

Chapter 1

WHY THE BOOK

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Why this book?

In 1967, seven Muslim physicians who had arrived in the United States of America (USA) from various countries—India, Pakistan, Syria, Egypt, and Afghanistan—for advanced training found themselves in a new culture with very few Muslims around. They decided to form an organization where they would share common concerns, support each other, and maintain their identity, faith, and culture. This was no different from the experience of previous immigrants who had faced similar challenges and opportunities in the past. Thus began the journey of the Islamic Medical Association (IMA), initially in the New York area; and over the ensuing half-century, it evolved into an organization that has a profound impact both in the USA and globally.

This book captures the essence of this journey, including how this was accomplished, what some of the challenges were, and who the key individuals involved in organizing and laying the foundation of IMA (now called the Islamic Medical Association of North America (IMANA)) were. There are many take-home messages in this narrative, and the authors hope the lessons learnt will be useful for future generations of professionals as they raise the level and outreach of IMANA initiatives.

I was honored and privileged to help compile the various chapters from the leaders of IMANA. I have been engaged with IMANA over the past forty years. In spite of that long association, after reading the various chapters, I marvelled at the patience and perseverance of the IMANA founders and leaders who made numerous sacrifices personally in terms of time, money, and ideas—all for a greater cause.

I learnt how the membership drive was conducted by Dr Saleem Bajwa while he was in a challenging training program. His small apartment in Queens, New York, became the de facto IMANA office. A helping hand was provided by the late imam Abdul Rauf, and the leadership was provided by Dr Bashir Zikria. Dr Saleem Bajwa's write-up provides some interesting insights.

As the membership grew, so did the challenges—obtaining tax-exempt status as well as preparing and providing educational and social venues. The reader will enjoy learning about the beginnings of the annual conferences, which initially would have an attendance of a dozen participants; in fact, the first conference I attended in Newark, New Jersey, in the late 1970s had about a dozen attendees. While the numbers were small, the energy of leaders like Dr Ahmed ElKadi and Bashir Zikria was high and their far-reaching vision contagious.

Over the first twenty-plus years, the headquarters was ‘mobile’ and usually based in the location of the IMA president. There were periods of severe financial challenges, and I recall discussions involving the dissolution of IMA. However, thanks to Allah, the leaders persevered; they initiated a lifetime membership, which provided a significant boost and much-needed revenues.

The reader, after reviewing the section regarding IMANA leaders, will marvel at the fact that these individuals established themselves professionally and also played a key role in developing Islamic community centers and mosques in the diverse areas of the USA despite heavy work schedules and, in many cases, lack of a social network. Margaret Mead (1901–78), a famous American anthropologist, said, ‘Never doubt that a small group of thoughtful, committed people can change the world. Indeed, it is the only thing that ever has.’ The folks profiled in the chapter titled ‘Messages of Past Presidents and Members of the Board of Trustees’ confirm the astute observation made by Margaret Mead. For his outstanding research work, Dr Bashir Zikria obtained ten patents, a track we encourage IMANA members to emulate.

In surah Ibrahim 14, verse 24-25, Allah reminds us:

Yusuf Ali translation: Seest thou not how Allah sets forth a parable? - A goodly word like a goodly tree, whose root is firmly fixed, and its branches (reach) to the heavens,- It brings forth its fruit, at all times, by the leave of its Lord. So Allah sets forth parables for men, in order that they may receive admonition.

We are grateful to Allah (SWT) for guiding these physicians, both women and men, in helping establish and nurture in the USA and the rest of the globe many ‘goodly trees/institutions’ that will serve the community for generations to come. IMANA stands tall amongst all the great institutions these folks helped establish.

Under the section ‘IMANA Initiatives’, one will note how in the early years of IMA many baby steps were taken in developing the educational components of the organization, how to navigate and overcome the reluctance of Muslim physicians to actively participate as members, and what, if any, role did Islamic medicine have in the context of the medicine practiced in the USA. Dr Husain Nagamia’s initiative of the International Institute of Islamic Medicine (IIIM) helped the members in learning about the great contributions of early Muslim pioneers,

such as Ibn Sina, Al Razi, Ibn Rushd, and many others. Dr Bashir Zikria's chapter on the development of the oath for Muslim physicians will be of particular interest.

