

Bismillahir Rahmanir Raheem

**AN AMERICAN MUSLIM APPROACH TO
ISLAMIC COMPASSIONATE CARE AND COUNSELING
PRESENTED AT
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1. INTRODUCTION

A. Arabic

B. Praise is for Allah. Therefore, we glorify Him and seek His help and forgiveness. And, seek refuge from the evils of our inclinations. Whomsoever Allah gives guidance, no can mislead him; and whomsoever He misleads, none can guide him. And, I bear witness that there is none worthy of worship except Allah. I affirm that Muhammad (ibn Abdullah) is His servant and Apostle.

I express my gratitude to the conveners of this momentous event for allowing me to participate. It is a great honor to be here today. My objective here today is to share with you some concepts as I see them on the subject of “Islamic Compassionate Care and Counseling.” The discussion is Islamic because the components of this presentation are based in part on Al-Quran, and in part, the recorded traditions (ahadith) of the Prophet Muhammad (peace be upon him).

The discussion is compassionate because it involves preservation and healing for the mind, body and spirit of the Believer or other patient. The discussion involves counseling because it employs methodologies and practices to address the components mentioned earlier, or criteria for making an appropriate referral to professional healthcare workers. However, the important fact is that “Islamic Compassionate Care and Counseling” concerns itself with the “whole being” and human behavior as they relationship Divine Guidance based upon Al-Quran.

I use the expression “Islamic Compassionate Care and Counseling” because I believe that it is better understood and more meaningful for use in the Muslim Community than the expression “Pastoral Counseling.” Allah (swt) is oftentimes referred to as “The Compassionate, Most Merciful.”

The three areas of focus for me today are the unmet “compassionate service needs” within the American Muslim Community and the role of 1) Imams, 2) Muslim care givers, and 3) social service institutions/services.

2. THEOLOGICAL BASIS FOR ISLAMIC COMPASSIONATE CARE AND COUNSELING (ICCC)

ICCC is based in part on the dictates of Al-Qur'an and on the revelations received by the heart of the Prophet Muhammad ibn Abdullah of the 6th century (*peace be unto him*). Numerous authentic ahadith in Sahih al-Bukhari and Muslim¹ also discuss various aspects of ICCC. I will focus on the Qur'anic references. In the broadest terms, these verses discuss and give guidance to believers, define righteousness, and support the provision of neighborly needs:

A.L.M. This is the Book. In it is guidance sure, without doubt, to those who fear Allah, who believe in the Unseen, are steadfast in (establish) Prayer, and spend out of what we have provided for them, and who believe in the Revelation sent to thee, and sent before thy time, and (in their hearts) have assurance of the Hereafter. They are on (true guidance) from their Lord, and it is these who will prosper. (Al-Baqara 2:1-5)

Al-Quran is a book of Guidance from Allah (swt) transmitted through the heart of the Prophet Muhammad (pbuh). This verse speaks of the unconditional and unique faith of a Muslim in Allah (swt) (tauhid) as well as the importance of righteous deeds as manifested in the Islamic religious worship system (ibadah). However, righteousness is also defined in Al-Qur'an.

It is not righteousness that you turn your faces towards the East or the West, but it is righteousness to believe [have faith] in Allah and [believe in] the last day, and the angels and the Book, and the messengers; to spend of your substances (out of love for Him) for your kin, for orphans, for the needy, for the wayfarer, for those who ask, and to ransom slaves, to be steadfast in prayer, and practice regular charity; to fulfill the contracts which ye have made, and to be firm and patient, in pain (or suffering) and adversity, and throughout all periods of panic. Such are the people of truth, the God-fearing. (Al-Baqara 2:177)

Righteous behavior is incumbent on every Muslim male and female. However, faith in Allah (swt) and Allah (swt) alone, belief in the Islamic worship system and righteous actions should be an integrated part of the Muslim personality. They manifest themselves in service to G-d, as reflected in service to His creation, including humankind.

