## Occupier and occupied can never negotiate peace

MUSLEHUDDIN AHMAD

T was surprising that President Obama was suggesting abandonment of the UN route and asking the Palestinians to go for negotiations with Israel, which he himself failed to implement because of the refusal of Israel to freeze settlements. He said UN resolutions and statements could not bring peace, thus undermining the UN itself. This will undoubtedly encourage Israel to continue to flout all UN resolutions as it has been doing with all impunity.

It was President Obama's proposal to go for "two-state solution within 1967 borders with agreed swaps." President Abbas was simply proposing in the UN to help implement what President Obama desired and declared. President Abbas' proposals received standing ovations in the UNGA, signifying the approval of most of the member states of the UN. If the UNSC agrees, the framework for "Two State" would be set and this would fulfill President Obama's first point of establishment of the Palestinian

President Obama was suggesting immediate resumption of the peace negotiations with Israel for establishment of a Palestinian state.

Israel is an occupier and Palestinians are under occupation and it is meaningless to ask these feuding parties to settle their affairs, which they could not do in about half a century. The occupiers never give up occupation. President Obama himself asked Israel to stop building of settlements which was rejected by Netanyahu because he knew he had support of the Republicans and many Democrats, which was evident from Netanyahu's last address to the Joint session of the Congress. Expansion of settlements continued and that led to the collapse of peace process.

Why pursue the same strategy again? Israel will never stop building settlements as it considers this holy land as the "Land promised by God" to the people of Jewish faith. It must be accepted that Almighty God never promised any piece of land to any religious or ethnic group. There is no such case in God's planet.

Occupiers and people under occupation can never agree on anything. This has to be recognised by the sensible community of the world. This is why the UN unfortunately happens to be the most undemocratic institution of the most "democratic" countries of the world.

Israel itself came into existence

through unilateral declaration and UNSC never met to consider UN resolution 181, which was made in principle only to divide Palestine. The same resolution authorised division of Palestine into two states -- one with 56% of Palestinian land as a state for Israelis and the other 42 % a state for the Arabs, i.e.

and then a state. What a wonderful suggestion! This means no state ever for the Palestinians. Israel will never say it is at peace with Palestinians. This is the historical truth.

Netanyahu gave wrong information to the UNGA. He said President Truman recognised Israel as a Jewish state. President Truman

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Palestinians (now Palestinians cannot even get 22% of the land). If Israelis could unilaterally declare their state of Israel without the approval of the UNSC, Palestinians should also be allowed to do the same. However, Palestinians chose to go through the normal UN process, asking all countries of the world to recognise a Palestinian state. Palestinians must have a state of their own in their own land.

Netanyahu's speech in the UN reflected his own position as an occupier. He said Palestinians should have peace first with Israel

himself cut out the word "Jewish" and recognised Israel as the state of Israel.

President Obama of course said Jewish state in some speeches, though he knows his country does not recognise Israel as a Jewish state. At the same time he said Palestinians were not required to recognise Israel as a Jewish state.

French President Sarkozy at least talked about upgrading the Palestinian status by making it a non-member state of the UN. This is what will possibly happen if US applies veto in the UNSC.

The US has been blocking Palestinian statehood proposal for decades. This has immensely harmed the US position in the Middle East (ME). This has been due to blind support to Israel at the cost of US' own strategic interest in the ME. It's high time for the US to go for a change. If President Obama fails to help the peace process, for which he was awarded Nobel Peace Prize, he will not only fail the Nobel Committee, but will also put the ME in an uncertain path that may cause huge damage to the US' position in the ME.

The best course for President Obama would be to allow the proposal to be adopted in the UNSC. This change in US stand is absolutely necessary to bring peace in the region. As Obama had said: "Yes we can." He did it in the last election and let him do it this time for the most deprived people on earth. This is the reward he can give to all who showed tremendous enthusiasm on his winning of the US presidency. If necessary, Obama can ask the US delegation to abstain.

This would not adversely affect Obama's election position. Many people of Jewish faith in the USA, including members of J Street and Naturei Karta, have started to realise that Israel is doing too much, which has started to demean their position in the USA. Moreover, Obama is certain to get full support of the Arabs and Muslims in the USA. So he should think seriously before using the veto. The whole world has been watching him. He should, however, obtain promise from the Palestinians to kick-start the peace negotiation immediately after UN sessions on the basis of 1967 borders with agreed swaps and with Quartet Road Map as the model to follow.

Any deviation may lead to an extremely volatile situation in the region. Arab Spring (President Abbas said "Palestinian Spring") may spread, make Israel a target and ultimately engulf it. This makes Israel's present position really shaky. Israel has its own "Israeli Spring," which, together with Arab Spring -- expected to be huge ones from all sides of Israel -- may turn it into "Israeli Hot Summer," leading to widespread violence which Israel would not be able to control. Weapons cannot control popular movements for freedom; Arab Spring has already proven this before the world.

