

LETTER FROM AMERICA

Points to Ponder as Ramadan Approaches

Dr Fakhruddin Ahmed writes from Princeton

Ramadan is a reminder how it feels to go hungry. And why we should be compassionate to those less fortunate. Allah could have fed everyone if He wished. He gives us an opportunity to prove our faith. We all are being tested continuously — the rich in one way, the poor in another.

FRIENDS have often told me why they are afraid to perform the Hajj: "What if I commit sin after the Hajj?" Although I have been fortunate enough to perform the Hajj twice, I am by no means an expert on Islam. Nevertheless, my response has always been, "At the Hajj, supplicate to Allah to grant you a better spiritual life."

Better, but not perfect. For Islam tells us right at the outset that we are imperfect creatures. We are such weaklings that just to get through one day, we need to be reminded five times, through obligatory prayers, to avoid sin. And the Satan works doubly hard to show us the wrong way. The more a person inclines towards Allah, the more time the Satan spends whispering temptations to him or her.

Muslims have to participate in life. They cannot take to the hills or be hermits. Celibacy is not permissible in Islam. Muslims are encouraged to love, marry, have children, and bring them up. Husbands and wives can enjoy each other to the fullest. In short, Muslims are allowed all the pleasures of the physical world that Allah has made lawful.

To pretend that we are anything but imperfect (that is where some mullahs mislead us) is to be either ignorant or dishonest. The challenge for a Muslim is to rise above himself to a higher plane of spiritual purity. It is a life-long process. One slips, every now and then, and has to ask for Allah's forgiveness. That is why, Allah is "Of Forgiving and Most Merciful."

In Islam, the mundane cannot be separated from the spiritual. One cannot lie, accept bribes, cheat, be dishonest, and hope to attain spiritual salvation — a mistake many in Bangladesh make. If our politicians tell outright lies, then perform Umrah and the Hajj, and on return lie again, the Hajj and Umrah are wasted. Islam is not confined only to reading the Holy Quran, it is a way of life. Every Muslim — teacher, doctor, labourer, beggar, businessman or politician — is a Muslim, 24-hours of the day. There is no vacation from the religion.

Allah has made means available — prayers, charity and fasting among them — to help us elevate ourselves spiritually. Prayers are reminders five times a day what our spiritual responsibilities are. In Surah Fataha, we promise Allah good behaviour. Ever wonder how many times this Surah is recited by world's Muslims? Billions and billions of times every day, in every prayer. Is there any other verse in any other religion so oft-recited? Surah Ikhlas is Allah's attributes, the purity of faith. That too, we recite billions of times a day. We have to be paying attention to what we promise and attribute, in these Surahs.

Giving purifies the soul of the giver. Charity is not merely for the benefit of the needy, it is a test of whether the affluent are ready to part with what they covet, at Allah's command. The ultimate example of sacrifice was that of Prophet Ibrahim (peace be upon him), who was ready to sacrifice his son, Prophet Ismail (who pleaded with his father to be sacrificed) by Allah's command. We are put to far lesser tests — giving away of 2.5 per cent of our wealth every year, during Ramadan. Yet, we are so hesitant. From personal experience the writer can vouch what anyone who has given away Zakat money freely knows: Allah multiplies the amount and pays him/her back in kind. The most praiseworthy rich people are those who give their money away to charity. Those who hoard money, inevitably spend it on sin! Wealth is like manure: piled up it stinks, spread around, it helps growth.

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wished. He gives us an opportunity to prove our faith. We all are being tested continuously — the rich in one way, the poor in another.

"Islam" means submission to the will of Allah. The new generation of Muslims in the United States are doing just that. Unencumbered by the cultural influences on the religion their parents suffered in their native lands, the second generation American Muslims derive Islam from its source, the Holy Quran. Humans write about what they see. And they see very little. Only a fraction of the electromagnetic radiation, the so-called "visible spectrum" is visible to humans. The others, extending from X-ray through ultraviolet and infrared to microwave, they infer from experiments, without actually having seen them. Humans do not know much, and cannot know it all. Allah tells us about things He knows and we do not. Yet, some among us are so haughty that they want to challenge His knowledge!