Seest thou one who denies the Judgment (to come)? Then such is the one who repulses the orphan, and encourages not the feeding of the

indigent. So woe to the worshippers who are neglectful of their Prayers, those who (want but) to be seen (of men), but refuse (to supply even) neighborly needs. (Al-Ma'un 107: 1-7)

Grief, poverty, illness, disease and other adversities in life are but trials from Allah (swt). Islamic Compassionate Care and Counseling is a Mercy from Allah (swt) with the potential to assist the believer in his/her challenges:

No misfortune can happen on earth or in your souls but is recorded in a Book before We bring it into existence; that is truly easy for Allah, in order that ye may not despair over matters that pass you by, nor exult over favors bestowed upon you. For Allah loveth not any vainglorious boaster, such persons as are covetous and commend covetousness to men. And if any turn back (from Allah's Way), verily Allah is Free of All Needs, Worthy of All Praise. (Al-Hadid 57:22-24), and

Be sure We shall test you with something of fear and hunger, some loss in goods, lives and the fruits (of your toil), but give glad tidings to those who patiently persevere, who say, when afflicted with calamity, "To Allah we belong, and to Him is our return." They are those on whom (descend) blessings from their Lord, and Mercy; and they are the ones that receive guidance. (Al-Baqara, 2:155-157)

In the final analysis, believers are the protectors of themselves, the family, and by extension, the Ummah (Community). We have a responsibility to Allah (swt) to protect one another and the planet that He has provided:

The Believers, men and women, are protectors, one of another. They enjoin what is just, and forbid what is evil. They observe regular prayers, practice regular charity, and obey Allah and His Messenger. On them will Allah pour His mercy; for Allah is Exalted in Power, Wise. (At-Tauba 9:71)

3. WHO ARE THE AMERICAN MUSLIMS?

The information contained herein is not meant to be exhaustive. It simply is a starting place for beginning to understand the religion of Al-Islam and American Muslims. Islam is the second largest religion in the world, and the fastest growing religion in the United States of America. There are some 1.3 billion Muslims world-wide, an estimated 5 million in the USA. The Muslim Community in the United States consists of the Indigenous African American Muslims (descendants of formerly enslaved Africans forced to immigrate to the US), and Immigrant Muslim Communities (individuals who volunteered to come to the US for social or economic reasons). Although estimates

vary, The American Muslim Council in 1992 suggested that in the United States the African American Muslims were the largest population at 42%, followed by South Asians 24%, Arabs 12.4%, Africans 5.2%, and others 16.4%.² There are an estimated 1,209 mosques in the US,³ and about 70 mosques in NYC.⁴ Anecdotal discussion put the number to one or two hundred masaaqid, depending on the definition.

Muslims are scattered world-wide. Most of the Muslims in the world are Sunni. Sunnis follow closely the principles and practices of the Prophet Muhammad (*peace be unto him*) as collected and recorded in the ahadith⁵. Shiites have the same theology as Sunnis, but differ in some cultural practices. They are approximately 10-15% of the world-wide Muslim Community.

4. A VIEW OF THE AFRICAN AMERICAN MUSLIM EXPERIENCE

Muslims were among the very earliest explorers of the American continent. Their travels to the “new world” are well documented in numerous books, and archives. Early Muslims arrived from Africa. One example is Abu Bakari from the Kingdom of Mali in 1312. Christopher Columbus reported that he saw a masjid near Gibara on the northeast coast of Cuba, and Estevanico who accompanied the Spanish explorer Paniflo de Narva’ez in 1527 was a Muslim from Morocco.⁶

Historical records also report that Muslims were among the very first Africans enslaved in North America. Enslaved Muslims from the Sene-Gambia area of Africa were reported in New York City (1741), Annapolis Maryland (1731), and Norwich Connecticut (1750). Many people are already familiar with the history of the author Alex Haley, and how he traced his ancestry to Kunte Kinte, his Gambian Muslim ancestor. Muslims in America also left their written legacy (in Arabic script) in letters and documents.⁷

Historically, some African American Muslims viewed the religion of Al-Islam as liberation from Western cultural and religious hegemony.⁸ This is evident by figures such as The Honorable Noble Drew Ali (1886-1929) who established the Canaanite Temple in Newark, New Jersey in 1913.⁹ He also established The Moorish Science Temple (MST) 1928 (Moor was another term for Muslim). The MST was one of the earliest efforts of African Americans to reclaim their Islamic heritage. He taught that African Americans were Asiatics, not Negroes or Blacks. He also taught that the historical home of the members of the MST was the Kingdom of Morocco. Members of the MST considered themselves Muslims.¹⁰

The Honorable Elijah Muhammad is generally considered to be one of the founders of the Nation of Islam. There is some controversy concerning the teachings of the Honorable Elijah Muhammad. However, for the purpose of this discussion, he is

important for several reasons:

1. He was a pioneer of Islamic discourse in America,
2. He discussed African American/African American Muslim issues of theology, social psychology, self-esteem, self-determination and self-development.
3. He established the religious framework for intellectual curiosity that inspired generations of young men and women.

