Islam and Biomedical Ethics

with Mohammed Ghaly, "Islamic Bioethics in the Twenty-first Century"; Henk ten Have, "Global Bioethics: Transnational Experiences and Islamic Bioethics"; Amel Alghrani, "Womb Transplantation and the Interplay of Islam and the West"; Shoaib A. Rasheed and Aasim I. Padela, "The Interplay between Religious Leaders and Organ Donation among Muslims"; Aasim I. Padela, "Islamic Verdicts in Health Policy Discourse: Porcine-Based Vaccines as a Case Study"; Mohammed Ghaly, "Collective Religio-Scientific Discussions on Islam and HIV/AIDS: I. Biomedical Scientists"; Ayman Shabana, "Law and Ethics in Islamic Bioethics: Nonmaleficence in Islamic Paternity Regulations"; and Willem B. Drees, "Islam and Bioethics in the Context of 'Religion and Science'."

COLLECTIVE RELIGIO-SCIENTIFIC DISCUSSIONS ON ISLAM AND HIV/AIDS: I. BIOMEDICAL SCIENTISTS

by Mohammed Ghaly

Abstract. During the 1990s, biomedical scientists and Muslim religious scholars collaborated to construe Islamic responses for the ethical questions raised by the AIDS pandemic. This is the first of a two-part study examining this collective legal reasoning (*ijtihād jamāʿī*). The main thesis is that the role of the biomedical scientists is not limited to presenting scientific information. They engaged in the human rights discourse pertinent to people living with HIV/AIDS, gave an account of the preventive strategy adopted by the World Health Organization, and offered an (Islamic) virtue-based preventive model. Finally, these scientists tried to draft a number of Islamic legal rulings (*aḥkām*), usually seen in Islamic jurisprudence as the exclusive business of Muslim religious scholars. This multilayered role played by the scientists reflects intriguing developments in the Islamic religio-ethical discourse in general and in the field of Islamic jurisprudence in particular.

Keywords: bioethics; compassion; ethics; faith; HIV/AIDS; *ijtihād* (study of Islamic principles to derive legal opinions from the law); interdisciplinarity; Islam; science

---

AIDS as a Bioethical Challenge: The Context of the 1980s. During the 1980s, the discipline of bioethics in Europe and the USA was confronted with challenging questions raised by the outbreak of the Acquired Immune Deficiency Syndrome (AIDS). This new epidemic is usually

Mohammed Ghaly is assistant professor of Islamic Law and Ethics, Leiden Institute for Religious Studies, Faculty of Humanities, Leiden University, Matthias de Vrieshof 1, Postbox 9515, 2300 RA Leiden, The Netherlands; e-mail: m.ghaly@hum.leidenuniv.nl.

 ISSN 0591-2385

acknowledged as the most significant new disease to emerge since bioethics was born (Schuklenk 2003, 127). It became clear that AIDS has important social and ethical dimensions such as stigmatization, discrimination, counseling, care, and health promotion. In order to meet these biomedical and bioethical challenges posed by AIDS, hundreds of conferences and meetings were held. The series International AIDS Conference (IAC), the world's most attended conference on HIV and AIDS, started in 1985 in Atlanta, Georgia, USA (http://www.iasociety.org).

Also during the 1980s, the discussions on bioethical questions within the Islamic tradition were undergoing a significant shift. Before this date, Muslim religious scholars (*'ulamā'*) used to address these questions through fatwas issued on an individual basis. The *'ulamā'* soon recognized the complex nature of bioethics and the specialized knowledge of modern biomedical sciences required for addressing specific bioethical questions. However, the overwhelming majority of contemporary Muslim religious scholars are trained neither in biomedical sciences nor in the Western languages in which the up-to-date scientific studies are available. It became clear to these *'ulamā'* that collaboration with biomedical scientists has become inevitable. In the terminology of Islamic law, this collaboration between these two groups is known as collective legal reasoning (*ijtihād jamā'ī*) in which formulating an Islamic viewpoint on a specific issue is not the prerogative of religious scholars alone. This collective *ijtihād* started to assume an institutionalized form during the 1980s with the establishment of organizations such as the Islamic Organization of Medical Sciences (IOMS), established officially in 1984, the International Islamic Fiqh Academy (IIFA), established in 1981, and the Islamic Fiqh Academy (IFA), established in 1977 (Ghaly 2010b, 7–8).

Muslim religious scholars and biomedical scientists, who engaged in the process of collective *ijtihād*, showed keen interest in construing an Islamic bioethical vision on the AIDS pandemic. Already during the 1980s, Islam and AIDS was the topic of a few papers submitted to the third, fourth, and fifth international conferences on "Islamic Medicine," held by the IOMS respectively in 1984, 1986, and 1988 (Wahdān 1988; Walī and al-'Awaḍī 1984, 324–26). Between 1991 and 1995, five large-scale expert meetings were held to discuss Islamic perspectives on HIV/AIDS (Table 1). The Regional Office for the Eastern Mediterranean (EMRO) affiliated with the World Health Organization (WHO) convened a symposium, below referred to as the EMRO symposium, in Alexandria, Egypt, during the period September 9–10, 1991. Religious scholars and specialists in law and in medicine participated in this symposium. A summary of the proceedings was published in both Arabic and English (Munaẓẓamat 1993; World Health Organization 1992).[1] The IIFA discussed the same issue in two consecutive sessions, namely the eighth session held in Brunei during the period June 21–27, 1993 (Majallat 1994, 209–302) and the ninth session

Table 1. Five expert meetings on Islam and HIV/AIDS (1991–1995)

No.	Meeting	Place	Period	Organizers
1.	*Dawr al-dīn wa al-akhlāq fī al-wiqāya min al-īdz* (The Role of Religion and Ethics in the Prevention of AIDS)	Alexandria, Egypt	September 9–10, 1991	The Regional Office for the Eastern Mediterranean (EMRO) affiliated with the World Health Organization (WHO)
2.	Eighth session	Brunei	June 21–27, 1993	The International Islamic Fiqh Academy (IIFA)
3.	Ninth session	Abu Dhabi, United Arab Emirates	April 1–6, 1995	International Islamic Fiqh Academy (IIFA)
4.	*Ru'ya Islāmiyya li al-mashākil al-ijtimā'iyya li maraḍ al-īdz* (AIDS-Related Social Problems: An Islamic Perspective)	Kuwait	December 6–8, 1993	Islamic Organization for Medical Sciences (IOMS); International Islamic Fiqh Academy (IIFA); Office for the Eastern Mediterranean (EMRO)
5.	Eighth session	Aligarh, India	October 20–24, 1995	Islamic Fiqh Academy in India (IFAI)

held in Abu Dhabi, United Arab Emirates during the period April 1–6, 1995 (Majallat 1996, 387–698).[2] The most detailed discussions on this topic took place in the international symposium entitled *Ru'ya Islāmiyya li al-mashākil al-ijtimā'iyya li maraḍ al-īdz* (AIDS-Related Social Problems: An Islamic Perspective), which was organized in Kuwait by the IOMS, in collaboration with the IIFA and the EMRO, during the period December 6–8, 1993. The full proceedings of this symposium, below referred to as the IOMS symposium, was published in Arabic in 1994 ('Awaḍī and Jundī 1994) besides a summary published in both Arabic and English in 1995 (Awaḍī and Jundī 1995a,b).[3] The IOMS secretary general assistant, Aḥmad al-Jundī, presented a detailed report of this symposium during the ninth session of the IIFA (Jundī 1996, 523–81). The latest of these five meetings was organized by the Islamic Fiqh Academy in India (IFAI), as part of its eighth session, during the period October 20–24, 1995. According to the final statement of this meeting, both Muslim proficient physicians and religious scholars participated in the proceedings of this seminar. An English summary of the proceedings of this seminar was published in 2005 (Islamic Fiqh Academy [India] 2005, http://ifa-india.org/arabic.php?do=home&pageid=arabic_seminar8).

Concerning the participants and the papers presented in these meetings, there is also considerable overlap. Although the session held by the IFAI in

1995 took place in India, far away from the Middle East where the majority of the expert meetings on AIDS were held, the participants in this session were not completely detached from their counterparts in the Arab-speaking world. The Syrian religious scholar Wahba al-Zuḥaylī participated in this session as the chief guest (Islamic Fiqh Academy [India] 2005, 39). Al-Zuḥaylī is affiliated with the IIFA as expert (*khabīr*) and he participated in the eighth and ninth sessions of the IIFA during which AIDS was extensively discussed. He also participated in the IOMS symposium and presented a paper on the criminal liability of the AIDS patients (al-Zuḥaylī 1994, 169–77). Thus, the ideas of al-Zuḥaylī, and possibly also those of his colleagues in the Middle East, have been introduced to the participants in the IIFAI seminar in India.

Based on the great number of participating religious scholars and biomedical scientists in these expert meetings and the papers they submitted, one can conclude that there is hardly any other bioethical issue that received such attention in the field of contemporary Islamic bioethics through the mechanism of collective *ijtihād*. However, available Western scholarship on Islam and AIDS has hardly paid any serious attention to the proceedings of these meetings. Some of the available studies just made reference to the final recommendations and resolutions of these meetings. For instance, in his *Islamic Bioethics: Problems and Perspectives*, Dariusch Atighetchi dedicated one of the shortest chapters in the book to AIDS. In this chapter, he made various references to the resolutions adopted by the IIFA during the eighth and ninth sessions and also to the recommendations of the IOMS symposium. However, Atighetchi did not consult the published proceedings but based his writing on English translations of the IIFA resolutions and IOMS recommendations which were available on the Internet (Atighetchi 2007, 201, 207, 208, 209). *Islam and AIDS: Between Scorn, Pity and Justice*, one of the rarely available anthologies in English dedicated to this topic, did not even refer to any of the above-mentioned expert meetings (Esack and Chiddy 2009). It is to be noted that some of the well-known works on Islam and biomedical ethics did not pay any attention to the topic of AIDS at all (Brockopp and Eich 2008; Sachedina 2009). That is why the medical anthropologist Marcia Inhorn called for broadening the focus of current research on Islamic bioethics by including "some of the other pressing but seriously underemphasized issues of moral/ethical concern in the Muslim world. These would include, *inter alia*, the global pandemics of HIV/AIDS" (Inhorn 2008, 255).

This study is meant to fill in this glaring lacuna in the field of contemporary Islamic biomedical ethics. Proceedings of the eighth and ninth sessions held by the IIFA and the IOMS symposium will be the main focus of this study. References to the other expert meetings will be made whenever relevant. For the sake of systematic presentation of these lengthy and sophisticated discussions, this study is divided into two consecutive

parts. This article constitutes the first part of this study and it handles the contribution of the biomedical scientists. The following article will focus on the deliberations of Muslim religious scholars.

Main Questions and Methodological Remarks. The topic of AIDS shows the intriguing relationship between science and religion in the field of contemporary Islamic bioethics. The proceedings of the aforementioned expert meetings clearly showed that the domains of science and religion are highly interwoven and that there is a certain overlap between the roles played by the specialists in each domain. On the basis of the published proceedings of these expert meetings, I argue that the role played by the participating biomedical scientists in the collective religio-scientific discussions on HIV/AIDS was three-dimensional. These three dimensions will be elaborated below in three distinct sections: (1) biomedical information, (2) human rights discourse, and (3) religio-ethical enquiry. Religion was never disconnected from science in any of these dimensions. However, one will easily notice that the direct engagement of biomedical scientists in the very process of religio-ethical analysis or interpreting the Islamic scriptures (*ijtihād*) increasingly proceed from the first section to the second one and reaches its climax in the third section.

The main questions to be addressed by this article are: What did Muslim biomedical scientists contribute to the collective religio-scientific discussions on Islam and HIV/AIDS? What kind of information did they communicate to the Muslim religious scholars? How did the global discussions on the ethico-socio-political aspects of HIV/AIDS influence the structure of their contribution? Before presenting information relevant to these questions, two introductory remarks are due. The first remark is about the names and affiliations of the biomedical scientists who submitted papers to the aforementioned expert meetings. The second remark is meant to contextualize these biomedical scientists' contribution within the broad framework of the collective *ijtihād* in contemporary Islamic bioethics.

