

Maharishi University Convocation

Kevin M. Cahill, M.D.

Introduction by Michael Busch

Maharishi University of Management

May 20, 2016



Table of Contents

Introduction:

Michael Busch 4

Convocation Address:

Kevin M. Cahill, M.D. 6

Contributors 16

About the IIHA and CIHC 17

IIHA Book Series and Occasional Papers 18

Introduction Michael Busch

In his book “A Dream for Dublin”, Dr. Kevin Cahill outlines a dream that kept him up on a cold, damp and lonely night in Dublin in 1960—a dream that indeed led to decades of responsibilities. Spending the night in a bed and breakfast that was—in his own words—a “blessedly inexpensive” room where to get even a few moments of heat you had to put a coin into the heater—fresh from his work in India, he mapped out a plan for a new Department of International Health and Tropical Medicine at the Royal College of Surgeons in Ireland. Dr. Cahill said the dream developed that night into a fully formed tree with flowering branches. It became a reality as the new Department came to life under his attentive guidance and care—even while maintaining full medical responsibilities in New York. The end result was that 4,000 medical doctors from countries on every continent were highly trained to treat and cure diseases that cause some of the world’s most persistent suffering.

There is an old adage that when a tree bears many fruits their collective weight causes the tree to bow low, and, like that, a person with many real and significant accomplishments also bows in humility. Because Dr. Cahill has that humility he does not want us to talk much about him tonight.

To steal a phrase from the title of one of his other books, it is our delight “To Bear Witness” and celebrate a few of his many wonderful qualities which have blossomed so fully in a lifetime of achievements coming to the aide of his fellow man. His lifelong opposition to violence as a solution to conflict has required him on many occasions to be the lone voice pointing new pathways to peace.

Born in New York to Irish immigrant parents, his father was a physician. From his earliest days as a medical doctor in the US Navy, he began to conduct relief work in some of the world’s most troubled places. He has traveled to 70 countries to provide care to those in need. And he says now that his proudest achievement is the program he created at Fordham University that offers an International Diploma in Humanitarian Assistance as well as both undergraduate

and Masters programs that filled a great need to offer standardized and systematic training for relief workers globally. These programs, like the one he formed for doctors at the Department of International Health and Tropical Medicine in Ireland, have had thousands of graduates from 140 countries and its impact on improving the quality of relief work is incalculable.

Throughout his career he has held positions of great administrative responsibility; for example, as Assistant to the Governor for Health Affairs and the Chairman of the Health Planning Commission of New York State, where he had an annual budget of \$7 billion dollars and 80,000 people who reported to him. But you would never know that when you are an actual patient in his office. No matter whether Dr. Cahill is treating Popes, Presidents, enormously famous movie stars, or villagers in South Sudan or Somalia, every single person he sees is touched by the same simple, genuine, personal, quietly authoritative care and kindness. Just crossing his office threshold on 5th Ave across from Central Park in New York, you find yourself stepping into another time—a magical world—a world of wisdom, philosophy, poetry, and above all compassion.

It is because of Dr. Cahill’s deep compassion and his lifelong desire and practical work to alleviate suffering wherever it is found in the world, that we are presenting him tonight with the Maharishi Award for Peace and Humanitarianism. Dr. Cahill, many that you see in this hall this evening are teachers whom you brought back to good health after their travels to India, Africa, Latin America and the Middle East, and who appreciate you very deeply.

It is a joy now to ask Dr. Keith Wallace—Maharishi University’s first president, Member of its Board of Trustees, and groundbreaking researcher, to present you with the Maharishi Award, and ask you to share some of the wisdom you have gathered over a lifetime of traveling the world, bringing the gift of health, the light of knowledge and the eternal hope and optimism that you always feel inside your heart.

Convocation Address Kevin M. Cahill, M.D.

It is a great honor to be welcomed to this university and community. These are not the standard words of a guest speaker, but are from one who has been privileged, over many decades, to serve the medical needs of the Maharishi family and faculty as they often fell ill in India, and then returned to Fairfield, Iowa, with a stop in my office in New York for diagnosis and therapy.