For the purpose of this discussion, The Honorable Elijah Muhammad was a pioneer thinker in health care needs for American in general and African American Muslims in particular. To my knowledge, he was the first Muslim Leader in America to focus on health care and actually promote a program plan for accomplishing stated objectives. This is exemplified by his book on proper diet and nutrition entitled *How to Eat to Live*¹¹, as well a planning for a Muslims Hospital.¹² In *How to Eat to live*, the Honorable quotes Al-Qur'an 2:168 which admonishes Muslims to "...eat the lawful and good things from what is in the earth." He posits that the poison diet of the African American, a result of our enslavement history in the US, had taken us away from our Divine Guidance and natural diet. Please note that this visionary wrote on this subject almost 45 years ago. His other great contributions were the concepts of African Americans (indeed all Africans) as the "*the original man*," "*know thyself*," and "*do for self*."¹³

African American Muslims claim their Islamic and general African American heritage in America as previously mentioned. Nevertheless, we acknowledge that our history here has been a challenging experience. It is the effect of the history that underscores the need for Islamic Compassionate Care and Counseling. Without belaboring the point, I will name a few examples:

1. Post Traumatic Slavery Syndrome¹⁴,
2. Institutional Racism¹⁵ and,¹⁶
3. Medical Malpractice,¹⁷ and,
4. Psychological warfare.¹⁸

There are several African American Muslim leaders who have contributed to the praxis of African American Muslim Liberation Theology. However, they are not as well known. They embraced more of the traditional theological and belief practices of Sunni Muslims worldwide. Indeed, many studied in the renowned Islamic universities, or individually with respected scholars. A select mentioning of these leaders in the New York Metropolitan area include Shaykh Dawud Ahmed Faisal (1891-1980), founder of Islamic the Mission Society in Brooklyn; Shaykh Allma Al-Hajj Ahmad Taufiq (1936 - 1988), founder of the Mosque of the Islamic Brotherhood, in Harlem; Shaykh Abd'Allah Latif Ali (1934- present), founder of the Mosque of Allah, Admiral Family Circle Islamic Community and the Malik Shabazz Human Rights Institute; and As-Sayyid Isa Al Haadi Al Mahdi (1945?-present) founder of the Nubian Islamic Hebrew Mission. Their contribution will be (inshallah) the subject of future writings.¹⁹

5. A VIEW OF THE IMMIGRANT AMERICAN MUSLIM EXPERIENCE

It is generally agreed that the first wave of Muslim immigrants arrived in about the year 1875. They came mainly from the areas that are today Syria, Lebanon, and Palestine for economic and/or political reasons. There is little indication that they immigrated for the sake of Allah (swt) or His Prophet (pbuh). They settled in lower Manhattan, and in various parts of Brooklyn. During the beginning of the 20th century, Muslims immigrated to the USA from additional countries, and established mosques in various parts of the country:

1. Polish Tartars established *The American Mohammed Society* in Brooklyn (1907),
2. Albanian Muslims established a masjid in Biddeford, Maine (1915), and in Connecticut (1919),
3. Dr. Mufti Muhammad Sadiq established the headquarters of the Ahmadiyya Muslim community in Chicago in 1921. For many years, the Ahmadiyya community had a close working relationship with the African American community. They were the first Muslim immigrants to reach out actively to the African American Muslim community.

In 1957, President Eisenhower gave the opening remarks at the Islamic Center of Washington, DC. Other significant immigrant operations include the founding of the Islamic Circle of North America (ICNA--predominately Indo-Pakistani), and the Islamic Society of North America (ISNA-- predominately Arab).

Over the years, African American Muslims and Immigrant Muslims historically have had friendly and not so friendly relationships. Many immigrant muslims are professionals, such as doctors, engineers, and businessman. As such, they vote primarily Republican, and, until recently, typically did not align themselves with African Americans – Muslims or non-Muslims. However, after the attack on the World Trade Center on September 11, 2001, and in the wake of the subsequent policies of the Bush administration, many businesses have closed; families have been split apart; some children have had their education interrupted; men, women and children have suffered traumatic emotional distress; undercover policeman have operated in some mosques; and many men have lost their jobs as a result of extra-judicial detentions. As a result of these turns of circumstance, relationships between the African American and Immigrant Muslims Communities appear to have improved by necessity.

