

Madanda's Niche

SYED MAQSUJ JAMIL

THE passing away of senior journalist Madan Shahu on May 8, 2016, is a sequel to an event that put a neophyte as an English prose writer. It was February 1995 when Madanda, as the in-charge of the weekend special of the new English newspaper, The Daily Star, kindly published my first article "Death Be Not Proud."

He, as a matter of benign enquiry, asked me why the journey should begin with death as the subject. I replied with the simplicity of a beginner -- since the world is all about life but it ends in death for all. I chose the subject because it puzzles the mind. He moved on. He also published my write-up, "To sorrow I bade good morrow."

On a personal level, my career in advertising brought me close to Madanda in the late seventies. As a young man back then, I discovered that he was a journalist, a copywriter and a filmmaker with a passion for photography. His deftness in photography amazed me, and one of the candid photos that he took of me is one of my favourites, one that I still treasure.

As I said, Madanda had an aptitude for filmmaking. He scripted the screenplay of the film Bindu Thekey Britto, directed by Rebecca Sultana (Ratri Roy), the first woman film director of the country, which was produced before the



Liberation War. He also acted in a bit role in the film Anwara. As a journalist, he worked for The Bangladesh Observer since the 60's, and then moved on to The Daily Star in 1994, which was led by late S.M. Ali.

I observed that he looked at life, its beliefs, its ramifications, and his work from a niche of insularity. He was not prejudiced against any

belief, did not behold hatred of any stripe, and had never been a foot soldier of any virulent nationalist credo. One could feel comfortable in his company, without any constricting, testing exchange. I found an emotional shelter in his company.

Madanda carried a grisly emotional wound. His father, late Mahadeb Shahu, was brutally killed by Pakistani occupation forces on June 1, 1971 in Rajshahi. That was his greatest tragedy, and yet, the magnanimity of the man was ennobling. Never did he betray any sort of religious or ethnic rage. Rather, he lamented the indiscretion of local enthusiasm to me. Whenever it came to recalling his father's brutal death, he spoke with restraint, with tears in his eyes. In fact, one can say that Madanda lived the life of Marquez's 'One Hundred Years of Solitude'.

Once I wrote an article titled 'Bad rulers: The bane of the Moslem world'. Madanda would not print it, and he stood his ground. I still believe that most rulers of the Muslim world are not good governors, but Madanda was adamant about not hurting the sentiments of a community.

Madanda spoke fine Urdu. Although he was born in Sirajganj on April 30, 1939, his ancestors came from Uttar Pradesh in northern India. When it came to Urdu, Madanda spoke effusively, and had particular liking for the

mellifluous ghazals of Talat Mahmood. One of his favourites was, Humse aaya na gaya, tumse bulaya na gaya. When I wrote a piece on Talat's song Sabse Madhur Woh Geet Jo Dard Ke Sur Mein Gaate Hai, reiterating the legend's belief that "our sweetest songs speak of our saddest thoughts," Madanda expressed his approval, stating that he agreed with my sentiment.

A man is known by the love he spreads. Madanda's love of pets, as I saw it, began with his dog Lucky, who was raised inside his second floor apartment. When the dog died, he moved on to cats -- he raised a group of about 22 cats in the same quarter; in fact, one of them was blind but that didn't diminish Madanda's love for the creature!

Madanda celebrated his 75th birthday in 2014, enjoying it to the fullest. He was fine! In May 2015, his youngest son got married. And in 2016, within one week of his 77th birthday, Madanda passed away on May 8, 2016. When I visited his house following his demise, seven of his cats were wandering aimlessly, seemingly missing their master.

The sequel to death is scripted from person to person. If death is to be remembered, what better way to do so than to remember how a man lived? Madanda was warm and accessible; he lived in his own little world; a niche of sorts that he had created for himself.

The writer is a regular contributor to The Daily Star.

He looked at life, its beliefs, its ramifications, and his work from a niche of insularity. He was not prejudiced against any belief, did not behold hatred of any stripe, and had never been a foot soldier of any virulent nationalist credo.

A wake-up call for the UN

JOANNE LIU and PETER MAURER

AT 10pm two nights ago, the al-Quds hospital in the north Syrian city of Aleppo came under attack. With an airstrike, the 34-bed hospital which offered services including an emergency room, intensive care unit, operating theatre and the cities' main referral centre for paediatrics was completely destroyed.

Surrounded in darkness and dust, surviving patients, staff and volunteers began to dig out those caught in the rubble. Eight doctors worked full-time in the hospital, two of whom were among the 14 confirmed dead. Their dedication and commitment to providing medical care to those in need resulted in the ultimate sacrifice.

Sadly, this is not an isolated case. From Afghanistan to the Central African Republic, from South Sudan to Yemen and Ukraine, ambulances, hospitals and health centres have been bombed, looted, burned and destroyed. Patients have been killed in their beds; health workers have been attacked as they rescued the wounded.

