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What Islam needs is a pope

On 10 May 2004, Botswana kicked off a huge emergency immunisation campaign following the re-introduction of poliovirus into the country. Botswana had stopped conducting massive immunisation campaigns in early 2000, according to the Global Polio Eradication Initiative (GPEI), having recorded its last polio case in 1991. Then, on 8 February 2004 a child was diagnosed with a poliovirus that was genetically traced to Nigeria, setting off fears that this index case would ignite a new epidemic; and in characteristic fashion, Botswana immediately sprang into action.

Nigeria is one of only six countries in the world where polio remains endemic. The other five are India, Pakistan, Afghanistan, Egypt and Niger. Studies from these countries show that the poliovirus is being beaten back to only a few remaining reservoirs, and 'the introduction of aggressive new programmes [in these countries] presents an unprecedented opportunity to eradicate a disease that once paralysed hundreds of thousands of children each year'.1

But the eradication programme in Nigeria hit a major snag when, in late 2003, 'immunisation activities against polio were brought to a halt in the state of Kano, the last major polio reservoir in Africa, because of unfounded rumours that the polio vaccine was not safe', according to the GPEI. The rumours in fact emanated from exhortations against immunisation by Islamic clerics of Nigeria's northern, predominantly Moslem states, who portrayed the polio vaccine as a ruse by the US to render Moslem women infertile, and to spread HIV and AIDS. The resulting outbreak enabled polio 'to creep back across Nigeria and spread into the previously poliofree countries of Cameroon, Chad, and through Niger into Benin, Burkina Faso, Ghana and Togo, putting 15 million children at risk, and necessitating a massive immunisation campaign across west and central Africa'2 at a cost of tens of millions of US dollars.

Islam is one of the world's great religions, with a glorious history. From 800 to 1500 of the Common Era, while Europe still walloped along in the Dark Ages, Islamic medicine and science led the world, with Arabic as the world's language of knowledge, much as English is today. For over 1 000 years Islamic medicine was a marvel of sophistication, featuring competency tests for doctors, drug purity regulations, hospitals staffed by nurses and interns, advanced surgeries, and other practices beyond the dreams of medieval Europe'.3 Baghdad, Cairo, Cordoba and Toledo were vibrant with Islamic intellectual activity. It is therefore ironic that this golden era has so faded into history that the contemporary Islamic world has come to be described in Nature as a 'scientific desert'.

Nigeria is just one example of the undermining of public health by self-serving clerics and others purporting to be obedient to the teachings of the Prophet, imparting to Islam the image of a religion anchored in the medieval time warp. Nowhere has this been more starkly illustrated than in Afghanistan under the Taliban. In her book called The Sewing Circles of Herat4 Christina Lamb, a British writer who spent years on and off in Afghanistan, first with the mujaheddin forces fighting the Russian occupation and through to the Taliban era, provides a chilling account of life in a medieval Islamic state the assault on culture, education, and music; the degradation

and abuse of women; the wanton beatings; and the mutilations and executions of those deemed not to be 'good Moslems'. Terrorism is an indisputable public health hazard, and the world is numb with horror from acts of terror, all in the name of Islam, from Nairobi to New York and from Dar-es-Salaam to Bali, with the loss of thousands of civilian lives, including lives of Muslims. Acts of terrorism such as we have seen in recent times place untold pressures on the health systems of the countries concerned, in addition to diverting scarce resources to fighting terrorism that could be much better applied towards improving the health of the people. No society in the world that subjugates its women has made socio-economic advances.

The horrific execution by decapitation on videotape of an innocent civilian American who happened to be in the wrong place at the wrong time, by five hooded men yelling 'Allah-o-Akhbar', must surely represent the vilest form of blasphemy imaginable, but who is condemning this on Islam's behalf? The silence is deafening.

One understands the profound political and socio-economic underpinnings to the Islamist fundamentalist carnage, not least the politics of oil in Iraq and the rest of the Middle East. Nor is terrorism an Islamic monopoly, witness Oklahoma City. But none of this even begins to constitute justification for the

The Moslems known to me are all decent, gentle people. So who speaks for them and for the rest of mainstream Islam? If Islam were to have an authoritative voice - perhaps a popeequivalent - to articulate the official interpretation of the teachings of the Prophet, understanding of the formal Islamic worldview on such matters as terrorism by the non-Moslem world would be enhanced, and the largely unearned stigmatisation of Islam that is currently on the rise mitigated. Islam has had a history of such hierarchical leadership. Beginning with Abu Bakr, the Prophet Mohammed's father-inlaw, and for centuries after the Prophet's departure from this world, Islam had a pope-equivalent known as the khalifa or caliph, later also called the Amir al-Muminin or Commander of the Faith.⁵

There may no longer be a caliphate (it atrophied and died during the Ottoman era), but one way or the other, mainstream Islam's collective voice needs to be heard to say of the horrors and the misguided threats to the public health: 'Not in the name of Allah'.



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