Concerning the first remark, four biomedical scientists were invited to write papers for the aforementioned expert meetings. The two papers submitted to the eighth session of the IIFA in 1993 were respectively penned by Muṣṭafā Abū Lisān and Muḥammad ʿAlī al-Bār (Abū Lisān 1994, 209–23; Bār 1994, 225–41). Abū Lisān is an expert in medical laboratory sciences in London, vice-president of the Arab Federation of Clinical Biology (AFCB), and the former secretary general of the Arab Federation of Clinical Chemistry. To my knowledge, Abū Lisān did not participate in any other meetings held by these religio-scientific organizations. On the other hand, Muḥammad ʿAlī al-Bār is a regular participant in these meetings and authored tens of papers in this field. Al-Bār was presented as the consultant of Islamic medicine in King Fahd Centre for Medical Research. He is currently the director of the Medical Ethics Center affiliated

with the International Medical Center, Jeddah, Saudi Arabia. Al-Bār also presented a paper during the ninth session of the IIFA. The paper took the form of an extended document (*wathīqa*) summarizing the preceding discussions on Islam and AIDS, especially those which took place during the eighth session of the IIFA and the IOMS symposium (Bār 1996, 583–651). Muḥammad Haytham al-Khayyāṭ and Muḥammad Ḥilmī Wahdān, both affiliated with the EMRO, the WHO, presented their joint paper during the IOMS symposium (Khayyāṭ and Wahdān 1994, 59–72). Al-Khayyāṭ is by no means a new face in these collective religio-scientific meetings. Besides his position as the vice-director of the EMRO, al-Khayyāṭ is also member of the academies of Arabic language in Damascus, Baghdad, Amman, and Cairo. Wahdān is the director of the Disease Prevention and Control Department (WHO, EMRO). He also participated in other collective religio-scientific meetings. For instance, he submitted a paper on AIDS to the IOMS fifth international conference on "Islamic medicine" held in 1988 (Wahdān 1988, 413–24). He also submitted a paper during the aforementioned EMRO symposium on the epidemiology of AIDS and sexually transmitted diseases (Munaẓẓamat 1993, 34).

As far as the second remark is concerned, one needs to bear in mind that the collaboration between biomedical scientists and religious scholars (science and religion) is one of the pillars of the collective *ijtihād* in the field of Islamic bioethics. The normal course of events is that biomedical scientists would take care of the scientific side of the topic (biomedical information). On the other hand, religious scholars would be responsible for integrating this biomedical information into their religio-ethical analysis of the relevant Islamic scriptural texts. However, as I already noted elsewhere, it is not accurate to think that the process of collective *ijtihād* always works in the same way, with well-identified distinct roles attached to each group (Ghaly 2010b, 8–10; Ghaly 2012, 176–79). Usually, the nature of the topic under discussion, educational package (biomedical scientists with some grounding in Islamic religious sciences or religious scholars who might have access to biomedical sources), and personal interests of the participants in the *ijtihād* process are usually determining factors in identifying the roles that some biomedical scientists or religious scholars play.

Biomedical Information on HIV/AIDS

Bearing in mind that the participating Muslim religious scholars do not have any strong biomedical background, the papers authored by biomedical scientists tried to present the very basic biomedical information about HIV/AIDS. Before embarking upon the content of these papers, one needs to bear in mind that these pieces of information were presented in the 1990s and were directed to the aforementioned religious scholars. Thus, some pieces of information are now outdated or even inaccurate. For instance,

the term "AIDS dementia" is now replaced by "HIV encephalopathy." Also some pieces of information might seem simplistic, especially in the eyes of those who have strong biomedical background. In order to give an honest overview of the process of collective *ijtihād*, information included in the biomedical papers remained almost untouched. The purpose of this paper is to see what Muslim religious scholars exactly came to know about AIDS and on the basis of which they developed their own perspectives on the related religio-ethical questions.

First of all, the biomedical scientists tried to explain what AIDS, which already became an arabized term at this time, exactly means. AIDS (in Arabic *al-īdz*), the biomedical scientists explained, is originally an English acronym composed of initials referring to a fatal disease called Acquired Immune Deficiency Syndrome (*mutalāzimat al-ʿawaz al-manāʿī al-muktasab*). They also explained that "syndrome" (*mutalāzima*) means a cluster of symptoms that appear together and at the same time, "acquired" (*muktasab*) means that the disease is acquired through infection and thus is not caused by hereditary factors or disorders, and immune deficiency (*ʿawaz manāʿī*) means that the body suffers increasing disability to resist all types of organisms even those which usually would have remained harmless. These organisms are called "opportunistic (*intihāziyya*)" because they take advantage of the body's loss of immune powers in order to cause illness. As for the etiology of AIDS, the papers explained that the causal agent of this disease is a retrovirus, which is a microorganism that can only be seen under an electronic microscope. This virus is called human immunodeficiency virus (HIV), which was translated into Arabic as *fayrūs al-ʿawaz al-manāʿī al-basharī*. This virus, once in the body, attacks the human lymphocytes, which actually play a crucial role in the immune system. With the help of a specific enzyme existing in the virus, the virus takes control over the nucleus of the human cell and then transforms its genetic material into a population of infectious viruses. Later, the virus starts reproducing itself by using the genetic material of the infected cell. Ultimately, this reproduction process consumes the cells and causes the immune system to completely collapse (Abū Lisān 1994, 212; Bār 1994, 227–28; Khayyāṭ and Wahdān 1994, 60–61).

The biomedical papers also highlighted specific aspects of AIDS in order to show its enormity and that it is not like any other disease that mankind has ever known. According to the WHO, Abū Lisān clarified, AIDS is classified as a lethal plague and fatal epidemic for which no medical treatment has been discovered yet. Also al-Bār indicated that AIDS is an incurable disease although there are medicines now that can keep HIV/AIDS-infected people healthy by reducing the opportunistic infections and tumors that usually accompany AIDS (Abū Lisān 1994, 211; Bār 1994, 231). The biomedical scientists also stressed that AIDS is a communicable disease and that it can exist in most of the bodily fluids. They held that

epidemiological studies conducted throughout the world have shown that people can contract HIV infection in three main ways. The first mode of transmission happens through sexual contact. They added that this mode of transmission accounts for 90% of the infected cases. Additionally, certain sexual practices can increase the risk of AIDS infection, such as having sex with multiple partners, homosexual acts, prostitution, and having sex with partners affected by venereal diseases. Muḥammad ʿAlī al-Bār added that homosexuality is the primary factor in the spread of AIDS in the USA, Canada, and Western Europe where 70% or 80% of the HIV-positive people are homosexuals. On the other hand, adultery and fornication play a similar role in Africa and Thailand and also in India, where 70% of the prostitutes are HIV-positive. This percentage goes up to reach 80% and 90% among prostitutes in African countries such as Kenya and Angola. The second mode of transmission is contact with HIV-contaminated blood or its derivatives. Infection through blood transfusion has been reduced after discovering the techniques of antibody testing, which checks if blood contains HIV antibodies. However, infection through sharing needles among drug addicts remains widespread. Dr. al-Bār added that some practices in the Muslim world can also bring people in contact with contaminated blood such as the traditional medical practice of wet cupping (*ḥijāma*).[4] The same holds true for cutting hair (*ḥalq*) during the performance of the Islamic pilgrimage (*ḥajj*) because some of the pilgrims come from heavily AIDS-affected regions. In this context, multiple use of razors might be a mode of HIV transmission. Wahdān commented by saying that HIV infection can be transmitted if the HIV-infected person got injured by the shaving razor and left wet blood on it then another person reused the same razor before the blood got dry. Finally, the AIDS virus can be transferred from an infected mother to her child before or during birth. By using the most recent diagnostic methods to identify the virus components, al-Khayyāṭ and Wahdān explained, scientists could demonstrate that the rate of mother-child transmission during pregnancy does not exceed 10%. However, infection during birth through contaminated vaginal fluids accounts for about 30% of cases, while in 60% of pregnancies, babies are found not to be infected by their mothers. On the other hand, Muḥammad ʿAlī al-Bār came up with other statistics. According to the WHO, al-Bār argued, the rate of mother-child HIV transmission during pregnancy ranges between 25% and 30% (ʿAwaḍī and Jundī 1994, 107; Bār 1994, 228–29; Khayyāṭ and Wahdān 1994, 61–62).

As for other possible secondary modes of transmission, al-Khayyāṭ and Wahdān stated that there is no evidence yet to confirm that HIV can be transmitted through biting by insects or through sharing food, drinks, toilet seats, swimming pools, eating utensils, or by wearing used clothes. The possibility of HIV transmission through breast-feeding was quite low,

according to al-Khayyāṭ, Wahdān, and al-Bār. Although the AIDS virus can be found in small percentages in the mother's milk, as well as in other bodily fluids such as saliva, sweat, and urine, infection does not normally take place through the digestive system. The limited number of documented cases of HIV transmission through breastfeeding might have taken place because of the baby's suckling which is usually accompanied by pressure on the thin mucous membrane inside the mouth. Such action can cause infection if the woman has cracks or abrasions on the nipple. However, al-Khayyāṭ and Wahdān concluded, the possibility of transmission remains extremely low. Abū Lisān, however, expanded the list of secondary modes of transmission. He said that the AIDS virus can be transmitted through what is called "French kissing," which usually includes exchange of saliva, if the infected partner suffers from bleeding gums. Also, transmission can happen through using the tooth brush of an infected person because brushing may injure the gum (Abū Lisān 1994, 213; Bār 1996, 590, 626; Khayyāṭ and Wahdān 1994, 61–62).

The biomedical scientists also indicated that AIDS, usually perceived as a life-threatening disease, does not necessarily lead to the death of the AIDS patient immediately or shortly after infection. Infection, they explained, is gradual in nature and goes through four main stages. During the first stage, called the stage of HIV infection (*marḥalat al-ʿadwā*), most patients do not show any major physical health symptoms. In its beginning, this stage is extremely critical because it is not possible to diagnose the infection through the ELISA antibody testing. This means that the person can unknowingly communicate the AIDS virus to others. After a couple of weeks, the body starts producing HIV antibodies. These antibodies cannot stop the virus activity but they are helpful in diagnosing the HIV infection. During the second stage, called the stage of incubation (*marḥalat al-kumūn* or *al-ḥaḍāna*), the virus breeds and attacks the immune system but the HIV infection remains asymptomatic. The duration of this stage ranges between a couple of months and a couple of years. According to al-Bār, this stage has been known to continue up to twelve years. The third stage, called the stage of symptomatic HIV infection (*marḥalat al-aʿrāḍ al-jasadiyya*), is characterized by persistent generalized lymphadenopathy and other symptoms such as chronic diarrhea and the emergence of certain opportunistic infections such as oral hairy leukoplakia. For al-Bār, this stage actually consists of two stages, namely the stage of persistent generalized lymphadenopathy and the stage of AIDS-related complex. The final stage, called the AIDS stage (*marḥalat al-īdz*), is the most advanced stage of the disease during which the disease becomes terminal and the person dies within a period of a few months or, at the very most, two years. During this stage, the immune system becomes more and more damaged and the patient becomes susceptible to increasingly severe tumors such as kaposi

sarcoma and opportunistic bacteria such as Pneumocystis carinii. This stage is also characterized by symptoms affecting the brain, which eventually lead to the so-called AIDS dementia (*kharaf al-īdz*) (Abū Lisān 1994, 214–15; Bār 1996, 597–600; Khayyāṭ and Wahdān 1994, 62–63).

The above-mentioned information was the subject of further discussions between the authors of the submitted papers and the other participating biomedical scientists. One of the participating physicians, Usāmā al-Ṭayyib, raised two questions about the HIV transmission through sexual contact: Does this mode of transmission happen because the AIDS virus exists in the living sperm (*al-ḥayawān al-manawī*) or actually in the seminal fluid surrounding it? Is it possible to isolate the sperm from the seminal fluid around it? In response to the first question, Wahdān said that the sperm does not contract HIV but the lymphocytes and seminal fluid living around the sperm do. Concerning the second question, Wahdān added that through special techniques that have recently been developed, physicians can isolate the living sperm from the seminal fluid around it. These techniques were used for HIV-positive husbands who wanted to have children without infecting their healthy wives. After isolating the living sperm of the HIV-positive husband from the seminal fluid around it, the sperm was injected in the wife's uterus. Prior to the time of the presentation (i.e., 1993), 200 cases of such a pregnancy had been documented. Neither the mother nor the child was infected in any of these cases. This indicates, Wahdān argued, that the AIDS virus does not exist in the living sperm and that this way of pregnancy is safe (ʿAwaḍī and Jundī 1994, 95, 98). Concerning sexual contact as one of the modes of HIV transmission, some of the discussants wondered if sexual contact, in whatever way, with an HIV-positive person is the real culprit or it is actually the promiscuous sexual behavior such as adultery, fornication, and homosexuality. Others formulated the question in another way: can someone contract HIV even if he/she commits adultery or homosexuality with a healthy partner? "Of course not," replied Dr. Wahdān and stressed that one contracts the AIDS virus through having sexual contact with an HIV-positive partner and not because of practicing adultery or homosexuality per se (ʿAwaḍī and Jundī 1994, 118, 120, 123, 130).

Human Rights Discourse

AIDS is the first worldwide epidemic to occur in the modern era of human rights. Thus, rights of people living with HIV/AIDS has always been a highly topical human rights issue. Public health measures taken to curb the spread of HIV/AIDS, human rights activists always underscored, must also respect and respond to human rights norms (Gostin and Lazzarini 1997). Hence, it is no wonder that the papers submitted by biomedical scientists paid considerable attention to the human rights dimension, and some of

them dedicated a distinct section to what they named "patient's rights and duties towards society." As we shall see below, international debates on this issue did not escape the attention of the participants in these Islamic expert meetings.