The *Journal of the Islamic Medical Association of North America (JIMA)* chapter by Dr Hossam Fadel describes in detail the challenges of its publication, including citation of its articles first in Index Medicus and later in PubMed. Dr Fadel also describes how *JIMA* was impacted by the rapid growth of digital media. A key service *JIMA* provided was the publication of some position papers and articles that addressed the commonly asked ethical questions dealing with both the beginning and end of life. In addition, *JIMA* published several articles about the contribution of early Muslim physicians to science and medicine. Few illustrative articles from *JIMA* are reproduced, and a separate chapter describes in some detail several Islamic medical ethics topics and IMANA's position vis-à-vis these topics.

Some readers will be pleasantly surprised to learn that in 2002 an Algerian immigrant radiology trainee, Dr Elias Zerhouni, was appointed director of the National Institutes of Health, the largest research organization in the world. *JIMA* profiled Dr Zerhouni and many other accomplished Muslim professionals (*JIMA*, 36/1: 43–4).

Having established IMANA within the USA, its members—most of whom were immigrants—initiated overseas conventions. Not surprisingly, there were some unexpected hurdles; and some countries, including India and Uzbekistan, did not permit IMANA conventions. Dr Khalid Jehangir Qazi provides a detailed description of the international conventions.

The chapter on IMANA Medical Relief (IMR), authored by Dr Ismail Mehr, provides an insight into how IMR responds to natural and man-made disasters globally and locally—a clear example of faith in action. We are eternally grateful to the pioneers and volunteers of IMR.

In the chapter on the Federation of Islamic Medical Associations (FIMA), Dr Parvaiz Malik walks us through the journey of FIMA, its birth at an IMANA convention in Florida in 1981, and how far it has come over the past three decades, providing valuable platform for networking amongst professionals around the globe and also helping provide much-needed care to the ones who need it the most.

Several international events resulted in a major impact on IMANA, and three of these events stand out: In December 1979, IMANA president Dr Basheer Ahmed was invited by President Jimmy Carter to the White House while the Iran hostage crisis was at its peak. Details are provided by Dr Basheer Ahmed. In 2003, the plans of holding an international convention in Beijing, China, were in full swing with a record number of registrants; however, the SARS outbreak resulted in the cancellation of this conference. Details are provided in Dr Abdul Rauf

Mir's report. Finally, 9/11 occurred, which had great impact on IMANA and its members; a survey conducted soon after 9/11 by president Dr Shahid Athar amongst IMANA members was quite encouraging. Sadly, the casual comment 'Bring down' by three Muslim medical students in a restaurant in Florida created a local and national media frenzy. Details of the lessons learnt are provided in the report by Dr Abdul Rauf Mir.

Many IMANA members have developed initiatives to help address the lack of access to care in the USA. We reproduce the history and impact of Shifa Clinic in Sacramento, California. Of particular interest is the manner in which the author of the chapter, Dr Shagufta Yasmeen, navigated and connected the mosque leadership with the medical school where she worked; and the result was a win-win situation for all stakeholders—the patients, students, mosque, and medical school. Dr Malika Haque describes a similar initiative she launched in Columbus, Ohio.

Finally, in preparing for this book, we asked IMANA members and its supporters for their impressions in general and how IMANA has impacted them in particular. The response was heart-warming and came from students who took the 'oath' at graduation from medical school, from individuals who volunteered on IMR missions, from educators who benefitted from IMANA program's, from physicians in places where torture and violation of basic human rights are conducted (e.g. Kashmir, see Dr Altaf Hussain's note), and from faculty who participated in IMANA educational programs.

In conclusion, IMANA has come a long way since its humble beginnings in 1967; while the basic infrastructure has been established, there is much more that can and should be done in the next fifty years, and Dr Sheik N. Hassan describes his vision for IMANA. We hope and pray for the continued success of IMANA as it fulfils, nay exceeds, the vision and mission that have been adopted.

Vision:

To become a recognised leader in national and global healthcare, guided by Islamic values

Mission:

To promote greater awareness of Islamic medical ethics and values amongst Muslims and the community at large as well as to provide humanitarian aid and medical relief worldwide as an advocate of healthcare policies

Chapter 2

MESSAGES OF THE PRESIDENT AND BOARD CHAIRMAN

by **Dr Asif Malik and Dr Khalique Zahir**



President's Message

Asif M. Malik, MD, FAAP

Dr Malik is the current president of IMANA and a board-certified anaesthesiologist in Detroit, Michigan.

