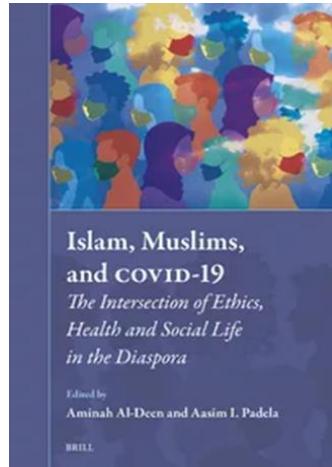


Book Reviews

Aminah Al-Deen and Aasim I. Padela, eds. *Islam, Muslims, and COVID-19: The Intersection of Ethics, Health and Social Life in the Diaspora*. Boston: Brill, 2023. Pp. 283. Hardback. ISBN: 978-90-04-67976-4. Price: €133.00.

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Islam contributes significantly to the Muslim social life, and many of its teachings and practices are celebrated and rewarded more when performed in congregation, often in public spaces. *Ṣalāh* and communal *iftār* during Ramadān fasting are performed in congregation. *Zakāh* (almsgiving) is a social responsibility that extends into public welfare. *Hajj* pilgrimage is performed in congregation in Mecca and Medina. The ‘aqīqah (naming ceremony of the newborn) and burial rites are all done in congregation. In the domain of ethics, great virtues and happiness can be realized more in public space through companionship and association as taught by Ibn Miskawayh (d. 421/1030) in his seminal book on philosophical ethics, *Tahdhīb al-Akhlāq* (Refinement of Character). These obligations manifest in public space through practices that visibly integrate faith into daily life. With the COVID-19 pandemic, which threatened public health, religious practices in public spaces were reinvestigated. Islam has an internal mechanism that prioritizes higher values over the lower ones. When preservation of religion comes into conflict with preservation of life, religion recedes, or better put, readjusts, to give space to life, particularly public safety, without losing its own essentials. In the science of *maqāṣid al-shari‘ah* (objectives of the *shari‘ah*), we were introduced to the hierarchy and prioritization of Islamic values. But we have never experienced how this prioritization plays out from text into context, in real-time experiences, covering



many aspects of life. The COVID-19 pandemic created a complex setting where multiple values intersected and were negotiated.

Islam, Muslims, and COVID-19: The Intersection of Ethics, Health and Social Life in the Diaspora introduces a multidisciplinary approach to Islamic bioethics operating in the COVID-19 era, one that intersects faith, ethics, and public health within a lived experience. Edited by Aminah Al-Deen, an emeritus professor of Islamic studies, and Aasim I. Padela, a physician bioethicist, the book is volume 42 in the *Muslim Minorities* series. It consists of revised versions of papers previously presented in a conference themed “Advancing Muslim American Health Priorities: Exploring the Religious Dimensions of Mental, Reproductive and Sexual Health,” held on the eve of the COVID-19 pandemic in October 2019. The book identifies several gaps in the literature on Islamic religious tradition, healthcare, and the lived experience of the Muslim minority in diaspora. Through its nine chapters, the book sets out to bridge that gap by exploring how religious obligations could be performed by Muslims living in the United States and the United Kingdom as minority communities in diaspora. The data collected covered the early stages of the COVID-19 pandemic in the first half of 2020.

The first two chapters discuss the formation and accomplishments of the US-based National Muslim Task Force on COVID-19, a body composed of several Muslim religious leaders and professionals that issued several joint statements, guiding Muslim communities on ways to restructure their religious rituals while upholding the public health guidelines set forth by state authorities. Chapter 1, “Aligning Public Health Mandates with Religious Goals: Developing Islamic Bioethical Guidance during the COVID-19 Pandemic,” written by Aasim I. Padela and Shafiq W. Ahmed, reports on how public health policy and religious ethics intersected in framing the Islamic bioethical guidelines offered by the Task Force on COVID-19. The chapter examines the strategies taken by the Fiqh Committee of the Task Force to align both biomedical evidence and *shari’ah* rulings/principles, identifying the process that led to the Task Force’s statements on COVID-19 guidelines. Chapter 2, “Examining the Intersection of Healthcare Advocacy, Religion, and Community During a Global Pandemic,” authored by Anam Tariq, Marium Husain, and Sana Syed, focuses on the advocacy and policy framework of the Task Force and how such a framework was grounded in Islamic values.

Before the COVID-19 onslaught, minority communities faced several untold discriminations in healthcare services. The COVID-19 pandemic exposed these fault lines. Chapter 3, “Effects of COVID-19 on the Healthcare Coverage of Immigrant Populations,” written by Ummesalmah Abdulbaseer, Maham Mirza, Moina Hussain, Aisha Zafar,

Urooj Rehman, and Fatema Mirza, uncovers healthcare coverage disparity among the immigrant Muslim population. The study shows that low-income and immigrant communities, who could not afford proper healthcare coverage, like many among the Muslim population, are severely impacted by the COVID-19 pandemic.

Chapters 4, 5, 6, and 7 give an account of the lived experience and coping strategies of Muslim healthcare workers, Muslim patients, African-American Muslims, and Islamic schools, respectively. Chapter 4, “Muslim Healthcare Workers in the Time of COVID-19,” by Aminal Al-Deen and Constance Shabazz, shifts the discussion to frontline healthcare workers themselves. The chapter foregrounds the dimension of the spiritual requirement of healthcare workers, a requirement that is typically not part of the conditions of service in the workplace. As the authors document, healthcare centres were overwhelmed by the surge of patients, with life support systems and other medications far fewer than the number of patients who needed them. Healthcare workers found themselves in a situation where they had to decide whom to give life-support systems to or withdraw from, with or without family consultations. How this critical decision-making aligns with the Islamic belief that Allah is the sole determiner of life and death is something Muslim physicians and healthcare workers were spiritually unprepared for in their workplace.