At the time the Holy Quran was promulgated, it utilized only 30 per cent of the Arabic vocabulary; but used words and expressions in ways never used before, astonishing the Arabs. "Surah", "Ayat", "Taqwa" were new words. There is an unfortunate tendency among some Muslims to "simplify" the Quran. "Surah" does not mean a "Chapter", as is commonly assumed. A better meaning is "a body of knowledge." To translate "Ayat" as a "sentence" or a "phrase" is to do utter injustice. A more accurate explanation is "a hint to the correct way." Similarly "Taqwa" can be better explained as "how to avoid harming yourself." Everyone cannot attain the same spiritual stature. What a Muslim derives from the Quran is directly proportional to the time and effort he or she invests in it.

The paradigm of the miracle of language and science is the one and the same in the Holy Quran. In the seventh century as the Muslims studied the Quran they failed to comprehend what some Ayats, such as

the celestial bodies orbiting each other (Surah Yasin), meant. For centuries hence, as scientific knowledge became available, the eternal Quran proved itself over and over again.

America's Muslim youths study the holy scripture with humility, not pretending to comprehend the incomprehensible all at once. If they find portions that seem odd — such as beating a female gently, inheritance laws, a man being allowed four wives under certain circumstances — they do not turn rebellious and say, "Ah Hah!" and start singing the praise of the secular world. Nor do they go home and beat up their spouses. All they do is ask Allah for increase in knowledge and more understanding of what He is saying. They realize that someday, like the statement about orbiting earth and moon, things will be clearer to humans. It helps to be humble and remember that we did not create ourselves. Allah did. We may rant and rave, but by His command we will all die and be accountable for our rantings and ravings.

In this holy month of fasting and prayer, let us be gentle to our women folk, who work extremely hard all year. They have to get up earlier and prepare food for Sehri. While fasting, they prepare Iftar and dinner. Let us be specially kind and grateful to our mothers, wives, sisters, daughters and maid servants during Ramadan.

Let us not forget Bangladeshis who are not Muslims, either. We have Hindus, Christians, Buddhists and animists as fellow citizens, and brothers and sisters. Ramadan is not for them. They should not be forced to get up for Sehri. The Azaan is not their call to prayer, yet they have never complained about it. This holy month of Ramadan gives Muslims an excellent opportunity to practice what the Quran preaches: "There is no compulsion in religion."

Ramadan Mubarak to all Muslims!

Beware of Dropsy — a Deadly Affliction

by Md Asadullah Khan

Despite the fact that following the instruction of Delhi High Court, the state governments in Delhi and neighbouring territories have imposed ban on the sale of mustard oil, many unscrupulous businessmen in India in collusion with their Bangladeshi counterparts might be pushing these poisonous commodities into Bangladeshi markets at a cheaper price using different brand names.

THE month of holy Ramzan has approached. Majority of Muslims observing Ramzan fast all over the country would love to have pickles and several preparations of potatoes and pulses mixed with or fried in mustard oil in their Iftar and/or principal dinner menu.

But mustard oil, if by any chance you get it, you are better advised not to take it so as to avoid serious "dropsy" that has taken a heavy toll of lives in the recent past in India that borders on all sides of Bangladesh. Because mustard oil that is available in the different markets of the country might be that got its way into Bangladesh mostly by smuggling because of the ban imposed in India on the sale of this commodity. Reports have it that in the Indian capital city of Delhi more than 1000 people had been languishing in hospitals with serious affliction of "dropsy" since the last week of August and 32 of them had already died in Delhi alone.

The trouble stems from "Argemone" seeds which look almost identical to mustard seeds. Businessmen and oil mill merchants bereft of any ethics and respect for human life, mix these two seeds and extract oil from them. This oil when consumed creates the deadly disease called "dropsy" with symptoms of diarrhoea, abdominal pain and breathlessness besides swelling of hands, feet and face. The consumption of adulterated mustard oil makes blood vessels more porous, resulting in leaking of blood which causes swelling in the lower limbs. Unless the consumption is checked, major organs like heart, liver, kidney and eyes are affected. Death often occurs — due to cardiac failure. Even if a person is alive, he can go blind.