The Islamic Medical Association of North America (IMANA) remembers its first fifty years with this publication authored by several of my predecessors, also past presidents of IMANA, with the goal of outlining where the organization began and where it is headed. Fifty years ago, immigrants sought to establish a network of physicians in order to foster interpersonal relationships and establish themselves as practicing Muslim physicians in the United States. Some of these same 'founders' were instrumental in the establishment of the Muslim Students Association, later to be known as the Islamic Society of North America (ISNA), and the establishment of community centers and mosques throughout the United States and Canada.

Today, IMANA is recognised by national and international governmental and non-governmental agencies for its contribution to the education of medical students (both domestic and international), medical and disaster relief, expertise on Islamic medical ethics, and position statements and peer-reviewed publications on health-related subjects involving the Muslim patient.

IMANA has participated in meetings with the United Nations, UNICEF, World Health Organization, and the US Department of Health and Human Services. Through the work of the Federation of Islamic Medical Associations (FIMA), IMANA collaborates with over thirty-five nations on medical and humanitarian projects including delivering medical supplies and equipment to underdeveloped nations. In this book, you will learn more about the work of IMANA Medical Relief (IMR) and its growth over the past decade.

Today, IMANA is using all aspects of the latest technology in communicating and reaching out to its members, donors, and volunteers. IMANA is headquartered in Lombard, Illinois, employing an executive director,

communications director, social media coordinator, and continuing medical education (CME) administrator. Through the effort of the Continuing Medical Education committee, IMANA is now accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide CME credits, a major goal that is now accomplished. With the accreditation, IMANA will now be able to offer more opportunities for CME in diverse forums.

Having recently been recognised with the Rosenthal Award for its Medical Relief by the American College of Physicians, IMANA has begun to engage mainstream medical societies and offer volunteer opportunities and information about Muslim patients during their annual national meetings. IMANA hosts networking events for specialty meetings for anaesthesiology, dermatology, ophthalmology, and radiology and intends to expand these to other specialties.

The student/resident committee has embarked on a short-term and long-term strategic plan to foster learning environments and training opportunities for US and foreign medical graduates. During the 2016 Annual ISNA Convention, IMANA hosted academic clinicians and program directors in a brainstorming session. The goal is to develop a board network of academic, research, and clinical mentors that can be matched with medical students and/or residents nationwide.

The next decade for IMANA must include an increase in collaboration with other non-profit organizations to share both human and financial capital and to further build upon the work of medical education, transfer of knowledge to international clinicians, and medical relief. IMANA Medical Relief must continue to expand its scope, diversify the populations it serves, and develop self-sustaining models of clinical care. IMANA must also continue its effort to bridge the cultural gaps within its membership and diversify its leadership to include more ethnicities and more women.

In order to make it to 100 years, IMANA must transform itself from being an organization surviving on repetitive fundraising and annual donations to that of endowed charitable trusts/foundations, established with long-term strategic estate planning by its members and donors.

The release of this book comes as we embark from Barcelona upon our fiftieth-anniversary celebration cruise of the Mediterranean. May God continue to bless the Islamic Medical Association of North America with engaged members, altruistic volunteers and donors, and great leadership. This publication would not be possible without the dedicated stewardship of Dr Faroque Khan (NY), director of IMANA International Collaboration and esteemed past president and lifetime member. Thank you, Dr Khan!

Chapter 14

INTERNATIONAL INSTITUTE OF ISLAMIC MEDICINE (IIIM)

History, Formation, Development, and Purpose

Dr Husain Nagamia, MD, FRCS (Eng. and Edin.)

Dr Nagamia is chairman of the IIIM and was president of IMANA from 1984 to 1985.



Historical:

The formation of the International Institute of Islamic Medicine was first proposed by Dr Bashir Zikria, the past president of the Islamic Medical Association of North America (IMANA) in a brief editorial published in *JIMA* in 1981 titled 'An Institute of Islamic Medicine: Dream or Reality?'¹

He further elaborated its role and function in his article titled 'Institute of Islamic Health Sciences', where he suggested that the institute would encompass a larger role than merely a collection and collation of the history of Islamic medicine.²

For lack of funding and resources, the idea lay dormant for almost a decade. The concept, and how to make this into a reality, was presented by Dr Husain Nagamia in a paper that was accepted for publication in 1989,³ but not presented to the membership until the first international and twenty-third annual convention of IMANA, held in Nerja, Spain, in 1990.⁴

Soon thereafter, the executive council of IMANA unanimously approved a mandate for the creation of IIIM, and the IIIM was voted into existence. A preliminary budget was approved for initial expenditure. Dr Nagamia was appointed to be the chairman of the IIIM.