The first obstacle to integrate the human rights dimension into both socio-political and religio-ethical discussions on HIV/AIDS is the problem of denial. Without recognizing the existence of a certain problem in society no solutions can even be imagined. If one adopts denial as an approach in the case of HIV/AIDS, it makes no sense to speak about the human rights of this or that group because their problem is not even recognized. Researchers argued that denial is the main reason why so many millions suffer from AIDS, in many cases unnecessarily (Whiteside et al. 2005, 17). In *Islam and AIDS: Between Scorn, Pity and Justice*, Farid Esack wrote that the vast majority of Muslims were simply unaware of the pandemic for most of the decade after the virus was first detected in 1983. When more and more information about HIV/AIDS became available, Farid Esack argued, Muslims usually perceived AIDS as a Western-based promiscuity disease and thus it was still not "our problem" (Esack and Chiddy 2009, 2). It seems that this misconception is common among a number of Muslim religious scholars. For instance, the Saudi scholar Saʿīd b. Musfir al-Qaḥṭānī described AIDS as follows: "A disease that Allah has sent upon the infidel countries which made what God has forbidden lawful and declared their rebellion against Allah by [committing] the unlawful sexual practices, viz., adultery and homosexuality. That is why Allah sent upon them this little force whose name is the 'AIDS virus,' namely acquired immune deficiency" (Qaḥṭānī n.d., 44:12). The Jordanian religious scholar 'Umar al-Ashqar, one of the participants in the IOMS seminar, also directed the following question to the participating biomedical scientists: "I heard that Arab and Islamic countries are, thank God, safe and that the [AIDS] disease is less widespread there. Are there any exact statistics that one can depend upon?" ('Awaḍī and Jundī 1994, 121).

Against this backdrop, biomedical scientists had to address the question whether the AIDS pandemic has also seriously affected the Muslim world. All biomedical scientists who participated in the aforementioned expert meetings stressed that people living with HIV/AIDS do exist in the Muslim world. Al-Bār found it extremely unfortunate that the response to the AIDS pandemic in many Arab countries is still characterized by the "policy of denial" and thus they always claim that they have no, or very few, AIDS-infected cases. He said that the cases reported to the WHO represent just a small segment of the number of people who actually have the disease. Responding to the AIDS pandemic by means of denial, lies, and fallacies, al-Bār argued, will always work counterproductively. He recalled the problem of drug addiction and said that the same mistakes should not be repeated with the AIDS-related problem. Ten years ago, Arab countries

used to deny the problem of drug addiction in their societies. Only after the problem had escalated and swept across the entire society, was it recognized and antidrug campaigns launched. Al-Bār also mentioned some statistics and concrete cases of people who contracted HIV/AIDS in the Gulf region. For instance, he was eyewitness to a bizarre case in a Saudi hospital; an 80-plus HIV-positive Bedouin man who could not have contracted HIV though sexual practices because he has already been impotent for many years. The man also said that he did not have blood transfusion. Al-Bār's explanation is that this man contracted AIDS through the aforementioned traditional medical practice *al-ḥijāma* because he used it various times as therapy. As for statistics, al-Bār spoke about fourteen patients reported in the Gulf region who contracted HIV through kidney transplantation. He added that hundreds of cases have contracted HIV through contaminated blood that was imported from New York and London. Al-Bār also spoke about (sexual) tourism as an important factor in the spread of the AIDS virus among the young people in the Gulf countries who travel to East Asian countries such as Thailand, The Philippines, and India. One of the participating physicians in the IOMS seminar, Dr. Muḥammad al-Ḥaddād, said that during his work in Bahrain, he saw many cases of these young adults who had contracted HIV by sexual tourism (ʿAwaḍī and Jundī 1994, 104, 133; Bār 1994, 236–37, 240; Bār 1996, 605).

Al-Khayyāṭ and Wahdān also questioned the consistency of the "not our problem" approach. Until recently, al-Khayyāṭ and Wahdān explained, some people thought that the Muslim world was, and would continue to be, safe from the AIDS pandemic and its devastating effects. However, available research papers, studies, and statistics show that AIDS has already affected almost every Islamic country and that it is spreading quickly, especially among specific groups like drugs addicts, prostitutes, and homosexuals, where the rates of infection have greatly increased during the last years. The biomedical scientists were aware of the fact that the rates of HIV/AIDS infection in the Muslim world are relatively low. However, they held that the low rates should not be taken as excuse for adopting the "not our problem" approach. Wahdān explained that the rates of HIV/AIDS spread differ from one country to another. For instance, the rates recorded in Djibouti, a Muslim country and also a member of the Arab League, are higher than any European or American country. Also ʿAbd al-Raḥmān al-ʿAwaḍī, the IOMS president and the former Minster of Health in Kuwait, warned that the low rates of infection will surely get higher and higher in the absence of effective programs for combating the dangers of AIDS in the Muslim world (ʿAwaḍī and Jundī 1994, 52, 130; Khayyāṭ and Wahdān 1994, 70–71).

The second obstacle to promoting the human rights dimension of the AIDS-related issues is the ugly image attached to this disease, which

usually instills stigmatization and judgmentalism toward HIV/AIDS-infected people. Under the subtitle, "But only the sinful ones among us," Farid Esack explained that AIDS was perceived as a notorious disease among many Muslims, mainly because of the early ignorance of the modes of HIV transmission (Esack and Chiddy 2009, 4–5). The participating biomedical scientists in the aforementioned expert meetings also tackled this sensitive issue. Their joint concern was to challenge or, at least, nuance the generalizing thesis that people living with HIV/AIDS in the Muslim world are necessarily immoral and sexually perverse. Al-Bār said that many of those living with HIV/AIDS in the Muslim world contracted the virus through blood transfusion. The one who contracted the AIDS virus through this mode of transmission might have had sexual intercourse with his wife before knowing that he had acquired this virus. Also, children might contract HIV through their mothers. All these people, al-Bār explained, remain innocent victims even if they are infected with HIV/AIDS (Bār 1994, 232; Bār 1996, 610).

Also al-Khayyāṭ and Wahdān stressed that there is no inevitable relationship between having AIDS on one hand and having committed abominable sexual practices that Islam has forbidden on the other hand (Khayyāṭ and Wahdān 1994, 67). These testimonies showed that people living with HIV/AIDS are surely not only "the sinful ones among us." ʻAbd al-Munʻim Abū al-Futūḥ (secretary general of the Arab Medical Union)[5] spoke about the negative effects of stereotyping HIV/AIDS-infected people as only those who are sexually perverted. Thus, the AIDS patients are usually inclined to hide this disease. Abū al-Futūḥ together with the Syrian physician Muḥammad Ṭāhā al-Jāsir argued that dealing with AIDS as taboo will work counterproductively because AIDS patients will always remain underground and this situation can increase the rates of the AIDS infection. Abū al-Futūḥ also wanted to go one step further by arguing that the majority of HIV/AIDS patients in the Muslim world do not belong to "the sinful ones among us." He held that Muslim societies usually perceive AIDS as a notorious sexual disease because studies on AIDS in the Muslim world are still quoting research conducted in the West uncritically and they are just repeating the statement that sexual contact is the most important mode of HIV transmission. Promoting such ideas, Abū al-Futūḥ argued, will negatively influence the viewpoints to be developed by Muslim religious scholars on AIDS. These scholars need to know that, unlike the West, sexual contact is not the main mode of HIV transmission in the Muslim world, but rather medical errors. In response to this remark, Wahdān clarified that the data quoted in the paper jointly written by al-Khayyāṭ and himself described the situation in this (Arab-Muslim) region and not in the Western countries. These data show that 80% of the AIDS cases are because of sexual contacts. Thus, Wahdān explained, one cannot deny that

sexual practices still represent the main reason for the spread of HIV/AIDS (ʿAwaḍī and Jundī 1994, 81, 86, 111, 330, 336).

As we have seen, the biomedical scientists reached more or less an agreement that the aforementioned obstacles should be removed. In other words, Muslim and specifically Muslim religious scholars need to know that AIDS is not a "Western" disease and that the pandemic has already hit the Muslim world. Furthermore, AIDS should not be seen as the exclusive disease of sinful Muslims, because people can contract this disease through different modes and sexual contact is just one of these modes. Beyond these two points of agreement, the biomedical authors did not have a unified vision for the best way to balance protecting public health on one hand and respecting the human rights of people living with HIV/AIDS on the other hand.

Dr. Abū Lisān was in favor of imposing quarantine on HIV/AIDS-infected people and called for adopting strict public health measures. However, he also stressed that the provision of health care is one of the citizen's fundamental rights regardless of the source of HIV infection. Governments, Abū Lisān proposed, should establish health resorts and specialized centers in which these patients can receive medical care and also practice other activities such as learning income-producing crafts. It is advisable, Abū Lisān argued, to keep the patients staying there for life or until medical treatment or a vaccine for this disease is discovered. In his view, such specialized centers are extremely important for providing the necessary medical, social, and financial care for the AIDS patients. On the other hand, Abū Lisān argued, these centers will protect society from the dangers of these patients. These specialized centers, Abū Lisān explained, should be divided into two separate sections; one for those who contracted HIV/AIDS because of committing perverted and unethical (sexual) practices such as adultery, homosexuality, and intravenous drugs (the "guilty patients") and the other section for the "innocent victims" of AIDS. Separating the two groups from each other, Abū Lisān argued, will help people in charge deal with the latter group in a more humane and civilized way. For instance, both groups should have the right to receive visits paid by family members and friends to the specialized centers. However, only the "innocent" patients should be allowed to mix with their visitors. The "guilty" group should communicate with their visitors from behind bars. Bearing in mind that HIV-positive children usually fall under the "innocent" category, Abū Lisān said that they should be treated in a humane way. He was already aware of what he called "storm of protests" in the USA triggered by removing some AIDS-infected children from classrooms.[6] Abū Lisān held that schoolchildren should not be banned from following classes at school on the condition that school teachers are aware of the HIV/AIDS case and they know how to protect the other children from infection. However, once the child becomes an adult, the Ministry of Heath officials have to

isolate the patient from society in order to safeguard the others' safety. As for the issue of confidentiality, Abū Lisān stated that the confidentiality of the quarantined patients' names should be safeguarded out of respect for the feelings of their families who might be stigmatized if such information was disclosed. For the sake of public safety and preventing the spread of the infection, HIV-positive people and AIDS patients have to inform their spouses and employers about their disease. They also have to provide the public health authorities with the full list of people they had sexual contact with before and after the HIV infection. Abū Lisān also held that physicians and public health officials, by order of law, have to inform the patients' spouses about the true nature of the disease so that they can take the necessary precautions to protect themselves and their children from the infection. He made reference to a Kuwaiti law, which obliges the Ministry of Health to inform the husband/wife once one of them has contracted HIV/AIDS (Abū Lisān 1994, 217–18, 221).

Abū Lisān's ideas about secluding people living with HIV/AIDS were not shared by the other participating biomedical scientists. For them, the innocent/guilty dichotomy for AIDS patients also seemed to be highly controversial. Al-Bār, al-Khayyāṭ, and Wahdān completely rejected this dichotomy. They argued that people living with HIV/AIDS, including the so-called "guilty" group, should not be treated with cruelty. In order to defend their standpoint, these biomedical scientists used theological arguments, an indication of the aforementioned overlap between the roles played by biomedical scientists on one hand and religious scholars on the other hand.

The thesis of al-Khayyāṭ and Wahdān was that AIDS patients are indiscriminately entitled to the same rights accorded to any other patient, including the necessary medical treatment, psychological support, and respect for privacy. The fact that some people contracted HIV/AIDS because of committing sins from an Islamic perspective, al-Khayyāṭ and Wahdān argued, does not mean that they should be excommunicated from the Muslim community (*umma*). On the contrary, they remain Muslims and should be treated as brothers in faith. This viewpoint refers to one of the hotly debated issues in Islamic theology, namely the fate of the believing mortal sinner (*murtakib al-kabīra*). With the exception of the Kharijites, Islamic theological schools agreed that Muslims who committed grave sins, such as adultery, should not be banished from the fold of Islam.[7] Once they established their point that the AIDS patients, including those who committed (grave) sins, are part of the Muslim community and that they should be treated as brothers in faith, they quoted three prophetic traditions focusing on the characteristics of faith-based brotherhood in Islam. Besides the text of the three traditions, al-Khayyāṭ and Wahdān also made reference to the prominent religious scholar Ibn Ḥajar al-'Asqalānī (d. 852/1449) known for his commentary on one of the most authentic collections of prophetic

traditions among the Sunni Muslims, namely *Ṣaḥīḥ al-Bukhārī*. Al-Khayyāṭ and Wahdān used the text of the prophetic traditions and the explanatory comments given by Ibn Ḥajar in order to highlight specific points that they found relevant specifically to the supposedly "guilty" group of HIV/AIDS patients. The first tradition, which has bearing on respecting the privacy of these AIDS patients, reads "He who relieved his [Muslim] brother from a distress in this world Allah would relieve from a distress on the Day of Resurrection, and he who veils [the faults] of a Muslim Allah will veil (the faults of) on the Day of Resurrection." According to Ibn Ḥajar, "he who veils [the faults] of a Muslim" means that you find your Muslim brother indulged in abominable acts but you do not disclose this information in public. This does not mean, Ibn Ḥajar explained, that you also avoid rebuking him in private. According to Ibn Ḥajar, the optimal way to deal with such Muslims is to rebuke them for sins they are still involved in and to completely respect their privacy concerning the sins they committed in the past. The second tradition, which has a bearing on taking care of the AIDS patients, reads "The Muslim is the brother of [his fellow-] Muslim. He does not do him injustice and he does not forsake him." According to Ibn Ḥajar, "does not forsake him" conveys a more specific indication than "does not do him injustice" because the former indicates not only avoiding injustice but also supporting him and defending him and not leaving him alone with someone or something that may hurt him. The third tradition, which also stresses taking care of brothers in faith in general, reads "The believer is the brother of [his fellow-] believer. Whenever he meets him, he takes care of his livelihood and protects [the interests of] him whenever he is absent."