This medieval affliction of dropsy now born out of adulterated mustard oil should awaken the government and general public about the deadly fallout. Encouragingly, reports have it that in the meantime in an effort to check spread of the disease in Bangladesh through either sale, export or smuggling of such adulterated oil through all possible routes linking India and Bangladesh, the High Commissioner of Bangladesh in India held meetings with the high officials in India for proper surveillance on the border routes.

Unsurprisingly, the system to check food adulteration in the country is virtually non-existent and if at all available is technically inept. A mere 0.1 per cent of argemone in mustard oil, experts say, sets off dropsy. The 30 per cent contamination found now in mustard oil either imported or smuggled into the country from India shows the extent of lapse in regulatory measure or failure even in India. Unfortunately, apart from drugs to treat the symptoms of dropsy (like swelling and pain), experts say, there is no cure for the affliction. Dropsy, an old disease which dates back to thousand of years, was earlier known as "hydrops" as recorded history in the 17th century reveals. Following the tuberculosis and other infectious diseases, dropsy was one of the chief causes of death.

Throughout history, man has suffered from this widespread illness that puffed their bodies into grotesque shapes, squeezed their lungs, and finally brought slow but inexorable death. As the disease progressed, a watery liquid filtered into every available space and expanded it like a balloon. Sometimes, the liquid — quarts and gallons of it — made arms and legs swell so that they were immovable. Sometimes it poured into the abdomen to form a tremendous paunch. Sometimes it waterlogged the lung cavity and thereby made it impossible for the victim to breathe unless he sat bolt upright all day and all night.

William Withering born in England who received his M.D. degree in 1766 and was called

the father of "Digitalis" medicine applied "Digitalis purpurea" for the cure of dropsy. At the same time fox glove concoctions were also applied for the treatment of the disease. Digitalis strengthened the pulse when it was weak and slowed it down when it was strong. This was thought to help in such cases like hemorrhaging. Other than slowing down the fast pulse, and slowing the heart rate which would in turn decrease the amount of blood circulating and thereby decrease the amount of inflammation in tissues, it acted as a diuretic to remove the "poisons" in the blood system. Dr. Erasmus Darwin, grand father of Charles Darwin employed digitalis to good effect and notably it remained as the only medicine for the cure of dropsy till 19th century.

Adulteration in edible oils takes place in different forms and especially because these edible oils being liquid and colourless are easy to adulterate. Orthotricresyl phosphate often adulterated has no colour and can damage the nervous system. Mineral, white and paraffin oils often mixed up hinder absorption of vital salts and vitamins. On the other hand, engine oil often adulterated is cheaper than edible oil and causes severe renal failure. Argemone adulteration which is now rampant can be detected by nitric acid test but it can hardly detect very low levels of contamination.

In fact, the whole country is vulnerable to poisoned foods. Any one venturing into city market places will be fascinated to see the extra gloss of some varieties of "Dal", turmeric, black pepper and sweets in the shops. Reports of adulteration of butter oil, milk food, palm oil and vanaspathi are reported with frightening regularity. Privately organized or university sponsored medical research survey of food contaminants in the recent past made frightening revelations.

Such surveys from time to time revealed that turmeric which is commonly used in Bangladeshi food contained cadmium, arsenic and lead. Lead poisoning, it may be noted causes ailments like chronic nephropathy and acute encephalopathy. Heavy metals like cadmium cause cardiovascular disease, sterility, hypertension, growth inhibition and irreversible damage to the brain cells.

Despite the fact that following the instruction of Delhi High Court, the state governments in Delhi and neighbouring territories have imposed ban on the sale of mustard oil, many unscrupulous businessmen in India in collusion with the Bangladeshi counterparts might be pushing these poisonous commodities into Bangladeshi markets at a cheaper price using different brand names. Other than this there might be bottling plants in the country that indiscriminately use large doses of toxic elements to create artificial pungent aroma of mustard oil.