Immigrant Muslims have appealed to the American ideal of multi-culturalism as an answer to their situation. In Imam Dr. Ahmed Kobeisy's book entitled *Counseling American Muslims*, he attempts to address the issues of counseling American Muslims, but clearly is addressing his comments to issues that are related to immigrant Muslims only:

“Despite this tremendous growth, the Muslim community continues to be unstudied,

widely misunderstood, and falsely stereotyped. Research and studies pertaining to Muslim populations with respect to counseling and other mental health fields is at best minimal, and in most cases superficial and judgmental. Most of the few studies made on Muslims in mental health issues are based mainly on religious textual information that describes religious ideals and cultural norms, rather than considering empirical data that indicate individual differences and social factors.²⁰

6. HOW DOES ISLAMIC COMPASSIONATE CARE AND COUNSELING APPLY TO 21 CENTURY UNMET NEEDS OF AMERICAN MUSLIMS?

In an American Muslim setting, I define ICCC as concepts, levels of effort, and methodologies employed by Imams and Muslim caregivers to provide specific services to the American Ummah. For the purpose of this discussion, I separate the functions of Imams, and Muslim caregivers. *Muslim caregivers* herein applies to men and women trained as professionals, or well-meaning individuals who offer some level of sustained mental/holistic health, and/or social services to individual mosques, or to the American society in general. The person may be Muslim or non-Muslim. By this definition, many of you here today are Muslim Caregivers.

7. EXAMPLE OF UNMET ICCC NEEDS

I witnessed part of the destruction of the World Trade Center (WTC) September 11, 2001. At 8:46am, I was seated at my desk on the 23rd floor of a newly constructed federal building. The building is located in a former Africa Burial Ground²¹ located five blocks from the WTC. A co-worker in the adjoining cubical looked out his window, and told me that the WTC was on fire. My window framed both towers. I could also see the smoke. News reports and friends on the phone explained to me how a small plane had run into one of the towers. However, I could see that at the crash site, the wing span of the plane stretched over more than few floors. Therefore, I knew that it had to be a large plane, perhaps a jet, and not a small one that crashed. I watched large billows of white smoke spewed out the building, and spread over lower Manhattan.

About 9:00 am, as I looked out of my window on the 23rd floor, I saw a jet plane to my left that appeared at eye-level flying in front of the New York City Municipal Building. It was strange and shocking to see a plane fly so low. The jerky spurts of the plane caused me much concern. Suddenly, the plane appeared to lurch forward and upward. It banked so that it appeared that if it missed the second tower, it would hit my building. I wondered whether we were the target.

I could see the front window of the plane as it tilted on an angle to make certain that it made contact with as many floors as possible. The next thing I saw was engulfing flames and smoke rising upward, covering the building on all sides. Moments later, I

and co-workers saw debris floating in the air, and people falling who possibly made the choice jump to certain death, rather than to be consumed by jet-fueled flames.

We watched in shock and awe. As we watched, it dawned upon us that the crashes indeed were no accident. We were under attack. Additionally, we became keenly aware that we were standing in a federal building, vulnerable, and a possible target. We learned later that indeed the FBI Terrorist Taskforce, at the time, housed in the same building, had confiscated camera equipment several weeks before. However, they let the culprits go. I gathered my wits about me, grabbed my belongings, and fled the building.

Still dazed, I made my escape to a friend's house uptown. I remember crying, perhaps out loud, on the train and walking the two blocks to his apartment. When I arrived, possibly on the last uptown Broadway local train that day, I knew that I was in a state of emotional overload. I asked for a blanket, and rested on a sofa. Moments later, my friend who was following the sequence of events on the television in the next room, came to tell me that the first tower had fallen. Shortly after, he informed me that the second tower had also fallen.

I included a part of my experience on 9/11 to emphasize that the collective Muslim leadership nor community members have not yet addressed the unmet needs of the Muslim victims of the events of 9/11. There may still exist subsequent emotional and in some cases spiritual issues Muslims may be experiencing because of various assaults on our community. This work is a clarion call to address the healing needs of Muslims before 9/11 and existing even today.