Restrictions on public gatherings and other guidelines that severely restrain religious obligations, particularly during the month of Ramadān, are expected to have an impact on Muslim beliefs and actions. This was investigated in Chapter 5, “Religiosity, Coping, and Mental Health: An Empirical Analysis of Muslims Across the COVID-19 Pandemic,” authored by Osman Umarj, Aafreen A. Mahmood, Leena Raza, and Rania Awaad. The authors conducted an extensive survey to examine the effects of COVID-19 on the theological beliefs, mental health, coping behaviours, and religiosity of Muslims at the early stages of the pandemic. While their findings revealed diverse opinions, Muslim coping attitudes leaned towards more religiosity and improved mental health. In a survey dated April 2020, the authors found that only 24 per cent of Americans overall felt their faith had strengthened by the pandemic, whereas 69.5 per cent of Muslims acknowledged an improved relationship with God. These findings, according to the authors, indicate that “Muslim reaction to the pandemic was in accordance with what Islam advocates: returning to God in all situations (p. 143).

Chapter 6, “African-American Muslims’ Reflections on the Pandemic,” written by Diane Ameena Mitchell, brings the perspective of a small group of African-American Muslims into the light. Here, the author narrated the participants’ dismay over the preexisting racial

discrimination and disparities in healthcare, food availability, housing, and shopping choices for African Americans, which made their minority community more vulnerable to morbidity and mortality of COVID-19. Yet the participants noted that their inability to participate in congregational communal prayers and socio-religious activities was the worst part of the pandemic they experienced.

Chapter 7 recounts the Muslim schools and Muslim school leaders' response to the pandemic and how they adapted to the guidelines while delivering quality education during the COVID-19 pandemic. Written by Shaza Khan, the executive director of the Islamic Schools League of America (ISLA), under the title "COVID-19 and US Islamic Schools: Responsive, Resourceful, and Resilient," the author provides personal insights and research-based findings on the challenges and success stories of Islamic schools during the COVID-19 pandemic.

Chapter 8, "An Examination of Ramadan Fasting and COVID-19 Outcomes in the UK," authored by Karim Mitha, Salman Waqar, Miqdad Asaria, Mehrunisha Suleiman, and Nazim Ghouri, sheds light on the factors causing Muslims in the United Kingdom a high morbidity and mortality rate and whether Ramadān had an impact on mortality seen during the first wave of COVID-19. The authors proposed two possible factors that could account for the disproportionate impact of the pandemic on the Muslim population. One is Muslim cultural practices, particularly Ramadān fasting, and the other is racism and healthcare inequality. They cite scientific evidence to discredit the first, while attributing such disproportionate mortality of the pandemic to the preexisting inequality of living and working conditions of the Muslim population in the United Kingdom, like their counterparts in the United States.

Chapter 9, "An Islamic Ethico-Legal Framework for Pandemics: The Case for COVID-19," by Rafaqat Rashid, examines intersections between the Islamic ethico-legal tradition, medical science, and public health policy in an attempt to provide direction and guidance when there is conflict between public health interventions and mandatory Islamic imperatives. The author invokes copiously several Qur'anic verses, Prophetic traditions, legal maxims, and rulings related to plague (*tā'ün*) and epidemic (*wabā'*), identifying the hierarchy of *maqāṣid al-shari'ah* and the prioritization of higher objectives. This concluding chapter capitalizes on the successful alignment of several religious and professional bodies to tackle the COVID-19 crisis, as presented in the first two chapters. With this, the chapter sets out to chart ways for dialogue and collaborations between the Islamic ethico-legal tradition, medical science, and public health policy in framing Islamic bioethics and addressing possible health crises in the future.

The COVID-19 pandemic exposed fault lines in every community, but diaspora Muslims faced unique intersections of religious duty, minority identity, and public-health vulnerability. The book captures this concern accurately through several chapters. One major contribution of the book is its insistence on contextualizing Islamic ethics within social scientific insights, lived experience, and the social life of Muslims. It is a context where scriptural values intersect with social and cultural structures, medical science, and lived experience in the face of real-world crises. Such context would help one to visualize the practicability and operationalization of religious injunctions within a given socio-historical context rather than conceptualizing them in abstraction. Nevertheless, the projected Islamic bioethics was constrained by the minorities in the diaspora context in which the study is based. The diaspora contexts covered in the book may not represent all Muslim minority experiences elsewhere.

The study coverage period is another limitation. It is a period marked by extremities, exigencies, and necessities. Added to that, the data collected covered only the early phases of the COVID-19 pandemic in the first half of 2020. This may not represent the prevalent conditions and lived experience of contemporary Muslims before and after the COVID-19 period or even the entire period of COVID-19.

Because it is an edited volume, the information provided may overlap or not correlate. How many Muslim organizations came under the National Muslim Task Force on COVID-19 is not clear. Chapter 1 puts it “over thirty national Muslim organizations” (p. 20), while Chapter 2 puts it “over forty organizations (p. 50). In addition, citing a religious point of view on in-vitro fertilization and transplant (p. 97) is an appropriate issue in the early version of the book, but not relevant to the COVID-19 context. Bringing just one chapter on the experience of the Muslim communities in the United Kingdom amidst a heavily dominated study in the United States context may not fit well.

Overall, the book achieves its objective. The contributors brought their personal insights, lived experience, and diverse professional expertise to bear in well-researched chapters of the book. Such convergence of experts, doing what may be called a collective or multidisciplinary *ijtihād*, is necessary in any future struggle aimed at bridging the text and context.

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