In the past there have been instances of the administration not taking adequate precautionary steps to prevent spread of diseases through consumption of adulterated food items. Despite numerous complaints by the suffering people from time to time, hardly any tangible action had been taken. Even the "Prevention of Food Adulteration Act" as it exists today is inadequate in dealing with the offenders. There have been reports of fungus infected IV fluid, adulterated milk, food, adulterated sugar and sweets, adulterated salts, contaminated spices and spurious liquor flooding some market and lots of people dying from consumption of such contaminated food and drinks. But hardly ever it has jolted the government machinery into action. If afflictions or epidemics like dropsy are to be controlled in the country, the government must act now against the root — food adulteration.

Migrant Worker's Rights and the Day of Solidarity

UN Convention Yet to be Ratified

by Syed Saiful Haque Asif

INTERNATIONAL Day of Solidarity with Migrant Workers and their Families is observed on December 18th. It commemorates the date when the UN Migrant Convention was adopted by the General Assembly in 1990. It took 11 years and 1 day from the time the General Assembly adopted a resolution entitled "Measures to Improve the Situation and Ensure the Human Rights and Dignity of Migrant Workers" on 17th December 1979, to the time on the 18th December 1990, when it adopted the International Convention on the Protection of the Rights of all Migrant Workers and Members of their Families. But it is yet to come into force as only 12 countries have ratified it thus far. These include Bosnia-Herzegovina, Egypt, Seychelles, Cape Verde, Morocco, Sri Lanka, Columbia, Philippines, Uganda, Chile, Mexico, and Bangladesh. The instrument requires a minimum of 20 nations to ratify it before it can become binding on signatory countries. The low level of ratification reflects an array of different reasons and concerns.

International Convention on the Protection of All Migrant Workers and Members of their Families is an international instrument which encompasses basic provisions to protect the rights of migrant workers and their families. The Convention is patterned after existing human rights instruments, with attention specifically to economic, social and cultural rights, civil and political rights, racial equality, women's rights, and children's rights. It also takes into consideration existing International Labour Organization's (ILO) conventions, specifically those on migrant workers.

As per definition of migrant workers in the Convention — "a migrant worker is a person who is to be engaged, is engaged or has been engaged in a remunerated activity in a state of which he or she is not a national". Specific categories of migrant workers are also covered by the convention —

a) Frontier worker: Works in a state but maintains his or her habitual residence in a neighbouring state to which he or she usually returns.

b) Seasonal worker: Works in another country only during a certain season of the year.

c) Worker on an offshore installation: Works on an offshore installation that is under the jurisdiction of a state of which he or she is not a national.

d) Itinerant worker: Travels

to another state for short periods owing to the nature of his or her occupation.

e) Project-tied worker: Admitted to a state for a defined period by his or her employer to work solely on a specific project.

f) Specified employment worker: Works in another country based on specific assignment or duty for a short period of time and requires professional, commercial, technical or other highly specialized skill.

g) Self-employed worker: Engaged in an activity abroad not under a contract of employment.

All the migrant workers in different categories, including women migrant workers, are vulnerable to the discrimination, humiliation, abuse and exploitation, institutionalised commodification of human labour on a global scale. Trade in human labour in various forms (like trafficking in women and children) is now one of the most profitable, albeit exploitative activity in the world. It has been precisely the plight suffered by migrant workers, in the case of torture and exile in the detention camp and forced deportation, that public awareness and concern has heightened in concert with calls for greater protection to be provided to ensure that the fundamental rights of migrant workers are guaranteed. The rights for migrants are as the following:

1. The right to not to be discriminated.
2. The right to leave any state and enter and remain in their state of origin.
3. The right to life.
4. The right to protection against torture, cruel, inhuman or degrading treatment or punishment.
5. The right to protection against slavery.
6. The right to protection against forced labour.
7. The right to freedom of thought, conscience and religion.
8. The right to freedom of opinion and expression.
9. The right to property.
10. The right to security and liberty of person.
11. The right to freedom from harm.
12. The right to adequate information.
13. The right to preserve their cultural identity and roots.

The writer is Vice Chairman of the Welfare Association of Repatriated Bangladeshi Employees.