A dangerous complacency is developing whereby such attacks are starting to be regarded as the norm. They are part of the tapestry of today's armed conflicts where civilians and civilian infrastructure are targeted, and marketplaces, schools, homes and health facilities are "fair game".

Between 2012 and 2014, in just 11 countries, the International Committee of the Red Cross (ICRC) documented nearly 2,400 attacks against health workers, patients, medical facilities and transport. The vast majority of these attacks were against local medical facilities and personnel, and the knock-on effects for the surrounding communities are devastating.

In South Sudan's Upper Nile region in July last year for example, a barrage of rockets landed near a hospital compound early one morning. The shrapnel sprayed the beige walls and blue fence and cut down those standing in the open.

A male patient, a 12-year-old boy and a three-year-old girl died instantly. In the days that followed more than 20 other people would die of their

wounds, including the mother of the baby girl. As the fighting intensified, hospital staff, patients and civilians fled. Suddenly, an area serving 75,000 people was without a major medical facility. Many more people would die as a result.

In 2015, 75 Médecins Sans Frontières (MSF) hospitals and supported-hospitals suffered 106 bombing and shell attacks like this. Countless lives were lost and medi-

cal equipment destroyed. In September 2015, the World Health Organisation (WHO) reported that 654 medical personnel had been killed since the beginning of the conflict in Syria, and that almost 60% of hospitals were either partially functional or completely out of service.

In some ways, such statistics only do us a disservice, because they mask the individual tragedies of those caught up in conflict. Men, women and children,

often in desperate need, see their lives torn apart by conflict. And then their last place of help -- the hospital -- comes under attack.

Who has been carrying out these attacks? Well, just about everyone. Armed forces, armed groups, yes, even governments that sit round the table at the United Nations. And let us be clear. It is not always "collateral damage". It can be systematic, planned, and deliberate and illegal. An attack

circumstances should they be punished for providing medical care which is in line with medical ethics. The doctor of your enemy is not your enemy.

But we are confronted with violations of these fundamental rules, with serious humanitarian consequences, for entire communities and healthcare systems that are already stretched to the limit. And this is not just the opinion of MSF and the Red Cross Red

they must clearly state their respect for the delivery of impartial medical care during times of conflict. Second, it must urge states and all parties to armed conflict to develop effective measures to prevent violence against medical personnel, facilities and means of transport. States need to bolster, where appropriate, their legislation including by lifting restrictions and sanctions impeding impartial wartime medical care.

Armed forces and all parties to a conflict should integrate practical measures for the protection of the wounded and sick and for those engaged in medical work. These should be incorporated into orders, rules of engagement, standard operating procedures and training. Third, it must acknowledge that when attacks on medical facilities and personnel do take place, there needs to be full, prompt, impartial and independent investigations to establish the facts. It cannot only be the victims or perpetrators who attempt to establish the facts. And there should be regular and formal reporting of such attacks at the highest level and an annual debate in the security council.

Underpinning everything has to be the acceptance that the medical needs of people -- no matter who they are, where they are from or what side they support or fight for -- must take precedence. Medical staff are present in areas of conflict in order to care for the sick and wounded, on the basis of need. And only need. This is the fundamental principle of impartiality and is the basis of medical ethics. It is the very fact that doctors treat on the basis of need -- and are not involved in hostilities -- that they can claim protection under international humanitarian law.

The UN resolution provides an opportunity. An opportunity to draw a line in the sand and prevent further attacks like that in Aleppo. States have the moral and legal responsibility to act, to protect people caught up in armed conflict. The time to act is now.