8. IMAMS AND ICCC:

The traditional Islamic education usually does not prepare the Imam for leadership in a contemporary American context. There is a need for additional training in such areas as administering non-profit organizations, and providing Pastoral Care/Counseling. Additionally, there is an increasing question as to whether Imams or community members will/should play a role in Chaplaincies in hospitals, prisons, and nursing homes. But even as the question is being discussed, some Imams are already functioning as professional chaplains, some paid, some volunteers.

In his traditional role, the Imam performs any or all of the following functions:

1. leads the five daily required prayers,
2. conducts the Friday services (*Jumah*), as well as the two Eid celebrations,
3. performs marriages,
4. presides at the funeral prayer (*janaza*),
5. teaches classes in Islamic law (*sharia*), and
6. provides/teaches Qur'anic recitation.

In many instances, the Imam is also the administrative head of the mosque (*masjid*), virtually operating as the chief decision-maker. In other instances, the mosque (*masjid*) may be operated/incorporated by a Board of Directors which may have the authority to hire and fire the Imam. In some instances, the Imams are imported from the cultural homeland of a particular community, e.g. Pakistan, Mauritania, and Indonesia. Or, sometimes, the community will send students overseas so they can be trained in the traditions of the homeland.

While the training and traditions they bring with them are important, and not to be minimized, the training may not have addressed several foundational needs/issues within the American Muslim experience. For example, greater skills are needed for dealing with issues and needs of Muslims who are

1. still grieving, or remain traumatized by the 9/11 World Trade Center Disaster and its aftermath,
2. victims of abuse from Islamophobia,
3. returning to the community from an extended prison term or from the military,
4. were involved in substance abuse, and
5. need family/marriage counseling.

The new and under-developed area of concerns for Imams is the role as Chaplain. The subject has implications for both the Muslims and institutions such as hospitals, nursing homes, and prisons. Some Imams make visits to hospitals to see community members. It is almost certain that this practice will continue. However, the Muslim Community is significantly challenged with the hiring of Muslim Chaplains at various public and private institutions. In a sense, American healthcare and services institutions are driving the religious discussions. They are causing the Muslim Community and its leadership to reconsider and adapt to a dynamic, contemporary, American society. On the subject of Muslim Chaplains, the Muslim Community is behind its self-analysis/self-promotion.

Some of the challenges for Imams and Muslim Communities include:

1. the need for adequate training in Pastoral Care and/or Clinical Pastoral Education (CPE) in order for Imams to be taken seriously as competent practitioners in public professional settings,
2. embracing the role of women Muslims as professionals and/or certified chaplains or chaplain supervisors (leaders) in hospitals, prisons, and the like, and
3. producing appropriate literature for assisting all chaplains to better address the spiritual needs of Muslim clients/patients.

Some challenges to public and private institutions may include:

1. making emotional space for, and respecting Islamic traditions. These

requirements may be similar to the orthodox Jewish protocols, already in place at certain hospitals for handling the body of the deceased,

2. prohibitions of certain interactions between men and women. These may include shaking hands, certain environments/conditions for individual and group counseling,
3. respecting dietary restriction (halal foods), and
4. provision for/awareness of the need to make the prayer (*salaat*) on time, and to attend the Jumah service on Friday.

9. MUSLIM CAREGIVERS

I define Muslim Caregiver as any individual who provides services/support to members of a Muslim community. They may be the professional counselor, social worker, psychologist, or psychiatrist who is a regular member of the community, or in private practice. They may be a paraprofessional. Their education and training may vary greatly. They may be male or female. Their activities may be formal or informal. These caregivers are people who console the family members at the time of a death, in times of insecurity and strife, and during other significant events.

Muslim Caregivers may also receive training in pastoral counseling from religious or mental health institutes. Pastoral counseling is the academic discipline for ministering to religious communities. Pastoral counselors usually have at least a Master's Degree, as do pastoral psychologists. However, some programs offer certificate programs, which require fewer courses and clinical work (training). Some of the training offered to professionals and paraprofessionals alike include, but are not limited to the following:

1. end-of-life issues,
2. accidents and related trauma,
3. loss and grief, loneliness, suicide,
4. sudden death of a child,
5. still-born babies,
6. abortion,
7. chronic illness, and AIDS;
8. sadness, and anger,
9. health care proxies, and do-not-resuscitate orders.