This evening, I will focus on the role of a university in defining a new discipline, in incorporating ancient and noble ideals and practices into a recognized curriculum. You have done this with the teaching of Maharishi Mahesh Yogi, and have translated his search for inner wisdom through transcendental meditation into academic courses.

Knowledge and experience must be organized and interpreted into coherent curricula if one is to transmit the wisdom of a profession to new generations. More than 2500 years ago the founder of medicine, Hippocrates, cited an obligation to teach in his Oath for Physicians; that role is even more essential today as international dangers, challenges, and opportunities, become increasingly complex.

During a personal career that has evolved from the individual patient to public health positions touching millions of persons, I have learned that the legitimacy and credibility of the teacher derives directly from service to the most vulnerable, an approach that can then be translated into policies affecting large populations. As a Professor, I have had the privilege of teaching over 4000 medical students and an almost equal number of humanitarian workers. Both endeavors were predicated on the belief that there should be few boundaries between the front lines of disaster relief and the more structured environment that usually characterizes a classroom. This Maharishi Address draws equally on the philosophic foundations of academia and the practical realities of medicine and field work.

Over a lifetime, I have tried to distill experiences on the front lines of humanitarian crises—whether due to natural disasters or as the inevitable side effects of armed conflicts—into acceptable, university

programs, to change the perception of humanitarian relief work from merely the actions of “do-gooders” into a distinct new profession, and to build bridges to peace and understanding in times of war.

My own introduction to tropical medicine, and to the interrelationships of poverty and disease, occurred in India, an experience that links me with many in this audience. I began work in Calcutta in 1959 and fell in love with a way of life. I found romance in settings that others might see only as dirty, broken-down wastelands. Surely those negatives existed in Calcutta. But amidst the fetid stench of Indian urban decay, I could close my eyes and see saffron robes rather than soiled rags. I could hear music in the cacophonous sounds of the slums, and in the long silence of a city drenched in the humid heat that comes with monsoon rains.

Starting early in the 1960s, the complex demands posed by the chaos of refugee camps inevitably became part of my duties as a physician working in troubled areas of Somalia, Sudan, and Central America. By the 1970s, after the Sahel drought, I was asked to manage camps handling over one million refugees and internally displaced persons whose tragic journey across Africa was stopped by the Indian Ocean in Somalia.

This responsibility brought new logistical, legal, political, diplomatic, and, most importantly, moral, dilemmas that superseded the purely clinical and public health practice I had previously accepted as my professional role. No longer would the emphasis be solely on the life cycles of parasites, and the detection of specific diseases, or on therapy, or even on the prevention of illnesses. I had become involved in a profound cultural drama between the developed and developing worlds, in new struggles and philosophic and programmatic efforts to promote peace and justice in an unfair world.

Physicians are accustomed to offer diagnoses and treatments usually based on scientific analyses, and on clinical measurements supported by various laboratory, radiographic, and numerous other technical tests and procedures. Modern Western-trained medical personnel rarely alter their therapeutic recommendations to accom-

moderate cultural factors. But in international disaster relief operations, particularly in complex humanitarian crises, many other forces are of paramount concern.

In conflict zones, a physician deals not only with the physical effects of trauma but also with the dark and tangled roots of hatred, and the incipient revenge that blossom in such unrelenting misery. Yet, with patience, and respect for others' human dignity, by balancing passion and compassion, by practicing civility and trying to understand the bases for hostility in those we assist, one can learn many lessons—particularly from the dispossessed and oppressed—and develop a special approach to life.

In the midst of such harsh reality, one can also find great beauty. My wife used to say that I was the only person she knew who could come home after three months in a Somali refugee camp and keep her awake all night describing, in great detail, how lovely so many parts of the experience were. Obviously, there were incredible scenes of sadness and evil, but there were also exquisite sunrises and sunsets in the desert, and the magical sounds of children laughing, and the incredible strength of mothers and grandmothers coping in a daily struggle to survive. Much depends on how the mind's eye sees, and interprets, the field in which we labor.

Those who have worked on the front lines in disaster relief must clearly address the problems of an increasingly dysfunctional world. There are many cruel facets in the humanitarian struggle, and no amount of diplomatic sophistry can dehumanize the horrors of conflict and the waste of innocent lives. They are human beings, not dull statistics, who suffer and die in such situations. In the sad settings of refugee camps, mothers and children are the disposable refuse of global insecurity; becoming a child soldier or a sex slave are terribly realistic options for youngsters.