Also al-Bār had his own theological argumentation for the necessity of taking care of Muslims who contracted HIV/AIDS through forbidden practices in Islam. He held that AIDS, like any other disease, has an expiatory role and purging effect. An overwhelming disease like AIDS is believed to expiate the sins committed by the patient (Bār 1994, 232).[8] Both al-Bār and Aḥmad al-Hāshimī, manager of Dubai health district, stressed that people living with HIV/AIDS should all be treated with compassion and mercy. Al-Hāshimī specifically underscored the significance of respecting the human dignity of the AIDS patients (Bār 1994, 232; Hāshimī 1994, 541). However, in his extended document on AIDS submitted to the ninth session of the IIFA in 1995, al-Bār refined his earlier statement that he defended in the eighth session of the IIFA held in 1994. He argued that all people living with HIV/AIDS should be treated with compassion and mercy but with one exception, namely those who publicly manifest their sins (*al-mujāhirūn bi al-maʿṣiya*) and who insist on remaining involved in mischief and perversity. For this group, al-Bār said that the rulings of the Islamic Sharīʿa should be applied in order to ward off and uproot their evils. However, al-Bār added, this type of AIDS patient is almost

nonexistent in the Muslim world (Bār 1996, 610, 618). The physician ʿAdnān Ṣaqqāl wanted to broaden the limits of compassion to include both Muslims and non-Muslims. Ṣaqqāl related the story of an HIV-infected physician he met in the USA. When this physician knew that he was a carrier of the AIDS virus, his whole life was turned upside down. Instead of being one of the top internists, this physician became an unsuccessful person in life. This physician told Ṣaqqāl that he does not even dare to hug his child fearing that he might infect her. Ṣaqqāl held that people who have to undergo such difficulties and distress, being sinful or innocent, Muslim or non-Muslim, should all be treated with compassion. Ṣaqqāl concluded that the tolerance within Islam is so spacious that it can embrace all these people (ʿAwaḍī and Jundī 1994, 527–28).

As for imposing quarantine on people living with HIV/AIDS, under the heading "Should the [AIDS] patient be isolated from society?," Dr. al-Bār stressed that medical and health authorities worldwide unanimously agree that there is no need to quarantine HIV-positive people or AIDS patients because daily casual contact does not lead to HIV infection. Al-Khayyāṭ and Wahdān added that the term "isolation (*ʿazl*)" in the context of contagious/infectious diseases means the prevention of an infected individual from passing the disease on to others in the community. For instance, in the case of contagious diseases transmitted by airborne routes such as polio and tuberculosis, patients are advised to sleep in the privacy of their room and breathe and sneeze away from others. In most countries, health authorities no longer resort to quarantine except in very exceptional cases when the essentials of personal hygiene at home cannot be guaranteed. In the case of AIDS, al-Khayyāṭ and Wahdān argued, resort to quarantine cannot be justified, because infection is only possible through sexual intercourse or the transfer of body fluids from mother to baby. Concerning sexual contact, the advisable form of isolation is to isolate the HIV-infected fluids and obstruct them from penetrating the healthy partner's sexual organ. In this regard, al-Khayyāṭ and Wahdān added, experiments proved that using condoms greatly reduces the risk of HIV infection (Khayyāṭ and Wahdān 1994, 64–65). Al-Bār also explained that some AIDS patients may live for a couple of years and thus hospitalization cannot be mandated throughout such a long period. The patient should normally stay at home with family unless he/she has to go to hospital for medical treatment and follow-up. On the other hand, in order to guarantee effective public health programs, al-Bār suggested that family members should receive training about the modes of HIV transmission and how to protect themselves from infection. He also added that specific measures should be taken in order to prevent the spread of this infectious disease. For instance, HIV-positive people should be banned from blood and organ donation and should also be discouraged from practicing rough sports (Bār 1994, 232, 234).

As far as work and employment is concerned, al-Bār, al-Khayyāṭ, and Wahdān all agreed that dismissing people from work because they contracted HIV/AIDS is unjustified. Casual contact with colleagues during work does not transmit the disease except in very exceptional cases such as surgeons. Even in these exceptional cases the risk of infection is too small to be considered. Al-Khayyāṭ said that in the case of the HIV-positive surgeon, the ratio of transmitting the virus to the patient is 1:35,000. According to al-Bār, the possibility of HIV transmission during work is "very very unlikely." Worldwide legislation, al-Khayyāṭ and Wahdān clarified, does not prevent the AIDS patients from practicing any type of work. To reinforce this point, they made literal quotations from a declaration issued jointly by the International Labour Office (ILO) and the WHO. Al-Bār found it unfortunate that various countries, including those in the Gulf region, would usually dismiss their employees once it is known that they had contracted HIV/AIDS. That is why, al-Bār viewed, people living with HIV/AIDS are not under obligation to inform their employers (ʿAwaḍī and Jundī 1994, 100; Bār 1994, 235; Khayyāṭ and Wahdān 1994, 68–69).

In his paper submitted to the eighth session of the IIFA in 1993, al-Bar dedicated a distinct section to the rights of HIV-infected schoolchildren under the title, "Can the HIV-infected child be prevented from school enrollment?" Al-Bār responded to this question by saying that AIDS specialists in the WHO held that HIV-infected children who still enjoy good health should not be prevented from school enrollment and studying. However, al-Bār added, possible risks of HIV transmission, although unlikely to happen, should not be completely ignored and the school administration should be aware of them in order to take the necessary measures. For instance, the HIV-positive child may get injured while playing with schoolmates. If they tried to help the child, their hands and bodies might get in touch with the contaminated blood. This situation can cause infection if those helping the child had cracks or abrasions. Also schoolchildren sometimes put pens into their mouths and then borrow each other's pens. Bearing in mind that saliva includes a certain amount of the AIDS virus, however small, this practice might also cause infection. In a conference dedicated to studying the rights of people living with HIV/AIDS, which was held in 1990 in The Netherlands, al-Bār discussed these risks with the participants. He mentioned the response given by Jonathan Mann, the former director of the Global Program on AIDS in the WHO and affiliated with the Harvard School of Public Health and the International AIDS Center. According to al-Bār, Mann said that such risks are highly improbable and till now no cases have been documented which speak of HIV/AIDS infection among schoolchildren through mixing with an HIV/AIDS-infected child. In order to be on the safe side, al-Bār concluded, the child can better receive regular education in a semisecluded environment. Otherwise, the child can go to school but the school administration should be aware of

the child's health situation and take the necessary precautions in order to prevent HIV infection (Bār 1994, 238–39). In the extended document he submitted to the ninth session of the IIFA held in 1994, al-Bār came up with updated information and also a slightly different standpoint. He made extensive quotations from a declaration jointly issued by the WHO, United Nations Educational, Scientific and Cultural Organization (UNESCO), ILO, and Education International (EI). All the passages quoted by al-Bār from the declaration stressed the significance of making schools accessible for children and that usual contact at schools among students or between students and teachers does not involve any risk of HIV/AIDS transmission. The two risks mentioned in al-Bar's earlier paper were taken out. Also his aforementioned preference to provide home or semisecluded education for children living with HIV/AIDS was not repeated in the extended document (Bār 1996, 610–11).

Criticizing the "Western" Model of HIV/AIDS Prevention. The participating biomedical scientists in the aforementioned expert meetings sketched a specific model of HIV/AIDS prevention and gave it the label of "Western model," in their eyes a model inspired by and based on moral and sexual values promoted by Western philosophies and cultures. They explained that most AIDS specialists and organizations argue that it is a human rights–friendly model, which can provide a good balance between respecting the human rights of AIDS patients on the one hand and maintaining public health on the other hand. According to this model, HIV/AIDS transmission through sexual contact can be effectively curbed by the distribution of information on safe sexual behavior through the use of condoms. Preventive measures such as banning same-sex sexual acts or imposing constraints on extramarital sexual relationships would be seen within this model as unjustified infringement upon the human rights of these groups. As for the injection drug users (IDUs), an HIV/AIDS high-risk group, this model advises them to use disposable syringes and not to share them with others or, even better, to change to sniffing or swallowing of drugs. Some of the biomedical scientists also related their personal experiences with this model. Adnān Ṣaqqāl spoke about a poster he read in Los Angeles which advised people to take just one sexual partner and to use condoms. The IDUs were advised to use sterilized syringes and not to reuse them. The participating biomedical scientists stated that this model has been promoted not only by the USA and Europe but has also been adopted by the WHO (ʿAwaḍī and Jundī 1994, 12, 528; Bār 1996, 589, 596, 607, 614, 618).

The biomedical scientists criticized this model on more than one ground. First of all, they argued that it is not a morality-based model and that is why it is not inclined to impose any restrictions on the sexual practices of people. According to this model, sex can always be practiced as long as it

is done "safely" and high-risk behavior is avoided and thus the consistent use of condoms is always encouraged. Al-Bār, together with many other biomedical scientists such as the Egyptian dermatologist Ibrāhīm al-Ṣayyāḍ and the late Egyptian and USA-based gynecologist Ḥassān Ḥaṯḥūt, stressed that the use of condoms cannot be equated with safe sex and that people in general, and Muslim religious scholars in particular, should not get the false impression that condoms are foolproof. Al-Ṣayyād said that he consulted scientific works dedicated to the topic of AIDS and women and they all agreed that using condoms does not completely guarantee safe sex. During sexual intercourse, the vaginal fluids can touch the pubic region that might have been scratched while shaving the pubic hair. In this case, the male partner can contract the AIDS virus from his HIV-infected female partner even if he was using the condom. Al-Ṣayyād also added that the manufacturing companies evaluate the effectiveness of condoms on the basis of tests conducted in ideal situations that can hardly be achieved in reality. Thus, al-Ṣayyād concluded, this alleged "safe sex" model should not be adopted by the Islamic countries (ʿAwaḍī and Jundī 1994, 80, 109, 528).

In the light of these negative remarks about the WHO as an international organization and its standpoint toward using condoms as an AIDS preventive measure, al-Khayyāṭ and Wahdān had to respond. During the IOMS symposium, they were representing the EMRO which is affiliated with the WHO. As mentioned above, in their paper submitted to the IOMS symposium, they said that using condoms can be an extremely effective method of preventing exposure to HIV during sexual intercourse. Al-Khayyāṭ distanced the EMRO from the "safe sex" model. He said that the WHO does not adopt a unified vision in this regard. He couched the position of the EMRO in the following words: "The EMRO that we represent here has no relation whatsoever with the so-called safe sex [practiced] out of wedlock. We neither study nor legitimize such immoral relationships so that we can make it eventually safe. We can never think of such things and thus we do not discuss safe and unsafe sex. But we try to find solutions for some of the emerging problems that hit us because of the risks coming from the West and the [sexual] relationships there or because of the mistakes committed by our [Muslim]mates." Al-Khayyāṭ enhanced his words about the EMRO position with a concrete example he related about Ḥusayn al-Jazāʾirī, the EMRO regional director. Al-Jazāʾirī was invited to a symposium in India. The participants in the symposium were recommending the usage of condoms as a preventive measure and they were about to endorse this vision. However, al-Jazāʾirī objected to this vision and showed them how fanciful it is. According to al-Khayyāṭ, he asked the participants in the conference how such a vision can applied in a country like India, with around one milliard people. If India wanted to use this preventive measure, can you imagine how many condoms will be needed then? al-Jazāʾirī wondered. As

for their reference to the use of condoms as an effective preventive measure in the paper they authored, al-Khayyāṭ and Wahdān clarified that they were looking for a way to protect an innocent wife from contracting the AIDS virus through her HIV-infected husband. This preventive measure need not necessarily be 100% safe but people need to look for the best possible option. The Egyptian physician ʿIṣām al-ʿIryān also stressed this point and said that the use of condoms should not be approached with such sensitivity. The context of the discussions here, al-ʿIryān explained, are different from that of parallel debates in the West where they promote for the so-called "safe-sex condom." In the Muslim world, however, the focus is on a married couple, one of whom is infected with HIV/AIDS. If it is really proven that the condom is an effective preventive method, then Muslim religious scholars can conclude that divorce is not inevitable in this case (ʿAwaḍī and Jundī 1994, 80, 86, 90, 109, 528–29).