In earnest, Dr Nagamia began promoting the idea of IIIM and started canvassing the North American Muslim medical community for donations. A generous Muslim physician in North America (who desires to remain anonymous) wished to donate a property to a 501(c)(3) organization to avoid a heavy tax burden because of its

highly appreciated value. Through hiring a financial and taxation expert, the property was donated to IIIM and simultaneously sold for an approximate sum of \$200,000. This was the seed money for the IIIM endowment fund. This money was properly invested with the principle that ‘the principle of this IIIM endowment fund was never to be used’. Only a part of the income could be used for recurrent IIIM operations or other IIIM expenses. (The IIIM expenses have been for meetings, conventions, exhibits, promotional brochures, videos, secretarial expenses, utilities, etc.). IIIM is also a beneficiary of a yearly donation of \$10,000 from the Taj Foundation, courtesy of philanthropic IMANA past president Dr Tajuddin Ahmed. Despite yearly expenses totalling \$15,000 to \$20,000 a year, this endowment fund today stands close to \$500,000 and is invested in Halal Islamic Funds. An independent auditor, appointed by IMANA, examines the financials every year prior to submission to the IRS.

The importance of the history Islamic medicine to the Muslim ummah as well as the future generation of Muslim physicians was elaborated by Dr Nagamia in a guest editorial published in the *JIMA*.⁵

Since its inception in 1990, IIIM has been provided and housed in an office-based room provided totally free of charge by Dr Nagamia in his professional office. (No rent has ever been charged.) For the last thirty-five or more years, this room has served as the headquarters for IIIM and has provided the following functions:

1. Office or secretariat of IIIM. The office of IIIM has been manned by a part-time secretary who works about ten to twenty hours a week on a ‘*as needed*’ basis. She does all the correspondence, maintains and updates the IIIM website (www.iiim.org), and attends to and answers all calls received by a dedicated IIIM telephone line (813-661-6161). She has coordinated all national and international conferences that have been undertaken by IIM alone or in conjunction with IMANA or its Tampa Bay chapter. We receive about eight to ten calls and enquiries a week, with most related to the history of Islamic medicine, the IIIM library, exhibits, or the website. She also maintains and catalogues all books in the library.
2. The IIIM library has a collection of about 1,000 books about the history of Islamic medicine or related subjects, collected over the years by Dr Nagamia. These books have been arranged and catalogued. Unfortunately being housed in the southernmost corner of the United States (Tampa, Florida), it has not served its intended purpose of disseminating information about the history of Islamic medicine to the Muslim populace.
3. The IIIM website (www.iiim.org) was developed in the early 1990s and has become a worldwide source for the history of Islamic medicine. It is evidenced from the fact that we get about 100 to 200 hits a week from surfers worldwide who are looking for information on this subject. This is easily checked by statistics maintained by our web host, US Net Consulting.

IIIM has undertaken national and international conferences either independently or in association with IMANA.

The international ones that were *independently* held were in the following countries:

1. USA: Held twice in Orlando and Tampa in Florida
2. Pakistan: Held in Karachi (in cooperation with Hamdard Foundation and under the auspices of the late Hakim Mohammed Said, a great scholar of Islamic medicine)
3. UAE: Held in Dubai (in cooperation with Dubai Healthcare City)
4. India: Held in Kochi (Cochin), Kerala (in conjunction with the Muslim Education Society of Kerala) and Hyderabad (in conjunction with MESCO of Hyderabad)

Each of these conferences had a great turnout, and many papers were presented. Most of these papers have been published in *JIMA*, *Journal of the International Society for the History of Islamic Medicine (ISHIM)*,⁶ and other periodicals.

In collaboration with IMANA, IIIM took major sections in presentations at some of the IMANA conventions, both nationally and internationally, with a presentation of papers about the history of Islamic medicine. Most of these have been published in *JIMA* and *ISHIM*,⁷ both reputable and peer-reviewed journals.