One quickly became acutely aware that there were no simple answers in such situations. Solutions, when they could be constructed, drew on many, many disciplines. It was essential to extend the professional standards that prevailed in tropical medicine to the less

organized field of humanitarian affairs. Disaster management is an evolving science.

But it is at times of great calamity and suffering where the developed and developing worlds most intimately interact. These occasions, if mismanaged, cause further divisions in an ever more polarized world between the “haves” and the “have nots.” But, if managed correctly, with forethought and planning, with sensitivity and clinical efficiency, something profoundly good can emerge. There may be no more important arena in which academic standards needed to be urgently applied than in the repetitive humanitarian crises that shame our so-called “civilization”.

When I was young, and very innocent, I thought I was inordinately important as a medical doctor in a refugee camp. But it did not take long to realize, with growing humility, that those in charge of water, or food, or shelter, or security, or sanitation, or education were essential partners. Everyone in a field operation appreciated that no one can accomplish very much working alone. If there was to be any progress in restoring a semblance of stability for those who had lost almost everything, we had to overcome our own restrictive professional barriers.

Experiences often ran counter to the established didactic methods so easily accepted as doctrine in a Western medical school. As but one important example, in delivering humanitarian assistance, one must learn to approach those in pain in a nonjudgmental manner. Relief workers must leave behind their pride, their preconceptions, and sublimate their own interests and agendas in an act of solidarity with refugees and displaced persons. They must learn to tread softly, to offer change with great care. Existing customs and practice in any community, especially in the chaos of refugee camps, must not be altered without consultation and deliberation.

The ways of a people, sometimes quite incomprehensible to a person trained in a Western scientific system, are ultimately that group's own precious heritage and protection. Attempts to introduce new methods, and replace timeworn approaches can be devastating in times

of crisis, when the utter failure of society makes people extremely vulnerable, while simultaneously forcing them to be completely dependent on strangers for the essentials of life.

For over half a century, I have been privileged to work in remote areas among people far removed from the effects—good and bad—of modernity. The more I participated in the daily lives of isolated clans the more convinced I became that the richness of humanity lay in its incredible diversity. I do not share the belief that there is only one right way—whether that is how to rule, or how to worship, or court a mate, or establish a family, or express love, or even how to die. Any diminution in that diversity diminishes all of us.

Attempts to homogenize the world, to impose uniform standards of behavior, to stifle differences of opinion and style, to impose restrictions on customs and practices merely because they are different from our own, are regressive, usually destructive, acts. The biologic world thrives in its complexity, and artistic creativity flourishes best when there are multiple varying stimuli.

There had been no courses—except possibly in philosophy, anthropology, or comparative literature at the college level—that prepared me for the almost bizarre demands I immediately faced in attempting to establish, and manage, camps for many thousands of frightened, ill and endangered people. There certainly were no courses in the standard medical school curriculum that were very helpful.

A few examples may demonstrate different challenges that expanded my traditional role as a physician in crises areas:

- a) Early in my career, I found myself in South Sudan, responsible not only for health concerns, but also for providing other basic human services, including security. It certainly was of little help to a young girl to tell her that her malaria was cured if she was raped every time she went foraging for firewood.
- b) In 1972, an earthquake destroyed the center of Managua, Nicaragua. I served as Chief Medical Adviser, sharing a tent with the then President, Anastasio Somoza. There, I learned how politics and corruption can pollute so-called relief missions. A significant per-

centage of the international aid was openly looted by the President's cronies, and donors did not complain for "diplomatic reasons". I sadly learned the limitations of altruism in the face of evil.

There were also obvious diplomatic possibilities in our humanitarian work, and these could—and surely needed to be—exploited. Public health offered an almost ideal platform for preventive diplomacy. Almost 50 years ago, in the midst of raging civil war in South Sudan, "corridors of tranquility" were established to allow emergency relief. These were, to all combatants, de facto "ceasefire zones." They became temporary bridges to understanding and peace. That peace didn't last, but the effectiveness of those "corridors" is still recalled today by those who struggle to find that elusive common ground in blood-soaked soil of South Sudan.