In his extended document submitted to the ninth session of the IIFA held in 1995, al-Bār also formulated a lengthy critique for the aforementioned Western model. Al-Bār argued that AIDS is basically a sexual disease and thus sexual permissiveness and promiscuity are at the root of the AIDS pandemic. According to him, two main groups are responsible for the spread of AIDS worldwide, namely homosexuals and prostitutes. This means that 90% of the AIDS problem can be eradicated if people managed to put an end to these two sexual practices. Al-Bār also found it unfortunate that most of the decisions adopted by the WHO and other international bodies ignore the significance of chastity, morality, and fidelity as effective measures for curbing the spread of HIV/AIDS. According to al-Bār, the EMRO did not buy into this policy adopted by the WHO but instead exerted great efforts for the sake of demonstrating the significance of religion, chastity, and early marriage for young people. Al-Bār mentioned three figures who mobilized these efforts, namely Ḥusayn al-Jazāʾirī, the EMRO regional director and the former Saudi Minister of Health, Muḥammad Haytham al-Khayyāṭ, and Muḥammad Ḥilmī Wahdān. Al-Bār also acclaimed the EMRO publication *Dawr al-dīn wa al-khlāq fī al-wiqāya min al-īdz* (The role of religion and ethics in the prevention of AIDS). However, al-Bār added, the WHO stated on the first page of the book that it is not one of its official publications and that the opinions expressed in the publication belong exclusively to the contributing authors. Al-Bār's interpretation for this statement is that the WHO hereby wanted to distance itself from the content of this publication, despite its overall mild approach.[9] To show practical examples of the WHO policy toward AIDS, al-Bār made reference to the aforementioned declaration on AIDS and education jointly issued by the WHO, ILO, and EI. He found it strange that the declaration did not state that the HIV/AIDS-infected schoolchild has to inform the school administration about the disease. However, they do know that this procedure will help the school administration take the necessary measures for

preventing the spread of HIV/AIDS transmission. What is even stranger, al-Bār added, is that the declaration underscored the right of the HIV-infected person to liberty in sexual practices. According to al-Bār, such a standpoint means that homosexuals cannot be blamed for practicing homosexuality as long as they use condoms. Al-Bār had his own explanation for the stubborn insistence prevalent among the advocates of this Western model on defending rights of homosexuals and adulterers. In his view, this model is influenced by specific passages of the distorted Torah (*al-tawrāh al-muḥarrafa*), the holy scripture of the Jews. These passages ascribe immoral sexual practices to a number of the prophets; Lot committed adultery with his two daughters and David (Dāwūd) with his neighbor's wife. Al-Bār added that these Jews are very powerful nowadays in the media and in all organizations. He mentioned his personal experience during a conference held in 1990 in The Netherlands on the rights of people living with HIV/AIDS. In this conference, al-Bār was representing the then secretary general of the Muslim World League, ʿAbd Allāh Naṣīf al-Amīn. Al-Bār said that he was surprised to know that the organizers of the conference and influential participants therein were Jews. He said that he engaged in heavy debates with them when they tried to issue resolutions in favor of homosexuals and adulterers under the pretext of human rights (Bār 1996, 596, 608–09, 613–14).

Strikingly enough, al-Bār himself in the paper he submitted to the aforementioned conference in The Netherlands spoke positively about the Bible, "Sticking to religious teaching, whether in the Bible or the Qur'an, can curb the incessant spread of STDs and AIDS." He also stated that the Qur'ān sometimes required a more difficult standard of proof than the Bible before the punishment assigned for sexual transgressions can be applied. "Sodomy and adultery are punished [in the Qur'ān] along the same lines as those mentioned in the Bible, with one reservation—the actual sexual intercourse should be witnessed by four persons. This is, of course, almost impossible unless the intercourse has been carried out in the open" (Bar 1994, 51). As far as Jews are concerned, Ḥassān Ḥathūt's personal experience in California, which he related in the IOMS symposium, showed a more positive image. Ḥathūt spoke about the media hype in America triggered by the news that the famous basketball player Magic Johnson contracted HIV and about his appearance on television advising young people to practice sex "safely" by using condoms. In the wake of this media hype, the Islamic Center of Southern California in cooperation with the Catholic Church and the Jewish community organized a joint seminar in order to investigate the safety of this supposedly "safe sex." The standpoint adopted by the participants in the seminar is that the Use of condoms can reduce the risk of HIV infection but it cannot be honest advice about how to truly stay safe. Thus, Ḥathūt added, we cannot say to the young people that they are safe as long as they use condoms during

sexual intercourse (ʿAwaḍī and Jundī 1994, 89). These two instances from al-Bār and Ḥathūt clearly problematize the essentialist approach that some Muslim biomedical scientists tend to adopt when it comes to "Jewish" or "Talmudic" bioethics. Under the title "Religion(s) and Homosexuality Today," *The Brill Dictionary of Religion* says: "The Hebrew Bible, on which Orthodox Jewish rules rest, condemns homosexual conduct. For Orthodox women and men, admission of their homosexuality can mean exclusion from their community—no longer physical death, as in ancient Israel, but social 'death'" (Stuckrad 2006, 880).[10]

Aside from the supposed Talmudic and Jewish influences that al-Bār wrote about, other participating biomedical scientists had other explanations for the marginal position given in the Western AIDS preventive model to (Islamic) ethical values such as chastity before marriage and fidelity thereafter. In his opening speech during the IOMS symposium, ʿAbd al-Raḥmān al-ʿAwaḍī, the IOMS president, argued that the AIDS epidemic is a product of Western civilization. This civilization invested too much in just two main aspects of the human being, namely the material side and the bestial instincts or animal drives. That is why this Western civilization boasted promiscuity and unrestricted freedom of sexual practices that "eventually turned into sexual anarchy that even the animal would reject." Al-ʿAwaḍī added that even words like morality and chastity were laughed at (ʿAwaḍī and Jundī 1994, 51). A more sophisticated elaboration of al-ʿAwaḍī's ideas can be found in the Sudanese psychologist Malik Badri's bestseller *The AIDS Crisis: A Natural Product of Modernity's Sexual Revolution*. In this book, Badri fiercely criticized Western modernity. He argued that the current sexual revolution is a progeny of Western modernity and that AIDS is a natural consequence of the rampant promiscuity propagated by this revolution (Badri 2000, x, xvi–xvii). It seems that Badri's thesis appealed to the IOMS in Kuwait. On its website, the IOMS made three chapters of this book available online (http://www.islamset.com/bioethics/aids/index.html). The selected chapters, namely 8, 9, and 10, compare the Islamic approach to AIDS prevention with the Western preventive model.

Religio-Ethical Enquiry

Traditionally speaking, formulating the religio-ethical perspectives is usually perceived as the exclusive task of Muslim religious scholars. The proceedings of the aforementioned expert meetings clearly show that this is not always the case. Even the very structure of the papers submitted by the biomedical scientists demonstrates their inclination to speak the language of Islamic theology. Just one small but expressive example should suffice in this regard. Following the long-lived tradition among both classical and contemporary Muslim religious scholars, the opening chapter of the papers penned by the biomedical scientists started with praising God

and invoking peace and blessing upon the Prophet of Islam, enhanced with quotations from the Qur'ān and Sunna. The same holds true for the opening speech given by al-Khayyāṭ on behalf of the EMRO during the IOMS symposium (ʿAwaḍī and Jundī 1994, 41; Bār 1994, 227; Bār 1996, 585). The main exception here was the paper submitted by al-Khayyāṭ and Whadān to the IOMS symposium, which started directly with the definition of contagious/infectious diseases (Khayyāṭ and Wahdān 1994, 59). A significant part of the biomedical scientists' contribution to the collective discussions on AIDS was dedicated to (1) tailoring an AIDS preventive strategy inspired by the Islamic morals and (2) drafting a number of religious rulings (*aḥkām*) relevant to the topic of HIV/AIDS. The technical Islamic legal term, *aḥkām*, was also frequently used in the papers penned, and the discussions run, by the biomedical scientists.

An Islamic Approach to AIDS Prevention. Besides criticizing various aspects of the HIV/AIDS preventive strategy adopted and promoted by Western countries and also by the WHO, the participating biomedical scientists reflected upon a possible Islamically oriented preventive approach. In order to demonstrate the Islamic character and legitimacy of this proposed approach, the biomedical scientists quoted a number of Qur'anic verses and prophetic traditions, some of which already appeared in the opening passage of their papers. Two Qur'anic verses and one prophetic tradition were frequently quoted. In al-Bar's paper, they already appeared in the opening paragraph. The two Qur'anic verses read: "And do not approach immoralities (*al-fawaḥis*), what is apparent of them and what is concealed" (06:51) and "And do not approach unlawful sexual intercourse (*zinā*). Indeed, it is ever an immorality (*fāḥisha*) and is evil as a way" (17:32). The prophetic tradition, below referred to as the *fāḥisha*-tradition, reads "Immorality (*fāḥisha)* has never become so rampant in a community that they openly practice it but outbreaks of plague and diseases, that were never known among their bygone forefathers, will be widespread among them." According to the biomedical scientists, the linchpin of these three texts is that all immoral practices included in the broad Arabic concept *fāḥisha*, whose plural is *fawāḥish*, are categorically forbidden in Islam. Additionally, premarital and extramarital sexual relationships described as *zinā* (adultery and formication) are among these immoralities (*fawāḥish*) that have been condemned by the Qur'ān. Finally, the prophetic tradition warned that those who collectively and publicly contravene this moral obligation will not go unpunished, especially in this life, that is, before the day of resurrection. This divine punishment will take the form of new plagues and diseases that were not known among earlier generations (Abū Lisān 1994, 211; ʿAwaḍī and Jundī 1994, 41, 52–53; Bār 1994, 227; Bār 1996, 585).

During the third international conference on "Islamic Medicine" held by the IOMS in 1984 in Kuwait, the two Saudi physicians ʿAbd al-Wahhāb

Walī and Anwar al-ʿAwaḍī submitted one of the earliest papers on Islam and AIDS. According to these two authors, the term *fāḥisha* mentioned in the aforementioned *faḥisha*-tradition means not only adultery and fornication but also homosexuality. When these prohibited sexual relations became common practices among people in the West, Walī and al-ʿAwaḍī argued, outbreaks of new sexually transmitted diseases, especially AIDS, became widespread. The two physicians held that the specific word "plague" in the text of the prophetic tradition implies miraculous indication of the truthfulness of the prophet of Islam. Although there is no mention of traditional plague outbreaks in these Western communities, there are two main similarities between plague and AIDS, namely the epidemiological spread and the high rates of death. That is why people in the USA call this mysterious disease, that is, AIDS, the "gay plague."[11] Keeping in mind that the etiology of AIDS remains unknown, Walī and al-ʿAwaḍī added, further research may demonstrate a possible link between plague and this mysterious disease. The two authors quoted another prophetic tradition and argued that it also implies miraculous indication of the prophet's truthfulness. The tradition reads: "Unlawful sexual intercourse (*zinā*) has never become rampant in a community but death will prevail among them." According to Walī and al-ʿAwaḍī, it has become recently clear now that the number of AIDS-related deaths is high (Walī and al-ʿAwaḍī 1984, 325). This inclination toward the "miraculous" interpretation of the scriptural texts did not disappear among the biomedical scientists who wrote in the 1990s. For instance, like-minded interpretations for similar prophetic traditions can be found in al-Bār's extended document submitted to the ninth session of the IIFA held in 1994 (Bār 1996, 603–04).

The main point of agreement among the biomedical scientists is that the AIDS outbreak cannot be disentagled from what they considered the degraded state of sexual ethics and morals in the West and in various parts of the world. According to them, the real catastrophe is not that sexual immorality (*faḥisha*) is being practiced but that it has been normalized, practiced in public, and also defended under the name of inviolable personal and human rights, whereas moral virtues such as chastity and fidelity are laughed at (Abū Lisān 1994, 211; ʿAwaḍī and Jundī 1994, 51, 139; Bār 1996, 614; Majallat 1996, 529). As evidence for the veracity of their moralist thesis, the biomedical scientists said that the magnitude of the AIDS pandemic in the Muslim world remains small if compared with other regions in the world. Al-Khayyāṭ and Wahdān spoke about two main factors in this situation, the first of which has to do with the late entry of the HIV/AIDS infection into the Muslim world. The second factor has to do with the moral and religious values which are still undeniably powerful among Muslims. For ʿAbd al-Raḥmān al-ʿAwaḍī, the IOMS president, the second factor was more important because the rate of HIV/AIDS spread is also considerably low among Muslims living as religious minorities in

the West (ʿAwaḍī and Jundī 1994, 52, 130; Khayyāṭ and Wahdān 1994, 70–71).[12] In addition to Islamic morals, the Islamic ritual of male circumcision was also mentioned in this context. During the IOMS symposium, Muḥammad ʿAlī al-Bār said that he read in some African medical journals that circumcision has protective effects against HIV. Wahdān commented on this point and said that this preventive effect has also been confirmed by academic studies. On the other hand, questions were also raised about the possible negative influence of female circumcision, which is also common in some Muslim countries. The Egyptian physician Aḥmad Imām asked Dr. Wahdān if any academic studies have investigated whether female circumcision might increase the risk of HIV transmission. Wahdān replied affirmatively and said that this applies for the so-called "pharaonic" circumcision, which usually involves the excision of a large part of the external female genitalia. This type of circumcision, Wahdād added, causes scars or bleeding during sexual intercourse, which in turn increase the risk of HIV transmission. Al-Ṣayyād was not satisfied with Wahdān's answer and said that "pharaonic" circumcision is not an Islamic ritual. Female circumcision in Islam involves only the removal of the protruding part which causes sexual arousal when it is rubbed by the clothes. Thus, al-Ṣayyād argued, this Islamic ritual can never have negative effects on the female genitalia (80, 86, 101, 110).[13]