Hospitals Face Crisis as Foreign Docs Get the Push

In the new South Africa, healthcare for all is a key priority in the wake of apartheid's concentration of resources on the white community. But as Gemini News Service reports, some in the medical community are questioning whether recent decisions — including the impending ejection of foreign staff in, favour of South Africans — could push the struggling health service into crisis. Charlene Smith writes from Johannesburg



At Germiston hospital in Johannesburg, all the doctors are foreign. The superintendent is Bulgarian, and all the remaining staff are foreign trained, although most — including a Croatian refugee — have taken out South African citizenship.

One overworked doctor, assisted two or three times a week by a single South African paediatrics consultant, is in charge of the paediatrics, gynaecological and obstetrics wards. She is also Bulgarian, qualified in 1990 and came to South Africa in 1992, taking South African exams and a year's internship. Her case load is instructive.

In her typical working day from 8am to 4pm she cares for 15 patients in the paediatrics ward, 30 antenatal patients, an average of 10 patients in the gynaecological ward. She will monitor an average of 10 women in labour, deliver 10 babies, and perform two to five caesareans. She has deep rings of exhaustion under her eyes. She earns, after tax, around R4,000 a month.

Senior doctors in SA hospitals gross R6,000 a month. As one harassed Pakistani doctor at Baragwanath hospital asked, waving his pay slip: "Is it right that we should work as hard as we do, and earn this?"

He may not be earning it for much longer. Health minister Dr Nkosazana Zuma has told the country's 1,300 foreign doctors — the backbone of South Africa's government hospitals — that they must leave the country at the end of December. Some have worked in the country for two decades.

They are to make way for new community service interns, a compulsory one year service in government hospitals for all newly qualified doctors.

That, in the eyes of Dr Lindwe Nyathi, would be a disaster. In the premature baby unit at Coronation Hospital, in a low-income part of Johannesburg, she opens an incubator where a tiny baby with arms as thin as an adult little finger is crying. As she holds the baby (born after 26 weeks of pregnancy) against her chest, it stops crying.

Nyathi qualified four years ago and is a paediatric registrar. "I only want to work in public hospitals," she says. "But at the end of the year I will have no job, and the hospitals I and my colleagues have applied to have no posts because the Health Department has frozen them all."

Community service doctors are going to have to come and look after these very sick babies — when they have no experience, and none will have chosen to work in paediatrics. Over the long term specialisation will disappear because experienced teaching doctors like ourselves will have been forced out of

hospitals.

Hospital managers and senior doctors back up. Warning that they are already battling with critical shortages of doctors and nurses, they say the health system is close to "irreversible collapse" and patients' lives are in danger.

At Soweto's Chris Hani Baragwanath hospital, four premature babies died in one week in November after contracting klebsiella, a bacteria associated with poor hygiene. The doctor in charge of the neonatal unit said adequate staffing would have saved the babies. On the night the babies displayed symptoms, only one paediatrician and five nurses were working to deal with 38 babies in intensive care.

"I know what it feels like to be a foreign doctor," said Dr Mariette du Plooy, a South African-born registrar there who has worked in Zambia. "In SA we come from a background of discrimination and yet we are continuing to train foreign-trained doctors. There are two to four sisters caring for a 60-patient ward. The more patients you deal with the more likely it is that mistakes will be made."

Since 1993 doctors arriving in South Africa have not been allowed permanent residence or citizenship. They may only work in the government sector and have only been allowed six month permits. Most are drawn from Africa, Europe, India and Pakistan.

South African hospitals are staffed entirely by foreign doctors; others rely on foreign doctors for 80 per cent of staffing. The Interim National Medical and Dental Council says 6,642 foreign doctors are practising in SA. They are not allowed to practise as specialists.

The Foreign Qualified Doctors Association believes the Department of Health, faced with a cash squeeze, is attempting to replace foreign qualified doctors with community service doctors and government-to-government contracts — such as those between Cuba and Germany where foreign doctors are allowed to stay in the country and receive benefits such as housing. Currently, only 400 of the country's foreign doctors are German or Cuban.