One must constantly devise imaginative and innovative paths forward. Managing complex humanitarian emergencies, particularly in the midst of conflicts and disasters, is not a field for amateurs. Good intentions are a common, but tragically inadequate, substitute for well planned, efficiently coordinated, and carefully implemented operations that must have a beginning, a middle, and an end. Compassion and charity are only elements in humanitarian assistance programs; alone, they are self-indulgent emotions that may satisfy the donor for a short time, but will always fail to help victims in dire straits.

When I first began working in complex humanitarian crises, there were almost no accepted standards. In fact, there was not even a common vocabulary. What was desperately needed was the creation of a new profession, one that could embrace the many areas of expertise required to provide an overall response. This is where academia had to enter the picture.

The University

It is primarily in the university where knowledge is analyzed and defined, where good—and bad—practices are studied, where the lessons of the past are examined in a continuing search for wisdom and understanding. Humanitarian assistance is an ideal area for

academic interest. It presents a multidisciplinary challenge, drawing on, among others, the fields of public health and medicine, law and politics, logistics and security, technology and anthropology, indeed, all the social, physical, moral, economic, and philosophic arts and sciences.

Society has entrusted universities with establishing rigorous standards to assure good practices. In almost every nation, for example, one must pass an academic exam to practice as a doctor or a lawyer; in fact, in the United States of America one must qualify, by government testing, to be a plumber or a hair dresser. Yet there were no standards required to become a humanitarian worker. One only had to have—or contend to have—a big heart and lots of compassion.

I sadly discovered, as a physician working in refugee camps, that a not insignificant percentage of humanitarian workers were primarily there to fulfill their own needs, to gratify their own dreams, to satisfy a distorted sense of redemption in a place of chaos. Many had no training, few skills, and even fewer inner resources to sustain them. These deluded volunteers complicated relief efforts, often causing more harm than good. An inordinate amount of time was spent helping to extricate these self-anointed “humanitarian workers” from refugee camps, draining vital energies that should have been devoted to real victims of disasters.

Such experiences led me to the university to establish consistent requirements for appropriate training for all, whatever their other skills, who presumed to enter turbulent zones of disaster and share in the inordinately satisfying task of dispensing critical assistance. Over the past few decades there has been a slow but steady progress in developing formal university courses in humanitarian action; at Fordham University, through its Institute of International Humanitarian Affairs, we now offer an undergraduate Major as well as graduate level Masters degrees in this discipline.

The university should be—and usually is—the last bastion where open discussions, and respect for differing ideals, prevail. It is soci-

ety’s ultimate refuge from bias and prejudice, and these are among the most significant causative factors in humanitarian crises. The search for answers in such crises cannot be limited to a medical school, or a law school, or any other specialized school. It involves all the many, interlinking fields of study that are the foundation of a true university.

The former president of Fordham University, Fr. Joseph O’Hare, S.J., once defined our institution as a place where tradition is not only recovered and remembered but also renewed and transformed. In its classrooms, libraries, and laboratories, the wisdom of the past should confront each day the questions of tomorrow. In the life of the ideal university community, new questions are not feared and suppressed but welcomed and debated. In actual life, of course, university communities do not always resist the narrow politicization of activists who presume to declare what is and is not acceptable thinking.

In the wake of the September 11 terrorist attack and the continuing violence in the Middle East, debate over the fundamental causes of the conflicts often became polarized and the legitimacy of dissident scholars challenged because of their political views. If the university is to fulfill its historic role as a forum for competing views, we must insist on conditions for civil debate: mutual respect and honest recognition of differences. Civility does not compromise moral commitment, although this is not obvious to campus advocates who find demonstrations more satisfying than debates.

Personal Reflections

I have been caught behind the lines in armed conflicts, and seen senseless slaughter from Beirut to Managua, and all across the scarred landscape of modern Africa. Somehow in the twisted wreckage of war, and in the squalor of refugee camps, the incredible beauty of humanity prevailed for me, as it does for most of those privileged to work in humanitarian assistance.