This training especially will benefit believers and is much needed in our Community.

10. MUSLIM COMMUNITY AND CHAPLAINCIES

The concept of Chaplaincy as a part of *Islamic Compassionate Care and Counseling* is relatively new in the Muslim Community. As the Community and its leadership embrace more of what is typically referred to as "Pastoral Care" in the Jewish tradition and

Christian Communion, the need for Muslim Chaplains becomes more apparent. To my knowledge, there are a number of Imams and Muslim Caregivers serving as Chaplains in various prisons and hospitals. However, with Clinical Pastoral Education (CPE) as the standard, many existing Muslim caregivers may not be qualified to participate in Chaplaincy programs.

I believe that CPE training is useful. Also, there are also crossover principles and strategies that can be applied by Muslim Caregivers within the masjid. There is especially a role for Muslim women. This is an area that is ripe for exploration. In all, it would be best for the individual community through an ash-shurah (mutual consultation process-men and women) to determine how best to service the Compassionate Care needs individual community. Furthermore, there are a number of additional concerns to be addressed. There are a number of Muslim women who have been trained in Christian seminaries who are trained as Chaplains. However, I observe that very little of their skills are employed or utilized in the Muslims Community. This is unacceptable and in denial of a great blessing from Allah (swt). The Muslim Community must come to terms with the reality of these women and their valuable training. Allah (swt) one day may call us to account for our ingratitude.

In the New York City Metropolitan Area, I observe that the role of the Muslim Chaplain in the hospital and in City prisons differ greatly. In the prison system, the Muslim Chaplain services primarily the Muslim population. Indeed, it has been my experience that certain Muslim Chaplains resent visits from outside Imams. In my case, I once was challenged by an Imam at one of the Riker's Island detention facilities who told me that I could not visit a Christian inmate who asked to see me. On the other hand, I was once called by another Imam because he feared for the life of a Muslim brother and wanted an outside person to be aware of what was happening. My point is that prison chaplaincy is an area that is not addressed by the Muslim Community.

This issue of training Muslim women as Chaplains and their status within the Muslim Community is an area that has to be addressed. When a woman is a Chaplain in a women's prison and she leads the prayers, is she then an "Imam." She certainly functions as a leader. For example, the New York City Department of Correction (NYCDOC) has a Muslim woman who is a Chaplain in a women's facility. She has the same status as a male chaplain, Muslim or non-Muslim. She occasionally leads the women in her facility in prayers. In her role, she functions as an Imam. The Institution appears to be at a loss on how to refer properly to her, without offending the Islamic community. She is a chaplain by their definition. But is she also an Imam? And if so, should she be addressed as such?

In any event, individual Muslim communities may want to decide for themselves which terms are appropriate, and how they should be used. One possible solution is to use only the term “chaplain” in governmental/private institutions, reserving the term Imam only for males functioning within the Muslim community.

Another concern is the status of the present training of Imams as discussed earlier. I am aware that several years ago, a Muslim woman successfully completed six or seven units of CPE at major New York City hospitals. However, because she did not have a degree, and possibly because she was not an Imam, this woman was not offered a chaplain position. Perhaps this was a political situation that has resolved itself in more contemporary times. Another point is that even if the woman was not offered a position in a service institution, her skills were not welcomed by the leadership of the Muslim communities. There is much work that needs to be done.

11. POSSIBLE CONCERNS FOR HOSPITALS FOR ISLAMIC COMPASSIONATE CARE AND COUNSELING (ICCC)

In addition to some of the general comments made in the last section, hospitals are in a unique position in terms of ICCC because they:

- 1) Provide primary medical care for Muslim patients,
- 2) Employ Muslims workers as doctors, nurses, chaplains, etc.,
- 3) In some cases, have end-of-life concerns for Muslim patients, and 4) provide for visits by friends and families.

Challenges for hospitals administration and staff in regard to Muslims patients include but are not limited to:

1) **Understanding and responding to the cultural difference among Muslim groups:** these differences may include a) various languages, b) challenges with familial relationships; for example, a husband acting as the spokes-person for his wife or other family members in matters of medical treatment, or interjecting himself, out of concerns, into discussions/activities of hospital staff, c) reluctance to shake hands or touch persons of the opposite gender, c) avoiding looking directly into someone’s eyes when talking, d) being alone with unrelated members of the opposite gender (leave door ajar or open).