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## Implementing Maritime Labour Convention 2006

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MLC and national laws

have to be bridged. The

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implementation of

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MD. ALAMGIR

HE International Labour Organization (ILO), founded in 1919 in Paris, has been a specialised agency of the United Nations since 1946. ILO, with its humanitarian and political motivation, sets International Labour Standards. It adopted Maritime Labour Convention (MLC), 2006, in its special maritime session on February 23, 2006.

All ships covered by the MLC 2006 are subject to inspection for all the requirements of the Convention. Ships will be inspected in foreign ports for verification of compliance with the rules and standards set out in this Convention. The ships will be detained and barred from proceeding to other ports unless they are compliant with the Convention.

It is now a challenge for a nation to prepare its shipping industry to be compliant to

the rules and the standards as laid down in the Convention. The rules and standards are all about crew welfare and living condition on ships.

Before issuance of the Maritime Labour Compliance Certificate to a ship, a Maritime Labour Inspector will verify the items described in the following paragraphs for compliance with

Minimum age of any crew member must not be less than

the age specified in MLC. All crews must possess valid medical certificate in accordance with the standard set up in the Convention. It has to be verified that crews are qualified and trained in accordance with recognised maritime standards.

No organisation other than the agencies having appropriate license from government will recruit and place the crews on any foreign-going ships. Seafarers' employment agreement must include the amount of the seafarer's wages, the amount of paid annual leave and the health and social security protection benefits to be provided to the seafarer. Hardly any shipping company mentions paid annual leave and social security on the Employment Agreement Form.

Hours of work and hours of rest for the crews on ships have to be specified in our Merchant Shipping Ordinance. Accommodation and recreational facilities, food and catering, etc. have to maintained to the standards as specified in MLC. Medical care on board ship and ashore, provided by the shipping company, is also an item that will be verified by the inspector for compli-

Health and safety protection and accident prevention practices and procedures will also be verified. There has to be a procedure in place whereby the government investigates an accident and makes the report public

On-board complaint procedure has to be specified in our Merchant Shipping Ordinance that will allow ships' crew to complain to anyone they consider necessary.

The inspection standards are the national requirements in implementing the MLC, 2006. National requirements must be equal in standard of MLC or of higher standard. Therefore, we need to look at our national rules to see if they are included in the Bangladesh Merchant Shipping Ordinance (BMSO), 1983 as well as in the Bangladesh Labour Law, and meet the rules and standards specified in MLC.

To survive the competition in the shipping business, we have to ratify this Convention, and then implement it on all of our foreign going merchant ships. Before ratification and implementation we have to make, change or adjust our rules in line with MLC rules and standards. As far as can be seen, there are many inconsistencies between MLC and Bangladesh Merchant Shipping Ordinance.

I would just like to give one example for the readers. In Section 98 of BMSO, minimum age of a crew may be 15 with certain conditions. On the contrary, in Regulation 1.1 of MLC minimum age of a crew may be 16 with certain conditions. There are many instances of such gaps between MLC and the relevant rules in

There are 177 pages in BMSO, 1983 and about 100

pages in International Maritime Labour Convention. I have not gone through Bangladesh Labour Law. Shipping and labour experts together with ship owners' representatives have to go through these three books and adjust our national rules so that there is no conflict between our rules and those of the MLC. Only then can we ratify and implement the Convention.

The Convention will come into force one year after ratifica-

tion by 30 members with 33% of world gross tonnage. Countries with total 44.9 % gross tonnage have already ratified the Convention. They are Bahama, Liberia, Marshal Islands, Panama, Norway, Bosnia and Herzegovina, Spain, Croatia and Bulgaria. European Union countries are expected to ratify soon. The Convention is expected to come into force by the middle of 2012. So, we have no time to think anymore before we start work aiming at ratification of the Convention.

Three documents will be issued to each ship by the government for implementation. They are (1) Declaration of Maritime Labour Compliance-I (DMLC-I); (2) Declaration of Maritime Labour Compliance-II (DMLC-II); and (3) Maritime Labour Compliance Certificate.

In DMLC-I the government will set out national rules and regulations for above mentioned subjects of inspection. In DMLC-II the owner will identify measures to ensure ongoing compliance. DMLC-II will be issued either by the government itself or an organisation authorised by the government. And finally, Maritime Labour Compliance Certificate will be issued to a ship by the government or a recognised organisation authorised by the government.

The ships without implementation of MLC will be legally detained by port states overseas, causing huge financial and business loss. Existing gaps between MLC and national laws have to be bridged. The government has to employ Maritime Labour Inspectors who will supervise the implementation of the convention. It can be concluded that there is no option for the nation other than ratification and implementation.

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LEST WE FORGET

## Dr Ibrahim: A great humanitarian

MUHAMMAD ABDUL MAZID

ATIONAL Professor Mohammad Ibrahim was a great and successful physician, a gifted teacher, a talented organiser and a reformer. His contribution in the field of medicine in general and diabetes in particular has been nothing less than phenomenal. He spent the major part of his life in the government health services in different key positions after getting the MB degree in 1938 and becoming MRCP in 1949. He was made an FCCP in 1950.