Occasional papers and information booklets have also been published:

Some monographs were published independently by IIIM as individual bulletins. This was for the propagation of knowledge of Islamic medicine:

1. A synopsis of the history of Islamic medicine
2. The great Islamic physicians
3. An in-depth and detailed publication of the history of Islamic medicine is under preparation for eventual publication
4. The IIIM travelling exhibit or the travelling poster exhibit was designed and executed through the efforts of Dr Nagamia (It consists of about 200 posters/pictures and rare collections. The exhibit has been shown both nationally and internationally and has received rave reviews.)

The exhibit was shown nationally in the following:

1. Tampa: Held thrice (in collaboration with the Tampa Bay chapter of IMANA)
2. Orlando (in cooperation with Association of Pakistani Physicians of North America)
3. Detroit: Held twice (in collaboration with the Islamic Center of Detroit)
4. Washington, DC (in cooperation with the ISNA)

5. Indianapolis (in collaboration with Indiana Muslim organization)

Internationally, it was shown in the following:

1. Dubai UAE
2. Hyderabad, India
3. Kerala, India
4. Guy's Hospital, London

An essay contest on the history of Islamic medicine was instituted. One prize was awarded to an essay submitted by a medical student and deemed exceptional. The prize awarded was of \$1,000, sponsored by an IIIM/IMANA benefactor. A new essay competition was been announced recently by the executive committee of 2016. Several entries have been received and are being judged, and a prize will be awarded at the annual convention of 2016!

Three fundamental long-term plans for IIIM are proposed:

The 3 Ps:

1. Permanent housing
2. Permanent affiliation with an Islamic university or college
3. Permanent funding

1. PERMANENT HOUSING AND AFFILIATION

It would be a great achievement for IIIM to have permanent housing, preferably in an academic institution, medical college campus, or university. The housing should be enough to house not only a secretariat, but also a library and an exhibit or even a museum of artefacts, manuscripts, and books.

The IIIM secretariat should have *permanent staffing*. Ideally speaking, this should consist of the following:

1. A full-time executive director
2. A librarian
3. An executive secretary
4. Research assistant
5. And if possible, an Arabic translator

There should be *permanent funding*:

1. Presently, the IIIM endowment fund stands at about \$500,000.
2. IIIM also owns a life policy donated by Dr Tajuddin Ahmed, with a benefit amount of \$100,000.
3. This would make the total monetary assets of IIIM at \$600,000.
4. The value of the books in the library could be valued at about \$10,000.
5. The videos, secretarial hardware computers, telephone, etc. have not been assessed but are negligible.
6. The *ultimate* aim should be to have a total endowment funding of about \$5,000,000!

The question may be raised as to how we are to get this kind of funding.⁸ This is where the legacy of IMANA can come in. If it is publicised amongst devoted IMANA members and other benevolent non-IMANA philanthropists and an effort is made to make members aware of the ‘Sadqa-e-Jariyah’ that can be perpetuated through an endowment to IIIM, there would be a large number of IMANA members who would be willing to bequeath a percentage of their inheritance to this IIIM endowment fund. This will no doubt require a full-time and dedicated effort by a team of professional fundraisers, but it is certainly not out of the domain of achievement.

The IMANA board met on 20 February 2016 specifically to discuss the long-term plan of IIIM; we anticipate IIIM will not only continue its existence but enlarge its purpose and function over the coming years. We are striving towards a goal of having IIIM become a major resource regarding contemporary and historical aspects of Islamic medicine traditions and teachings for the global community. We are grateful to have the current means of electronic communication available to us, which will make it quite feasible to share IIIM work with all interested individuals. Inshallah!

1. B. Zikria, *Journal of the Islamic Medical Association of North America*, 13 (1981): 32.
2. B. Zikria, *Journal of the Islamic Medical Association of North America*, 13: 118–19.
3. H. Nagamia, *Journal of the Islamic Medical Association of North America*, 21 (1989): 135.
4. H. Nagamia, *Journal of the Islamic Medical Association of North America*, 22 (1990): 118.
5. H. Nagamia, *Journal of the Islamic Medical Association of North America*, 28 (1996): 99.
- 6–7. *International Society of History of Islamic Medicine*
8. H. Nagamia, ‘IIIM: the Next 50 Years’, submitted for publication.