On the ground of this moralizing understanding of AIDS etiology, the biomedical scientists argued that curbing the AIDS pandemic would not be possible without restoring the (Islamic) religio-ethical values, especially those regulating sexual relations. In the first sentence of his paper, Abū Lisān recognized the naturalness of sexual desire because it is something created by God, who also legitimized its satisfaction through lawful channels (Abū Lisān 1994, 211). Also, one of the recommendations of the EMRO symposium held that sex is a biological part of the human constitution. It has its own natural needs and demands which must be regulated and controlled according to the accepted social norms (Munaẓẓamat 1993, 37). Aḥmad al-Jundī, the IOMS secretary general assistant, said that instead of the slogan "safe sex" promoted by the non-Muslim world, the IOMS and the EMRO adopt the slogan "lawful (*ḥalāl*) sex" as an effective AIDS preventive strategy (Majallat 1996, 529). The main concern of these biomedical scientists was thus to show how sexual desire should be channeled and how sexual relations should be regulated. The aforementioned two Qur'ānic verses (06:51 and 17:32) condemning sexual immoralities (*fawāḥish*) in general and sex outside marriage in particular (*zinā*) were instrumental. The phrase "do not approach (*lā taqrabū*)" was interpreted not only as prohibition for unlawful sex but also for any other act that leads to this unlawful sex. The IOMS president al-ʿAwaḍī and al-Bār argued that the scourge of AIDS and other sexually transmitted diseases will not be successfully uprooted unless every means that helps the promulgation of

promiscuity is also prohibited. That is why, al-Bār explained, the Qur'ānic verses (24:30–31) made it obligatory for both males and females to "lower their gaze and guard their modesty." The same holds true for the Qur'anic verse (24:19) in which God harshly condemned those who "love that sexual immorality (*fāḥisha*) proliferate among those who believe." In al-Bar's view, this verse is applicable to a broad category of people in contemporary Muslim societies who "love that sexual immorality proliferate among those who believe" but disguise their evils under false names such as progressiveness, open-mindedness, entertainment, and tourism. As for tourism in specific, al-Bār referred to what Gulf newspapers published about Russian female "tourists" who visited the Gulf region in order to disseminate AIDS there. He also spoke about groups of young people from the Gulf countries who traveled to Thailand, The Philippines, and India for the sake of "tourism." Eventually, they were infected with various sexual diseases including AIDS. Al-Bār also made reference to some articles existing in the codified laws adopted by most of the Muslim (Arab and non-Arab) countries, which make sex outside marriage (*zinā*) and homosexuality legal. As part of the Islamically oriented AIDS preventive strategy, he stressed that all these laws must be repealed. Al-Bār found it unbelievable that countries calling themselves "Islamic" would permit prostitution and consider it a recognized profession. By doing this, he argued, these countries contravene natural disposition (*al-fiṭra*), reason (*'aql*), and Islamic law (*Shar'*), and also expose their peoples to extremely dangerous sexual diseases ('Awaḍī and Jundī 1994, 52–53; Bār 1996, 604–06, 616).

Parallel to prohibiting every (homo)sexual practice before or outside marriage, the biomedical scientists explained that Islam encouraged satisfying the sexual desire through the institution of marriage. Young Muslims, al-Khayyāt and Wahdān pleaded, should be stimulated to get married at an early age and all social and financial barriers to achieve this goal must be removed. According to al-Khayyāṭ, encouraging early marriage should be a state-sponsored policy and Muslim religious scholars should also promote this idea among Muslim youngsters. However, al-Khayyāṭ and Wahdān added, the married couple should use contraceptives in order to avoid pregnancy at early age because of its negative effects on the young woman's health. The Muslim religious scholar, Abū al-Nīl, found the advice of postponing pregnancy controversial and wondered, "How come that pregnancy would harm woman's health after reaching the age of puberty (*bulūgh*)?" In response, al-Khayyāṭ explained that reaching the age of puberty does not mean that the organs of the woman's body have been fully developed so that they can stand the physical difficulties of pregnancy. That is why those who get pregnant at an early age are prone to complications that sometimes put the woman's health at risk. Thus, from a medical perspective, pregnancy at a very early or very advanced age is not recommended. Two other physicians from Saudi Arabia, namely al-Bār and the gynecologist 'Abd Allāh

Bāsalāma, tried to nuance al-Khayyāṭ's conclusion. Al-Bār said that he came across a good article in a Saudi medical journal, which conducted research on 2,000 cases of delivery in Saudi Arabia. The article concluded that the optimal age for pregnancy and labor ranges between 16 and 25 years. The same article mentioned a number of women who gave birth while they were still younger than 16 years and some of them were even 12 years old. These cases were documented in the two regions of Abhā and 'Asīr and just few complications were recorded. 'Abd Allāh Bāsalāma said that the optimal age for pregnancy and labor ranges generally between 18 and 24 years. However, Bāsalāma added, medical textbooks usually mention the well-known but also exceptional incident of a Peruvian woman who gave birth at the age of five. Al-Bār and Bāsalāma concluded that pregnancy before the age of 16 should not always be portrayed as something extremely dangerous, especially because physicians nowadays have more advanced technologies to take care of the woman and her child ('Awaḍī and Jundī 1994, 95, 100, 104–05, 108; Bār 1996, 605; Khayyāṭ and Wahdān 1994, 71–72).

Concerning IDUs, an HIV high-risk group, al-'Awaḍī and al-Bār said that Islam has univocally forbidden every intoxicating substance. On the basis of a prophetic tradition they quoted, al-Khayyāṭ and Wahdān also held that drugs and wine are forbidden in Islam on equal footing. They also made reference to the Islamic legal maxim which states that prohibition (*taḥrīm*) is usually linked to impurity and harm. The outbreak of the AIDS pandemic has revealed a new harm for drug addiction that people were not aware of before, namely the possibility of HIV transmission. Had drugs had no other harm except this one, al-Khayyāṭ and Wahdān argued, it would have been sufficient to declare it as prohibited. The final evidence used by al-Khayyāṭ and Wahdān was the consensus of Muslim religious scholars that every type of drug which affects the consciousness of the brain is prohibited ('Awaḍī and Jundī 1994, 52–53, 72; Bār 1996, 604–06, 616). Besides this morality-based preventive policy, practical preventive measures were also mentioned by the biomedical scientists. For instance, they stressed that antibody tests for blood donors must be done consistently in order to minimize the risk of HIV transmission through blood transfusion. Abū Lisān added that blood banks should stop importing blood from abroad and recheck if they have any blood contaminated with the AIDS virus. As for married couples, if one of them contracted HIV/AIDS, then they should use condoms. However, al-Bār added, they should realize that the use of condoms does not completely guarantee prevention. In Abū Lisān's view, the married couple should simply stop having sex with each other (Abū Lisān 1994, 215–16, 219; Bār 1996, 606–07).

Drafting Religious Rulings (aḥkām). The linchpin of Islamic jurisprudence as a professional discipline is the craft of drafting religious rulings (*aḥkām sharī'iyya*), which was usually seen as the exclusive task of the

specialists in this discipline, namely Muslim jurists (*fuqahā'*) (Sānū 2006, 21). Thus, the attempts made by the biomedical scientists to construe their own perspectives on the *aḥkām* related to people living with HIV/AIDS represent a striking development in the mechanism of collective *ijtihād* and in the field of contemporary Islamic jurisprudence in general. On the other hand, it is clear that the participating biomedical scientists showed a high degree of cautiousness and sometimes even reticence in most of the *aḥkām* they reflected upon. Instead of using the terminology of permissible (*ḥalāl*) and prohibited (*ḥarām*), they usually used more nuanced phrases like "these scriptural texts can be used to defend the argument that . . . ," "there is no need to . . . ," "this can constitute a legal ground for . . . ," "this issue is open for discussion and further consideration," and "this issue still needs a comprehensive and in-depth investigation from an Islamic legal perspective."

A number of the religious rulings discussed by the biomedical scientists focused on the cases of married couples when the husband was the HIV/AIDS carrier. Does Islam in such cases give the wife the right to dissolve marriage? In response, Abū Lisān held that it is the woman's right not only to demand the dissolution of marriage but also to claim financial compensation. Abū Lisān argued that the Qur'anic verse "Divorce is twice and then (a woman) must be retained in good fellowship or released in kindness" (2:229) and the prophetic tradition "There shall be no harm inflicted or reciprocated" may be used to strengthen this pro-dissolution viewpoint. Because of the AIDS-infected husband, the woman will always run the risk of contracting one of the most heinous, infectious, and incurable diseases. Thus, releasing her in kindness, that is, divorce, is justifiable. On the basis of the prophetic tradition, the dissolution of marriage will protect the woman and also her child from possible serious harms. Al-Bār's opinion was less vocal than that of Abū Lisān. He said that first of all the wife should be checked to see if she has already been infected. If infection already happened, then there is no point in dissolving the marriage. If the wife was not infected yet, then there is also no need to dissolve marriage if they both consensually agreed to give up sexual intercourse. In this case, the HIV-infected husband does not have the right to demand having sexual intercourse with his wife, even if he will use a condom because it does not completely guarantee HIV prevention. Al-Khayyāṭ and Wahdān argued that two main problems would arise if the husband was an AIDS carrier. The first problem is that the husband's sexual potency will be affected by the HIV/AIDS infection because of the need to use a condom, if the wife gave her consent, on every occasion and all through sexual intercourse. If the wife did not give her consent, then there could be a legal basis for divorce. The second problem is that the consistent use of a condom during sexual intercourse makes the possibility of having children, usually seen in Islam as one of the main objectives of marriage, almost nonexistent. This

problem could also constitute a legal ground for divorce (Abū Lisān 1994, 220; Bār 1994, 234; Khayyāṭ and Wahdān 1994, 70–71).

The biomedical scientists also reflected upon the question: Is it permissible to abort the pregnancy of an HIV/AIDS-infected woman? In response to this question, the biomedical scientists had to address a scientific aspect of the question on the basis of which the religious ruling can be decided, namely the possible rate of mother-child infection during pregnancy. Abū Lisān held that the risk of HIV transmission during pregnancy is scientifically proven. Thus, the permissibility of aborting an HIV-positive woman's pregnancy during the first weeks and thus before the stage of ensoulment, is in principle open for discussion and further consideration. On the other hand, al-Bār said that AIDS experts in the WHO and elsewhere in the world declared that the rate of HIV transmission from the mother to her child during pregnancy ranges between 25% and 30%. This means, al-Bār explained, that 70% of the HIV-positive mother's children will not be infected and thus, abortion even before the stage of ensoulment, cannot be justified on medical grounds. However, al-Bār added, many Muslim jurists and academies of jurisprudence permitted abortion if the woman suffers from an advanced stage of AIDS and pregnancy will exacerbate the disease. After ensoulment, abortion cannot be tolerated on any ground because it will be tantamount to homicide. Again, al-Khayyāṭ and Wahdān provided different percentages. They held that the rate of mother-child infection during pregnancy does not go higher than 10%. Additionally, scientists are still unable to examine the fetus in order to know whether it contracted HIV during the first four months following conception (i.e., before ensoulment). If scientists managed later to diagnose HIV during the early stage of pregnancy, that is, before ensoulment, then this can be a legal ground for aborting the pregnancy because AIDS is still an incurable disease. According to al-Khayyāṭ and Wahdān, by investigating this issue through the lens of the mother's interest, abortion can be tolerated and even recommended. In order to argue for this opinion, they recalled the scientific information that pregnancy is one of the factors that reduce the incubation period of the AIDS virus and accelerate the development of the disease. This is because woman's health in general becomes more vulnerable during pregnancy. In this way, al-Khayyāṭ and Wahdān concluded, there can be a strong legal ground for aborting this pregnancy so that the mother's health can be preserved and her life can be saved (Abū Lisān 1994, 220–21; Bār 1994, 238; Khayyāṭ and Wahdān 1994, 66–67).