In recognition of his contributions, the government of Bangladesh honoured him by appointing him the first National Professor from among physicians in 1984. He was awarded Swadhinata Padak (1979); Gold Medal by Begum Zebunnesa and Kazi Mahbubullah Trust (1981); Gold Medal by Mahbub Ali Khan Memorial Trust (1985); Gold Medal by Comilla Foundation, Comilla (1986); Gold Medal by Khan Bahadur Ahsanullah Memorial Trust, Ahsania Mission, Dhaka (1989); Gold Medal by Islamic Foundation Bangladesh (1989).

Dr. Mohammed Ibrahim was the founder of the Diabetic Association in Dhaka (1956) and in Karachi and Lahore, West Pakistan (1964). He first thought of diabetic care in the country. He realised that not only doctors but also patients should be involved in the process of diabetic care. He called it socio-medical care. Although the real extent of the problem of diabetes was not evident in our part of the world, he could foresee the present picture at that time and organised a group of social workers, philanthropists and professionals. With their help he established Diabetic Association of Pakistan on February 28, 1956. Diabetic care was started in a tin-shed building at Segun Bagicha with only 23 patients.

Dr, Ibrahim's motto was: "No diabetic patient should die untreated, unfed or unemployed, even if she/he is poor." So, he committed himself to give primary care to the diabetic patients free of cost, irrespective of socio-economic, racial or religious status. Even rich patients were not allowed to pay for the primary diabetic care, but they could donate money to the association. The funds were raised through motivation programmes. As there were no indoor facilities initially at Segun Bagicha, patients in need of hospitalisation were sent to other hospitals. In the beginning of the '70s, a few short-stay beds were established to take care of the serious patients.

He succeeded in establishing the diabetes health-care and research institute complex, named the Bangladesh Institute of Research and Rehabilitation in Diabetes, Endocrine and Metabolic Disorders (BIRDEM) at Shahbag, Dhaka, in 1980, where the out-patients centre of the Bangladesh Diabetic Association was shifted. The institute is housed in two large buildings, named the Ibrahim Memorial Diabetes Centre, after his death in 1989.

To develop trained and specialised manpower, he also established an Academy in BIRDEM for postgraduate education in Diabetes, Endocrine and Metabolism (DEM). BIRDEM has been acclaimed as a model for South East Asia. In recognition of its innovative, extensive and high quality services BIRDEM

was designated in 1982 as a "WHO-Collaborating Centre for Developing Community-oriented Programmes for Prevention and Control of Diabetes." It was the first such centre in Asia.

Dr. Ibrahim was very much aware about the quality of the service pro-

vided to the patients. He used to tell the patients: "We are grateful to you for giving us the opportunity to serve." His humility was legendary and most genuine. Deep empathy and compassion were characteristics of his dealing with his patients, especially those who were poor and in pain. He also motivated other doctors to serve the patients with empathy. He included social welfare, health education, nutritional education and rehabilitation in the diabetes healthcare delivery system.

He always believed that an institution achieved its goal and excellence not by machines but by their its resources, and he spent all his life in developing talented human resources. For over three decades, Mohammad Ibrahim succeeded in generating awareness about diabetes through free-of-cost quality services, health education, and motivation. He also established the Bangladesh Institute of Research and Training for Applied Nutrition (BIRTAN) and Rehabilitation and Vocational Training Centre (RVTC) to develop low-cost nutrition and give vocational training to poor and unemployed diabetics. He also set up a family planning section at BIRDEM for motivational work.

He took keen interest in family planning. His involvement began as a founder member of the Family Planning Association of Bangladesh, which first started its programme in the mid-fifties. He made his real impact as an adviser to the resident, with the rank of minister, in-charge of the Ministry of Health and Population Control, in the mid-1970's. He was instrumental in formulating the population control policy of the government for the first time, and introduced the National Population Council.

Under the luminosity of the guidance and philosophy of its founder the Diabetic Association of Bangladesh upheld its vision that no diabetic should die untreated, unemployed or unfed even if poor, and all people shall be provided with affordable health care service.

The Association has set some targets and objectives as its mission, which include, inter alia, providing total healthcare including rehabilitation for all diabetics irrespective of gender, economic and social status through different institutions of the Association; expanding these services to provide affordable BADAS healthcare through self-sustaining centres of excellence; developing human resources to create requisite specialised quality manpower (physicians, technicians, nurses, etc.) of high ethical standards; developing leadership in healthcare through dedicated and transparent management system and setting up industries for manufacturing diabetic and other health foods and medicines.

Diabetes care centres have been established all over the country with local entrepreneurs, and now there are 59 branches in 59 district headquarters and 2 sub affiliated centres in Satkania and Bheramara.

Dr. Mohammad Ibrahim died on September 6, 1989. His death anniversary is observed as Diabetic Service Day (Sheba Divash) to endorse and honour his great contribution to socio-medicare services.

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