2) **Issues of ritual purity:** Salaat (Muslim prayer) is required at least five times a day. Cleanliness is an important component of this process. There is a specific ritual for performing the washing. There are circumstances under which the ritual may be altered. However, hospitals and the patient’s physical condition may present a formidable challenge to an observant Muslims: a) urinary and fecal incontinence pads, general impurities b) catheter and drainage bags

maintenance c) physical incapacitation, d) inability to shower following doctor's instruction, e) IV's, tubing, oxygen masks, etc., and e) for some people, use of hand sanitizers that contain alcohol.

3) **Prayer space:** a) use of the chapel for salaat while the room may have uncovered statues and religious images, b) conflicting times with other person/groups for use of the space, c) calling the adthan for the morning prayer (approximately 4:00am)

4) **Need for modesty in dress such as:** a) patient gown with longer sleeves that reach the wrists and ankles as well as covers the neck, b) desire to wear hijab (head covering) at all times; b) modesty may be a concern also for the Muslim nurses who may have conflict with infection control protocols/staff because of her hijab or sleeve length, etc., c) trousers for men.

5) **Gender issues in treatment:** a) preference for same gender medical staff; b) especially, for personal hygiene (bathing, catheter insertion, and pre-op procedures such as shaving,

6) **Dietary issues:** a) request for halaal food, b. avoidance of porcine (pork-based) products (including medications),

7) **Loss of control personal control:** art of balancing medications for pain control or anxiety and the patient's ability to maintain clear mind for meeting prayer obligations during salaat (Qur'anic recitation, steadiness for prayer positions.

8) **Medical Ethics:** a) prolonging life, b) pain control, c) abortion issues to save a life, d) organ donors

9) **End-of-Life issues:** a) recitation of Ya Sin (Chapter 36) upon imminent death, b) arrangements for handling the body (straighten out the arms and legs, close eyes, preparation of the body for burial)

10) **Pastoral Care:** a) training chaplains on being responsive to the need of Muslim patients, b) hiring a Muslim c) issue some Muslim men may have being ministered to by female chaplain (any religion).

12. RESPONSIBILITY OF THE MUSLIMS COMMUNITY

The area of Islamic Compassionate Care and Counseling (ICCC) is an area that has to be addressed by the Muslim Community itself. The Community should consider at the least the following:

1. **Identify and define its needs in terms of ICCC:** the definition should not be left to Imams, government agencies, non-profits, or institutions. The community should self-identify its needs through mutual consultation. Imams can then represent the Community in the appropriate settings (social, academic, political, etc.) and administer to the stated needs of his own masjid.
2. **Determine proper modalities:** The Muslim Community (individual and collective) should determine the proper modalities that meet the Community's needs and determine how it prefers these modalities to be implemented. This may mean forming professional relationships with social services agencies, medical practitioners, hospitals, and civic advisory groups, and the like.
3. **Practice Preventive Measures:** 1) get checks regularly, 2) eat properly, 3) exercise regularly at every age, and 4) take your children to the doctor and dentist.
4. **End-of-life Issues:** The Muslim Community should put in place procedures for accommodating 1) the elderly: senior housing, spiritual care givers, nursing homes, 2) critically ill: visits, financial help, volunteer services, and 3) burial: especially for the very poor/homeless, those estranged from the Community, those who die in your area, 3) develop guidelines for intuitions on how to handle Muslim clients, 4) create a volunteer group that will handle/coordinate all the procedures for a Muslim when he/she dies in a hospital.

CLOSING REMARKS

No offense intended to St. Barnabas, but where is the Muslim hospital? There is certainly a plethora of excellent Muslim surgeons, specialists, and administrators. Then, how is it that, to my knowledge, there is no Muslim hospital in New York or the United States? There was a time during the life of the Honorable Elijah Muhammad when the Nation of Islam had a program for building a least one hospital. A Muslim hospital can be a resource and focus for Islamic Compassionate Care and Counseling. The hospital administration can build close ties with Muslim Communities, provide proper Islamic adab (behaviors) in terms of patient care, provide for dietary needs, offer professional training in a variety of areas, and be a source of pride and accomplishment for the

Muslims. Additionally, a Muslim hospital can be an example of Muslim contribution to the American society. It could serve as a resource and affiliate itself with St. Barnabas

Islamic Compassionate Care and Counseling is an idea whose time has come. It is a concept that services the needs of Muslims and all Americans. It is a strategy for bettering the individual masjid, for providing professional training and development for Imams and Muslim Caregivers, and a moral responsibility. May Allah (*swt*) continue to guide us on the path of righteousness; may He forgive us for our short-comings; may He grant us success in this life and in the life to come. Ameen.