Ḥajj or pilgrimage to Mecca is a fundamental obligation to be performed at least once by adult Muslims worldwide whose health and finances permit. One of the main rituals of *ḥajj* is that these millions of pilgrims have to have their head shaved or their hair cut short. The problem here is that shared use of shaving instruments could lead to the transfer of blood from

the HIV/AIDS-infected pilgrims to the healthy ones. How should this risk of HIV transmission be avoided during the season of *ḥajj*? As a preventive procedure, Abū Lisān did not see any harm in demanding an HIV testing from every pilgrim coming from the AIDS-affected regions. According to him, the possibility that there will be AIDS-carriers among the pilgrims is high. Realizing the fact that AIDS is an incurable and fatal disease, some of the AIDS-infected pilgrims may have the will to pay the last visit to the House of God asking for His forgiveness. On the other hand, Abū Lisān was reluctant concerning the possibility of banning HIV/AIDS-infected people from performing *ḥajj* and said that this issue still needs a comprehensive and in-depth investigation from an Islamic legal perspective. However, he held that such a ban can be justified on the basis of two main arguments. Abu Lisān recalled the Islamic instructions, based on a prophetic tradition, concerning a plague-struck region; those who live inside this region are not allowed to flee from the plague and those who live outside are not allowed to approach this region. "Thus, Islam will surely prohibit us from giving the plague-carriers [i.e., AIDS-infected persons] permission to enter our countries as long as we have the power and the means to prevent them," Abū Lisān argued. In order to demonstrate that such a ban is a human rights–friendly procedure, Abū Lisān made reference to the USA. According to him, the USA, which usually boasts freedom, democracy, and human rights, prevents the carriers of the AIDS virus from entering its territory even for participating in a less than one-week conference. If the USA has the right to protect its citizens from the AIDS virus, Abū Lisān concluded, then the Kingdom of Saudi Arabia does have the right to protect Muslim pilgrims as well. Unlike Abū Lisān, al-Bār did not see the solution in imposing an official HIV/AIDS screening protocol or demanding a certificate of freedom from the AIDS virus from each pilgrim. Performing the rituals of pilgrimage, al-Bār explained, can usually be done through short-term visits. However, al-Bār argued, and Abū Lisān agreed with him, practical preventive procedures should be adopted because some of the pilgrims come from heavily AIDS-affected regions. According to them, a strict supervision on the ritual of shaving (*ḥalq*) during the season of pilgrimage should be applied so that only private razors or shaving tools will be used. The Saudi authorities, al-Bār proposed, can also give every pilgrim, upon arrival, a cheap disposal razor that he/she can use for the ritual of *ḥalq*. Also, preventive precautions, al-Bār added, should be taken whenever these pilgrims are admitted to hospitals (Abū Lisān 1994, 221–23; Bār 1994, 230, 239–41).

As a possible preventive measure for the spread of AIDS, the participating biomedical scientists agreed in principle that deliberate HIV/AIDS transmission should be seen as a criminal act and that the culprits should be penalized. In order to defend this position, they quoted a Qur'anic verse, a prophetic tradition and an Islamic legal maxim. The Qur'anic

verse reads: "And there is (a saving of) life for you in a*l-Qiṣāṣ* (the Law of Equality in punishment or retaliation" (02:179). The prophetic tradition says, "There shall be no harm inflicted or reciprocated." Finally, the Islamic legal maxim reads "All harm must be removed." On the basis of these three texts, they concluded that everyone should be deterred from harming others and AIDS is one of the most serious harms because it is still an incurable fatal disease. However, al-Bār, al-Khayyāṭ, and Wahdān did not give any concrete proposals for a specific punishment that can be inspired or derived from Islamic jurisprudence. Abū Lisān held that an analogy can made between drug dealers and those proved to be guilty of premeditated HIV transmission. If these drug dealers are punished by imprisonment of up to several years or even by the death penalty in some countries, then those who deliberately infect others with the AIDS virus also deserve a deterrent punishment commensurate with the gravity of their misdeed. Abū Lisān also made reference to a decree issued by the Emir of Kuwait stating that such people will be imprisoned for a period of up to seven years and will be fined an amount up to 7,000 Kuwaiti dinars (about 24,000 U.S. dollars) (Abū Lisān 1994, 219; Bār 1994, 236; Khayyāṭ and Wahdān 1994, 67).

The final question addressed by the biomedical scientists was whether AIDS should be equated with the Islamic legal concept of *maraḍ al-mawt* (literally disease of death), which is close to the bioethical concept of terminal disease. Once *maraḍ al-mawt* is established, a cluster of Islamic legal rulings (*aḥkām*) immediately ensue. These *aḥkām* regulate the legal effect of acts that the sick person undertook after entering the sickness from which he/she eventually died. For instance, any transaction including testament or charitable endowment (*waqf*) conducted by someone on his/her deathbed that negatively affects the rights of the legal heirs will be void from an Islamic legal perspective (Shaham 2010, 26, 135–38). Only al-Khayyāṭ and Wahdān dedicated a distinct chapter of their paper to this issue. They clarified that an HIV-positive person can live up to ten years or more although death, according to available medical knowledge, remains inevitable. In this vein, the carriers of the AIDS virus face a situation similar to those who have cancer; both can still live for several years despite their disease. Accordingly, al-Khayyāṭ and Wahdān argued, an HIV-infected person should not be judged as someone who suffers *maraḍ al-mawt*. This can be the case only during the very last stage of the AIDS disease, usually characterized by deteriorating effects on the nervous system that results in the so-called "AIDS dementia complex."

Conclusion

The contribution of the Muslim biomedical scientists in the collective religio-scientific deliberations on the HIV/AIDS pandemic included a

number of unique aspects which help researchers understand some of the overall characteristics of contemporary Islamic biomedical ethics and those of Islamic jurisprudence as well.

The biomedical scientists dedicated a significant part of their contribution to presenting basic scientific information on HIV/AIDS. This part of their contribution shows how the two fields of science and religion are interconnected in contemporary Islamic bioethics. Almost none of the religio-ethical questions raised by the AIDS pandemic could be properly addressed within the Islamic tradition if such scientific information were missing. For instance, sufficient knowledge about the possible modes of HIV/AIDS transmission has direct relevance to the alleged claim that only "sexually perverted" people contract this disease. Information presented by the biomedical scientists demonstrated that people can contract the AIDS virus even while performing the fundamental Islamic obligation of pilgrimage. Concerning biomedical information, the scientists were eager to quote scientific research conducted in Western academies and by authoritative international bodies such as the WHO.

The second aspect of the biomedical scientists' contribution, which occupied the largest part of their contribution, had to do with the human rights discourse. To my mind, this specific aspect of their contribution clearly demonstrates the influence of the increasing interconnectedness of the world, globalization, and the primacy of human rights discourse (some of the distinguishing characteristics of our modern era) on the Islamic tradition. The Muslim biomedical scientists realized that the Islamic vision can be developed only *in relation* to the already existing global paradigms of discourse. A great deal of their contribution focused on describing these paradigms that tried to balance respecting the human rights of people living with HIV/AIDS on the one hand and protecting public health on the other hand. Some ideas were almost completely embraced, such as the right of HIV/AIDS infected people to medical treatment, education, employment, and casual social activities. However, there was a minority, mainly represented by Dr. Abū Lisān, which called for isolating people living with HIV/AIDS, especially those who contracted the virus through sexual practices declared by Islam as unlawful. However, many other ideas were rejected, especially those which advocate the freedom of individuals to practice homosexuality and premarital and extramarital sexual intercourse as long as they use condoms. The biomedical scientists stressed that these sexual acts are strictly forbidden in Islam. Thus, such ideas should not be promoted in the Muslim world under the guise of AIDS preventive strategy. Unlike the case of biomedical information on AIDS in which the WHO was seen as an authoritative source, this international body was severely criticized on ethical grounds because it adopted what the biomedical scientists called a "Western preventive model" based on defending sexual permissiveness and promiscuity.

The third aspect of the biomedical scientists' contribution has bearing on new developments in the contemporary religio-ethical discourse in the Islamic tradition. Here we see biomedical scientists who take over specific roles that, traditionally speaking, have usually been attached to Muslim religious scholars. After criticizing the "Western preventive model," the biomedical scientists wanted to propose the Islamic alternative. To achieve this goal, they had to speak the language of Islamic theology and elaborate on theological concepts in the Qur'ān and Sunna such as sexual immorality (*fāḥisha*) and how it relates to the AIDS epidemic. By reflecting upon a number of the religious rulings (*aḥkām*) related to people living with HIV/AIDS, the biomedical scientists broke through one of the (traditionally speaking) exclusive domains of Muslim jurists. However, as the analysis to be given in the second part of this study will show, this aspect of the biomedical scientists' contribution did not cause any striking disturbance in the process of collective legal interpretation (*ijtihād jamā'ī*).

Notes

This article grew out of a presentation at the conference on "Islamic Bioethics: The Interplay of Islam ad the West" that was held in Doha, Qatar, June 24–25, 2012. This conference was part of the project "Islamic Medical and Scientific Ethics (IMSE)," funded by the Qatar National Research Fund (QNRF) and organized by the Library of the School of Foreign Service in Qatar (SFSQ), Georgetown University in cooperation with the Bioethics Research Library, Georgetown University, Washington, DC.

1. Twenty persons participated in this symposium, ten participants from the EMRO and ten invitees from outside the EMRO. The ten invitees included five Muslim religious scholars from Egypt, the Mufti of Tunisia at this time (Muḥammad Mukhtār al-Sallāmī), and one Syrian professor of Islamic studies (Muḥammad Luṭfī al-Ṣabbāgh) who was teaching in Saudi Arabia. The Muslim intellectual Muḥammad Salīm al-'Awwā also participated as professor of law. Finally, one of the distinguishing elements of the EMRO symposium is that two Christian priests from the Orthodox Coptic Patriarchate in Alexandria also participated in the proceedings of this symposium. For the full list of the participants, see Munẓẓamat 1993, 39–40; World Health Organization 1992, 31.

2. Three papers were submitted during the 8th session, two papers penned by biomedical scientists, namely Muḥammad 'Alī al-Bār (a consultant of Islamic medicine in King Fahd Centre for Medical Research) and Muṣṭafā Abū Lisān (expert in medical laboratory sciences). The third paper was submitted by the Saudi religious scholar Sa'ūd al-Thubaytī (lecturer at the Faculty of Sharia and Islamic Studies, Umm al-Qura University, Mecca). During the 9th session held in Abu Dhabi, four papers were presented, three of which were penned by Muslim religious scholars, the aforementioned Sa'ūd al-Thubaytī (who presented an almost identical version of his paper presented during the 8th session), Jāsim 'Alī Sālim (lecturer at the faculty of Sharia and Law, United Arab Emirates University) and Aḥmad Mūsā al-Mūsā (Ministry of Islamic Affairs and Endowments, United Arab Emirates). The fourth paper was written by the aforementioned Muḥammad 'Alī al-Bār, which took the form of an extended document (*wathīqa*) summarizing the preceding discussions on Islam and AIDS, especially those which took place during the IIFA 8th session and the IOMS symposium (Majallat 1994, 209–302; 1996, 387–698).

3. The list of participants in this symposium included more than 100 names, and 22 papers were submitted. Three papers discussed the biomedical aspects of AIDS. The first paper was written by Muḥammad Haytham Khayyāṭ and Muḥammad Ḥilmī Wahdān, both of whom are affiliated with the aforementioned EMRO. The other two (considerably more concise) biomedical papers were submitted by Aḥmad al-Hāshimī (manager of Dubai health district) and Ṣiddīqa al-'Awaḍī (head of the Kuwait Medical Genetic Diseases Center). On the other hand, 19 papers submitted to this symposium focused on the religio-ethical aspects of AIDS. Four

of these papers, submitted by the aforementioned Saʿūd al-Thubaytī, represent slightly edited versions of the extended paper he submitted to the IIFA 8th session. The remaining 15 papers were penned by the Syrian Wahba al-Zuḥaylī, the Lebanese Khalīl al-Mays, the late Grand Imam of al-Azhar Muḥammad Sayyid Ṭanṭāwī, the Kuwait-based scholar Muḥammad ʿAbd al-Salām Abū al-Nīl (faculty of Sharia, Kuwait University), the Kuwaiti Walīd al-Ṭabaṭabāʾī, the Jordanian Muḥammad Sulayman al-Ashqar and his brother ʿUmar Sulayman al-Ashqar, the Iranian Shīʿī scholar Muḥammad Hādī al-Yusufī, the Kuwait-based scholar Maḥmūd Muḥammad Ḥasan (faculty of Sharia, Kuwait University), the Kuwaiti ʿAbd al-Razzāq al-Shayjī, the Kuwaiti ʿAbd Allāh Muḥammad ʿAbd Allāh, the Syrian and Canada-based Nazīh Ḥammād, the Jordanian Muḥammad Naʿīm Yāsīn, the Syrian Muḥammad Saʿīd Ramaḍān al-Būṭī, and the Kuwait-based scholar ʿAbd al-Salām Ṣubḥī Ḥāmid, assistant professor, faculty of Sharia, Kuwait University (Jundī 1996).

4. A traditional medical practice, which goes back to early Islamic times, where blood is drawn by vacuum from a small skin incision for therapeutic purposes. Compilations of the prophetic traditions relate statements in praise of the practice of cupping as a valid method of maintaining health and cite numerous instances in the life of the Prophet and his companions as an authoritative precedent (Sachedina 2009, 260).

5. It is to be noted that Abū al-Futūḥ was one of the candidates for the first Egyptian presidential elections after the revolution of January 25, 2011.

6. For more information about the AIDS panic in American schools during the 1980s and the beginning of the 1990s, see Engel (2007, 26–27).

7. For more in-depth discussions on this issue in one of the standard works on Islamic theology, see Group of religious scholars, n.d., 295–305.

8. Al-Bār's thesis is supported by various prophetic traditions but he did not make reference to any of them (Ghaly 2010a, 44–45).

9. I consulted the second edition of this book, published in 1993 and found the following: On the page following the cover page stands a regular statement that one comes across in almost all WHO publications. The literal text of the statement reads "The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries" (Munaẓẓamat 1993). If this is the statement that al-Bār was referring to then the text does not support his conclusion that the WHO hereby distances itself from the content of this publication in particular.