The irony underlying Zuma's latest decision is that within months of her appointment as health minister in 1994, she moved fast to introduce some of the new government's health legislation, including free health care for children under six, free maternal care and polio immunisations.

But for budgetary reasons she has also forced hospitals to cut back on South African staff, particularly specialists.

Warnings from hospital superintendents at the 18 largest hospitals in Gauteng, South Africa's wealthiest and most populous province, state that standards are already dangerously low have been met by a stony silence from government.

"I wish I had the cellphone numbers of some of the people in the health departments so that I could phone them at night when we don't have ventilators for babies and say come on, you make the decision about this baby's life," says Dr Linda Doeden, a paediatric consultant.

"Last night a doctor hand ventilated a baby for four hours until we could find a bed and a ventilator. Every day we have to tell mothers that we're sorry, but since their babies are only 900 grams and not the one kilogram minimum we cannot put it on a ventilator. We have to tell them their babies are going to have to die."

Hospital managers are also concerned because AIDS is growing rapidly in South Africa. Five people contract HIV every minute and at least a third of all babies and children admitted to hospitals have HIV or AIDS.

But the situation is set to worsen. "At the end of this year there will be 600 nurses finishing training, 200 radiologists, and a number of physiotherapists — perhaps 1,000 people for whom the taxpayer has paid for their training," says Dr Arthur Manning, superintendent of Coronation and Helen Joseph hospitals in Johannesburg. "There are no jobs for them. Community service is only for medical interns, all other posts are frozen. In a country where we don't have enough skills we are saying goodbye to our doctors and medical staff and leaving them no option but to go overseas."

The author is a South African freelance journalist living in Johannesburg.

Sri Lanka Unable to Prevent Dam Disaster

Sugeeswara Senadhira writes from Colombo

More than 30 dam experts from Bangladesh, India, Nepal, Pakistan and Sri Lanka appeared before the WCD at the two-day hearing. Some observers and participants outside the region also attended.

AUTHORITIES handling Sri Lanka's biggest hydro electric project have admitted to their inability to monitor dangers posed by natural disasters to huge dams. Stating this at the first-ever South Asian regional hearing of the World Commission on Dams (WCD) here, S Karunaratne, director for headworks, administration and operations of the Mahaweli Authority, said that the authority did not possess the advanced system required for monitoring disasters. The present monitoring system, he said, would not be able to anticipate any catastrophe caused by natural disasters.

The system available with us can only make predictions up to a certain level," Karunaratne said. "Formula-

tion of post-disaster management systems would be helpful to handle such situations and the public made safe (by) ... post-disaster mitigatory actions."

Karunaratne warned that if there was a failure at the dam upstream, a catastrophic disaster may occur in highly populated urban areas downstream. More than 11,000 people have been resettled following construction of two big dams — Victoria and Kotmale — under the Mahaweli project.

Sri Lanka Environmental Foundation president Raja Alaguma urged the authorities to study the environmental impact of the country's second biggest hydro-electric plant at Samanalawela.

The plant built at a cost of \$ 500 million in 1992 is now fully operational following the successful completion of wet blanketing and lining of the tunnel wall. Its output is also set to increase from 60 megawatt to 120 megawatt. The geological weakness in the dam's tunnel ground has resulted in the drying up of the springs in the area, Alaguma told the WCD.

More than 30 dam experts from Bangladesh, India, Nepal, Pakistan and Sri Lanka appeared before the WCD at the two-day hearing. Some observers and participants outside the region also attended. The Colombo hearing of the WCD is the first in a series of international hearings organized by the South Africa-based body.

The hearings are intended to give an opportunity to different interest groups, including peoples' organizations, policymakers,

academics and project developers to directly put their case to the WCD.

The World Commission on Dams was constituted in 1997 by the World Bank and International Union for Conservation of Nature at a workshop in Switzerland where dam proponents and opponents represented by governments, the private sector and non-governmental organisations came together to address the contentious debate surrounding dams. The 12-member body, headed by the South African Minister for Water Affairs and Forestry Kader Asmal, reviews the development effectiveness of large dams and develops standards, criteria and guidelines to advise future decision making.

— India Abroad News Service