ENDNOTES

¹ Works by Persian Muslim scholars Muhammad ibn Ismail al-Bukhari, and Imam Muslim (Muslim ibn al-Hajjaj)

² Fareed Nu'man, *The Muslim Population in The United States*, American Muslim Council, 1992

³ Ihsan Bagby, et al, *The Mosque in America: A National Portrait*, in American Religious Identification Survey 2001, The Graduate Center (CUNY), 2001.

⁴ New York Times, May 4, 1993, citing Dawud Assad of the Muslim World League in NYC.

⁵ Many Muslims consider the collection of the sayings and actions of Prophet Muhammad and his companions as an important component of the religion of Islam. Muslims refer to these writings as *ahadith*, (singular, *hadith*). The most widely used ahadith are the ones compiled by Bukhari, Muslim, Abu-Dawud and Imam Malik.

⁶ Muhammad, Amir Nashid Ali, *Muslims in America* (Seven Centuries of History (1321-2000), Amana Publications, 2nd edition, 2001, pp. 3-5

⁷ Muhammad, Amir Nashid Ali, *Muslims in America* (Seven Centuries of History (1321-2000), Amana Publications, 2nd edition, 2001, pp. 15, 28, and 30

⁸ Hatim, Muhammad. African American Muslim Liberation Theology: Theory and Practice, Foundation Theology 2010, Faculty Essays for Ministry Professional, Morgan, John H., ed., Graduate Theological Foundation, Mishawaka, Indiana, 2010, p.135.

⁹ Muhammad, Amir Nashid Ali, *Muslims in America* (Seven Centuries of History (1321-2000), Amana Publications, 2nd edition, 2001, p. 54

¹⁰ Mahdi, As-Sayyid Isa, *The Book of Laam*, 2nd revision, The Original Tents of Kedar, Brooklyn, 1989, pp. 17-18

¹¹ Muhammad, Elijah, *How to eat to Live*, vols. 1&2, Muhammad's Temple No.2, Chicago, Illinois, 1967, revised 1972.

¹² Alexander, Curtis, Elijah Muhammad on African American Education, ECA Associates, New York, 1989, pg.53.

¹³ *Message to the Black Man in America*, Muhammad's Temple No.2, Chicago, Illinois, 1965.

¹⁴ DeGruy, Joy, *Post Traumatic Slave Syndrome: American's Legacy of Enduring Injury and Healing*, Uptone Press, 2006.

¹⁵ Clark, Kenneth and Clark, Mamie "Emotional Factors in Racial Identification and Reference in Negro Children," *Journal of Negro Education*, 1950. pp. 341-50

¹⁶ Kunjufu, Jawanza, *Countering the Conspiracy to Destroy Black Boys*, African American Images, Chicago, Ill, 1985, p. vii

¹⁷ Washington, Harriet, *Medical Apartheid: The Dark History of Medical Examination on Black Americans from Colonial Times to Present*, Doubleday, 2006

¹⁸ Na'im Akbar, "The Evolution of Human Psychology for African Americans,' in Black Psychology, 4th edition, Cobb & Henry Publishers, Hampton, VA, 2004, p. 37

¹⁹ Shaykh Dawud Ahmed Faisal founded what is believed to be the first organized Sunni masjid (mosque) in New York City. Shaykh Abd'Allah Latif Ali is still active in the development of African American Liberation Theological thought, Islamic hermeneutics, interfaith activities, and international human rights/fundamental freedom issues. As-Sayyid Isa Al Haadi Al Mahdi fell into disrepute and is presently incarcerated. May Allah (swt) reward them all according to their best intentions and best actions.

²⁰ Kobeisy, Ahmed Nezar, Counseling American Muslims, Praeger Publishers, Westport, Connecticut, 2004

²¹ The building at 290 Broadway in Lower Manhattan is erected in a 17th century African burial ground. Over 400 remains were removed for construction and subsequently placed in an adjoining National monument.