10. In 1998, Gad Freudenthal published a gathering of almost all of what was published on AIDS issues within Judaism from the second part of the 1980s to the beginning of the 1990s. The edited volume included collections of essays penned by Jewish authorities, thinkers, and physicians. The content of this edited volume does not support the ideas expressed by al-Bār (Freudenthal 1998).

11. It is known that the term "gay plague" was used, often in a derogatory sense, in the early years of the AIDS pandemic, the time when Walī and al-ʿAwaḍī wrote their paper. This term was used because gay men were the first infected and for some time constituted the greatest number of reported cases in the USA (Engel 2007, 25).

12. Until now, only a few academic studies have investigated the relationship between practicing Islam as a religious tradition on the one hand and HIV prevalence on the other. The frequently quoted study in this respect is the 2004 survey, of published journal articles containing data on HIV prevalence and religious affiliation in 38 sub-Saharan African countries, done by the American anthropologist Peter B. Gray. According to Gray's survey, six out of the surveyed seven studies indicated that Islamic religious affiliation is negatively associated with HIV seropositivity. This relatively lower Muslim HIV seropositivity is attributed to four main factors, namely (1) religious constraints on extramarital sexual behavior, (2) male circumcision, (3) the Islamic prohibition on alcohol consumption, and (4) personal (penile) hygiene (Esack and Chiddy 2009, 3; Gray 2004, 1751–56). Besides this view arguing for "cultural immunity" and "moral prophylaxis" against HIV in Muslim countries, others spoke about a public health crisis "behind the veil." The World Bank's 2010 report on the HIV/AIDS epidemic in the Middle East and North Africa (MENA) stated that neither of these views has been substantiated by the epidemiological data synthesized in the report. The report stated that HIV infection has already reached all corners of MENA and the majority of HIV infections are occurring in the

existing sexual and injecting drug risk networks. On the other hand, HIV prevalence in the general population is at very low levels in all MENA countries, apart from Djibouti, Somalia, and Sudan. There is also no evidence of a substantial HIV epidemic in the general population in any of the MENA countries (Raddad et al. 2010, xiv, xvi, 2–3).

13. Concerning male circumcision, the World Bank's 2010 report on the HIV/AIDS epidemic in the MENA said that it is nearly universal in MENA. The report added that there is extensive scientific evidence for its protective effects against HIV. As for female circumcision, the report stated that it is also prevalent in several MENA countries but it is not associated with any protective effects against HIV (Raddad et al. 2010, 73–74).

References

Abū Lisān, Muṣṭafā. 1994. "Naqṣ al-manā'a al-muktasaba (al-īdz): al-aḥkām al-muta'lliqa bi al-marḍā wa al-muṣābīn [HIV (AIDS): Rulings Relating to the Patients and the Afflicted Persons]." *Majallat Majma' al-Fiqh al-Islāmī* 9:209–23.

Atighetchi, Dariusch. 2007. *Islamic Bioethics: Problems and Perspectives*. Dordrecht, The Netherlands: Springer.

'Awaḍī, 'Abd al-Raḥmān al-, and Jundī, Aḥmad Rajā'ī al-. 1994. *Ru'ya Islāmiyya li al-mashākil al-ijtimā'iyya li maraḍ al-īdz* [AIDS-Related Social Problems: An Islamic Perspective]. Kuwait: Islamic Organization for Medical Sciences.

———. 1995a. *Ru'ya Islāmiyya li al-mashākil al-ijtimā'iyya li maraḍ al-īdz: Mulakhkaṣ wa tawṣiyyāt al-nadwa* (AIDS-Related Social Problems: An Islamic Perspective, Summary and Recommendations of the Symposium). Kuwait: Islamic Organization for Medical Sciences.

———. 1995b. *Islamic Vision for Social Problems of AIDS: Summary and Recommendations of the Meeting*. Kuwait: Islamic Organization for Medical Sciences.

Badri, Malik. 2000. *The Aids Crisis: A Natural Product of Modernity's Sexual Revolution*. Kuala Lumpur: Medeena Books.

Bār, Muḥammad 'Alī al-. 1994. "Ba'ḍ al-mashākil al-akhlāqiyya wa al-ijtimā'iyya al-nātija 'an maraḍ al-īdz [Some of the Ethical and Social Problems Resulting from the Disease of AIDS]." *Majallat Majma' al-Fiqh al-Islāmī* 8:225–41.

———. 1995. "AIDS Prevention: An Islamic Approach." In *Contemporary Topics in Islamic Medicine*, 43–53. Jeddah: Saudi Publishing and Distributing House.

———. 1996. "Al-īdz wa mashākiluh al-ijtimā'iyya wa al-khlāqiyya [AIDS: Its Social and Ethical Problems]." *Majallat Majma' al-Fiqh al-Islāmī* 9:583–651.

Brockopp, Jonathan E., and Thomas Eich, eds. 2008. *Muslim Medical Ethics: From Theory to Practice*. Columbia: University of South Carolina Press.

Engel, Jonathan. 2007. *The Epidemic: A Global History of AIDS*. Melbourne, Australia: Harper-Collins Publishers.

Esack, Farid, and Sarah Chiddy, eds. 2009. *Islam and AIDS: Between Scorn, Pity and Justice*. Oxford: Oneworld.

Freudenthal, Gad, ed. 1998. *AIDS in Jewish Thought and Law*. Hoboken, NJ: Ktav Publishing House.

Ghaly, Mohammed. 2010a. *Islam and Disability: Perspectives in Theology and Jurisprudence*. London: Routledge.

———. 2010b. "Human Cloning through the Eyes of Muslim Scholars: The New Phenomenon of the Islamic International Religioscientific Institutions." *Zygon: Journal of Religion and Science* 45:7–35.

———. 2012. "The Beginning of Human Life: Islamic Bioethical Perspectives." *Zygon: Journal of Religion and Science* 47:175–213.

Gostin, Lawrence, and Zita Lazzarini. 1997. *Human Rights and Public Health in the AIDS Pandemic*. Oxford: Oxford University Press.

Gray, Peter B. 2004. "HIV and Islam: Is HIV Prevalence Lower among Muslims?" *Social Science and Medicine* 58:1751–56.

Group of religious scholars. N.d. *Sharḥ al-'aqīda al-Ṭaḥāwiyya*. Cairo: Dār al-Firk al-'Arabī.

Hāshimī, Aḥmad al-. 1994. "Al-ri'āya al-ṣiḥḥiyya wa al-ijtimā'iyya li marḍā al-īdz [Health and Social Care for the AIDS Patients]." In *Ru'ya Islāmiyya li al-mashākil al-ijtimā'iyya li maraḍ*

al-īdz, ed. ʻAbd al-Raḥmān al-ʻAwaḍī and Aḥmad Rajāʾī al-Jundī, 539–42. Kuwait: Islamic Organization for Medical Sciences.

Inhorn, Marcia. 2008. "Conclusion." In *Muslim Medical Ethics: From Theory to Practice*, ed. Jonathan E. Brockopp and Thomas Eich, 252–55. Columbia: University of South Carolina Press.

Islamic Fiqh Academy (India). 2005. *Islamic Shariah Guidance on AIDS*. Summarized and translated by Salar M. Khan. New Delhi: Islamic Fiqh Academy (India).

Jundī, Aḥmad Rajāʾī al-, ed. 1996. *Ruʾya Islāmiyya li al-mashākil al-ijtimāʿiyya li maraḍ al-īdz: mulakhkhaṣ li aʿmāl al-nadwa al-fiqhiyya al-ṭibbiyya al-sābiʿa li al-Munaẓẓama al-Islāmiyya li al-ʿulūm al-Ṭibbiyya bi al-Kuwayt* [AIDS-Related Social Problems: An Islamic Perspective, Summary of the Proceedings of the Seventh Juristic-Medical Symposium Organized by the Islamic Organization for Medical Sciences in Kuwait]. *Majallat Majmaʿ al-Fiqh al-Islāmī* 9:523–81.

Khayyāṭ, Muḥammad Haytham al-, and Wahdān, Muḥammad Ḥilmī. 1994. "Maʿlūmāt asāsiyya ḥawl maraḍ al-īdz wa subul al-wiqāya minh wa baʿḍ ma yataʿallaq bih min aḥkām [Basic Information about AIDS, Ways to Prevent It and Some of the Rulings Pertaining to It]." In *Ruʾya Islāmiyya li al-mashākil al-ijtimāʿiyya li maraḍ al-īdz*, eds. ʻAbd al-Raḥmān al-ʻAwaḍī and Aḥmad Rajāʾī al-Jundī, 59–72. Kuwait: Islamic Organization for Medical Sciences.

Majallat, Majmaʿ al-Fiqh al-Islāmī. 1994. *Jeddah: International Islamic Fiqh Academy* 8:209–302.

———. 1996. *Jeddah: International Islamic Fiqh Academy* 9:387–698.

Munẓẓamat al-Ṣiḥḥa al-ʻĀlamiyya [World Health Organization], al-Maktab al-Iqlīmī li Sharq al-Baḥr al-Mutawassiṭ [Regional Office for the Eastern Mediterranean]. 1993. *Dawr al-dīn wa al-khlāq fī al-wiqāya min al-īdz* [The Role of Religion and Ethics in the Prevention of AIDS]. Alexandria, Egypt: Regional Office for the Eastern Mediterranean.

Qaḥṭānī, Saʿīd b. Musfir al-. N.d. *Durūs li al-Shaykh Saʿīd b. Musfir* [Religious Lessons Delivered by Shaykh Saʿīd b. Musfir]. An online version is available on http://shamela.ws/index.php/book/7736

Raddad, Laith J. Abu, Francisca Ayodeji Akala, Iris Semini, Gabriele RieRdner, David Wilson, and Ousama Tawil. 2010. *Characterizing the HIV/AIDS Epidemic in the Middle East and North Africa: Time for Strategic Action*. Washington, DC: World Bank.

Sachedina, Abdulaziz. 2009. *Islamic Biomedical Ethics: Principles and Application*. Oxford: Oxford University Press.

Sānū, Quṭb Muṣṭafā. 2006. *Al-ijtihād al-jamāʿī al-manshūd fī ḍawʾ al-wāqiʿ al-muʿāṣir* [The Desired Collective Legal Reasoning in the Light of Contemporary Reality]. Beirut: Dār al-Nafāʾis.

Schuklenk, Udo. 2003. "AIDS: Bioethics and Public Policy." *New Review of Bioethics* 1: 127–44.

Shaham, Ron. 2010. *The Expert Witness in Islamic Courts: Medicine and Crafts in the Service of Law*. Chicago, IL: The University of Chicago Press.

Stuckrad, Kocku von, ed. 2006. *The Brill Dictionary of Religion*. Leiden, The Netherlands: Brill.

Wahdān, Muḥammad Ḥilmī. 1988. "Al-īdz mushkilat al-ʻālam al-muʿāṣir wa naẓra mustaqbaliyya Islāmiyya [AIDS: The Problem of Contemporary World and a Future Islamic View]." In *Al-abḥāth wa aʿmāl al-muʾtamar al-ʻālamī al-khāmis ʻan al-ṭibb al-Islāmī* [The Proceedings of the Fifth International Conference on Islamic Medicine], ed. ʻAbd al-Raḥmān al-ʻAwaḍī, ʻAlī al-Sayf, and Aḥmad Rajāʾī al-Jundī, 413–24. Kuwait: Islamic Organization for Medical Sciences.

Walī, ʻAbd al-Wahhāb, and Anwar al-ʻAwaddī. 1984. "Fuqdān al-manāʿa al-muktasab "AIDS": Dawr al-Sharīʿa al-Islāmiyya fī al-wiqāya min hādha al-maraḍ [AIDS: The rule of the Islamic Sharia in preventing this disease]." In *Al-abḥāth wa aʿmāl al-muʾtamar al-ʻālamī al-thālith ʻan al-ṭibb al-Islāmī* [The Proceedings of the Third International Conference on Islamic Medicine], ed. ʻAbd al-Raḥmān al-ʻAwaḍī, ʻAlī al-Sayf, and Aḥmad Rajāʾī al-Jundī, 324–6. Kuwait: Islamic Organization for Medical Sciences.

Whiteside, A., G. George, T. Barnett, and A. Niekkerk. 2005. "Through a Glass, Darkly: Data and Uncertainty in the AIDS Debate." In *Ethics and AIDS in Africa: The Challenge to Our Thinking*, ed. Anton A. Van Niekerk and Loretta M. Kopelman, 15–38. Claremont, South Africa: David Philip.

World Health Organization (WHO), Regional Office for the Eastern Mediterranean (EMRO). 1992. *The Role of Religion and Ethics in the Prevention and Control of AIDS*. Alexandria, Egypt: Regional Office for the Eastern Mediterranean.

Zuḥaylī, Wahba al-. 1994. "Al-mas'ūliyya al-jinā'iyya li marḍā al-jins 'al-īdz' [The Criminal Liability for the Sex "AIDS" Patients]." In *Ru'ya Islāmiyya li al-mashākil al-ijtimā'iyya li maraḍ al-īdz*, ed. 'Abd al-Raḥmān al-'Awaḍī and Aḥmad Rajā'ī al-Jundī, 169–77. Kuwait: Islamic Organization for Medical Sciences.