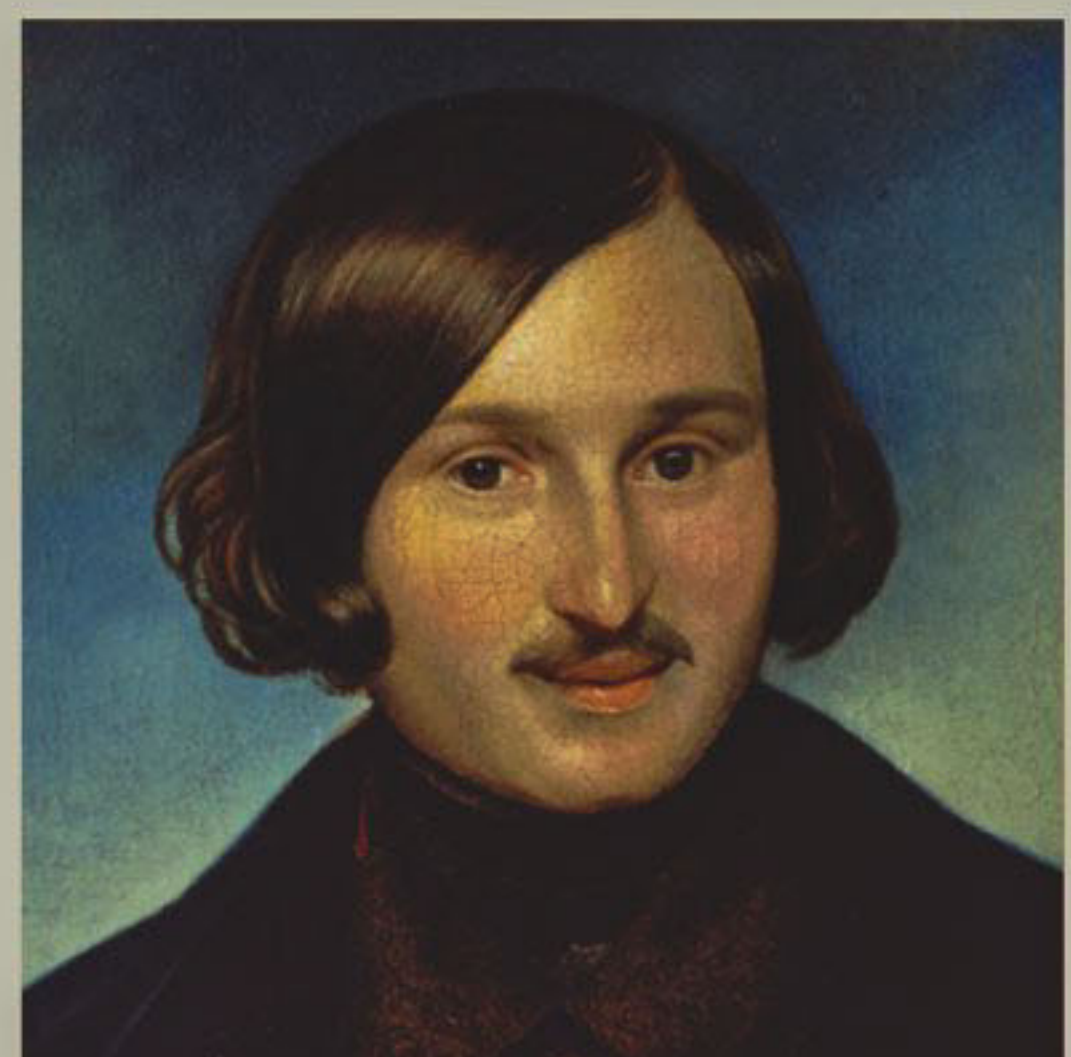
Peter Maurer is President of the International Committee of the Red Cross (ICRC) and Dr Joanne Liu is International President of Médecins Sans Frontières (MSF). © The Guardian



MSF's al-Quds hospital after it was hit by airstrikes in a rebel-held area of Aleppo.

PHOTO: ABDALRAHMAN ISMAIL/REUTERS

Under no circumstances should they (health workers) be punished for providing medical care which is in line with medical ethics. The doctor of your enemy is not your enemy.



NIKOLAI GOGOL

"The longer and more carefully we look at a funny story, the sadder it becomes."

CROSSWORD BY THOMAS JOSEPH

ACROSS

- 1 Canine holders
- 5 Some embroidery
- 11 Some nest eggs
- 12 Bring back
- 13 Destiny
- 14 Dumb struck
- 15 RN's Specialty
- 16 Castor or Pollux
- 17 Pitches
- 19 Golf goal
- 22 Sports spot
- 24 Wise teacher
- 26 Empire's foes
- 27 Physics bit
- 28 Touches on
- 30 Bumpkins
- 31 Drake's music
- 32 Comb parts
- 34 Bobcat's kin
- 35 Building wing
- 38 Rise up
- 41 Notion
- 42 Twist of fiction
- 43 Campus area
- 44 Stand-up stuff
- 45 Nimble

DOWN

- 1 Present
- 2 Caspian Sea feeder
- 3 Partnered
- 4 Compass dir.
- 5 Move like a baby
- 6 Negligent
- 7 Writer Hunter
- 8 Expert, in slang
- 9 Second person
- 10 Went ahead
- 16 Song syllable
- 18 Mile or meter
- 19 Fixed, in a way
- 20 In a frenzy
- 21 Edges
- 22 Cracked
- 23 Singer Mc Entire
- 25 Be patient
- 29 Did salon work
- 30 Spell
- 33 Ledger item
- 34 Valentine word
- 36 Cordelia's father
- 37 Lord's wife
- 38 Flier of myth
- 39 "Evil Woman" group
- 40 Energy
- 41 Mensa entry numbers



YESTERDAY'S ANSWER

APPS ROPER
SHRED ERASE
MAYARUDOLPH
USN EGO ARI
DENTAL STIR
SEAMY TETE
STAKE
BANK SLASH
EROS SUMTER
ACT BID ERE
MAYA ANGELOU
ERECT ELLIS
DOTES FACE

