. The mass problem remains. We can achieve it only by deliberately accepting the policy of what I call synthesis in which the modern system or Western medicine and the indigenous systems or oriental medicine both collaborate in a conscious effort to meet the medical requirements of the people. What is needed, above all, is that minimum medical facilities must be available universally to all our people without any distinction, to all who need it in a spirit of equality. This universalization of health service is a dream which will perhaps not be realized in the next decade and yet a conscious effort has to be made in that direction.

When we think of universalization, naturally many problems come up. Who is going to bear the cost? Do we have the resources to meet this basic need of our poeple? Do we have sufficient medical personnel? Can we obtain them? How do we deploy them? What shall be the degree of social control over them? All these questions are there and they need to be answered. Our policy-makers have to attend to them. My basic point is that public health must not be left to an elitist approach. And that to my mind is also the Islamic angle. Because at least in terms of meeting a basic need of human beings the state or the society, or whatever might be its organs and institutions, must be able to provide equal facilities to those who need it. This calls for a certain reordering of priorities.

We will have to think less in terms of capital-intensive technology and to pay more attention to what have been called the common diseases. Even the WHO has been converted to that view, that in order to meet the basic requirements of the common man, perhaps we can deploy para-medical personnel. The Chinese have called them 'barefoot' doctors. In India, we call them 'Health Workers', not to take the place of qualified physicians and surgeons but to be able to meet the common requirements of the masses. Because, in the short run, when 80% of our doctors are in towns where only 20% of our population lives, in the Third World as a whole, we have no other solution to this problem. We have to concentrate on greater mobility. Our health services are largely static, they are largely located in the towns and are not available to the villages at all. We cannot build palaces in the towns and completely starve ou rural population. Universalization will also call for a certai organizational decentralization. It will mean far greater attentio than has been paid by our governments to the question of nutritio to the question of environmental hygiene. For example, a rece survey in India brought out, a whole spectrum of diseases a eliminated from the health agenda, once we provide clean drinkin water to our villages. Much as curative medicine is necessar perhaps prevention is still better than cure and our attention has t be directed in the Third World more to prevention of disease.

A doctor, a surgeon or physician is a scientist and a technologi and a part of his job is to keep the spirit of inquiry alive, to tak science and knowledge forward. No one can claim that we hav come to the end of things. We have explored the human body an perhaps the more we explore the human body, the more we realiz that what a lot remains to be explored, what a lot remains to b understood. So your task as a scientist is not over; this task is sti on the medical agenda, on the human agenda. Your job as a healer however, requires that you treat saints and sinners alike. You trea the believers and the non-believers alike. For you human life sacrosant. That is your oath of service and you have special pos tion as a member of the human race because you look after it fro the moment it is conceived to the moment it is laid to rest. You a the custodian of its efficiency, of its productivity, of its effe tiveness as a member of the human race. But you are also th member of a community and in this Association it is the co sciousness of belonging to a community, to a social group, th spirit of missionary service, the spirit of Islam, which has brough you together.

I ask myself sometimes what is the meaning of a Islamic doctor Does it mean simply a Muslim doctor or, as I sometimes say, a doc tor with a Muslim name? No! Islamic doctor is more than a Muslim doctor. An Islamic doctor has Faith and Humility. He never lose hope when he is treating patients. He knows that miracles can sti happen, which he may not understand, or comprehend, becaus that is Allah's will. And I am sure each one of you has come acros miracles in your experience, instances of cases, where apparentl everything was hopeless and yet you turned the table, the patien turned the corner and recovered! Then there were also situation when things failed and you accepted the failure in all humility. Th Islamic doctor has Charity. He is available to all withou discrimination and he is available at all times. An Islamic docto has Fear, born out of a sense of responsibility. As a Muslim, h believes that whatever he does he is not responsible to any huma authority but before Allah. To HIM, he has to accout for the use o his skills, for the use of his knowledge, for the use of his positio on the Day of Judgement. An Islamic doctor has finally a Vision o a world free from disease, of mankind enjoying the bliss of goo health and in realising that vision he serves humanity and he serve God. These are the characteristic of an Islamic doctor.

Each of you belongs to your community back home and what most appreciate about your Association is the fact that each one o your living here in North America is also conscious of his respon sibility to his people and many of you indeed, as I have came t know from personal conversations, hope that one day when th right moment comes you shall go back to your people and serv them with the added skill and knowledge that you would hav brought home.

I thank you and wish you every success.

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