I learned that prejudice and economic exploitation, pride and politics, racism and religion, weather and witchcraft, corruption and

incompetence, were all integral parts of the problems I had to address. It was essential to hear, and appreciate, the cry of the oppressed, and the burden of ignorance, fear and poverty, if one was to provide help in developing lands, especially during—and after—periods of disaster.

A very important lesson from my first period in Calcutta was that I must stay calm and focused in the midst of chaos if I wanted to help others. There was no time for self-indulgent, personal concerns. The petty needs that so often dominate our lives distract us from getting critical tasks accomplished. I realized, often with embarrassment, that our own individual cares simply did not matter much in the face of what others were suffering every day, all day, in the disaster that life offered them.

It was my privilege to serve, and even begin to identify with those caught in the crossfire of conflicts not of their own making. A spiritual solidarity develops in just being with them. They were my brothers and sisters. I have always returned—although part of me never returned—from refugee camps gratified to be allowed to participate in their valiant efforts. I have helped, even healed, many desperate victims in humanitarian crises, but they in turn, helped, healed, instructed, and enriched me. It is that perspective that sustains us on what otherwise may seem like a journey through hell on earth. It takes time to refocus the romance of youth into reflective, lasting programs in humanitarian crises, to change the passion of love into healing projects.

It would certainly have been easier—and safer—to reap the rewards assured by a predictable medical practice at home. However, that was not what fate offered. My wife and I discovered a new world—and ourselves—in politically volatile areas where change and revolutions were in the air, and on the streets. A career in tropical medicine allowed unusual access into closed, often hostile, societies. I was able to share in the dreams and aspirations of men and women in the developing world who were fighting for freedom, equality, basic human rights, and often their very survival.

And on that note, I would like to close by identifying with so many here tonight who have devoted their lives in a parallel path towards healing by translating the teachings of Maharishi Mahesh Yogi into academic programs, and building bridges to peace as strong as those I have attempted to construct in humanitarian endeavors.

A bridge is a blend of poetry and practicality. By harnessing tensions and forces, we can span abysses, link separated lands, and create a structure of beauty. But soaring girders and graceful arches must be firmly anchored in a solid foundation lest a load of unplanned aspirations cause a collapse, destroying both bridge and travelers on the dangerous but wonder-filled journey of life.

Thank you

Contributors

Kevin M. Cahill, M.D. is University Professor and Director of the Institute of International Humanitarian Affairs and the President of the Center for International Humanitarian Cooperation.

Michael Busch is the Director of International Operations for Maharishi University of Management.

About the IIHA and CIHC

The Institute of International Humanitarian Affairs (IIHA) at Fordham University prepares current and future aid workers with the knowledge and skills needed to respond effectively in times of humanitarian crisis and disaster. Courses are offered on a global scale; we now have over 3,000 alumni from over 140 nations. Our undergraduate program is one of the fastest growing majors at the university.

The Center for International Humanitarian Cooperation (CIHC) was founded in 1992 to promote healing and peace in countries shattered by natural disasters, armed conflicts, and ethnic violence. The Center employs its resources and unique personal contacts to stimulate interest in humanitarian issues and to promote innovative educational programs and training models. Our extensive list of publications and regular symposia address both the basic issues and the emerging challenges of humanitarian assistance.

IIHA Book Series

The International Humanitarian Affairs Book Series, authored or edited by Kevin M. Cahill, M.D., is devoted to improving the effectiveness of humanitarian relief programs. With contributions by leading professionals, the books are practical guides to responding to the many different effects of civil strife, natural disasters, epidemics, and other crises. All books available at www.fordhampress.com. Books marked with an asterisk are available in French translation from Robert Laffont of Paris; books marked with a double asterisk are available in Spanish, German, Arabic, and French.

Preventive Diplomacy: Stopping Wars Before They Start, 1996, 2000*

Basics of International Humanitarian Missions, 2003*

Emergency Relief Operations, 2003*

Traditions, Values, and Humanitarian Action, 2003*

Human Security for All: A Tribute to Sérgio Vieira de Mello, 2004

Technology for Humanitarian Action, 2004

To Bear Witness: A Journey of Healing and Solidarity, 2005*

Tropical Medicine: A Clinical Text, 7th edition, 2006

The Pulse of Humanitarian Assistance, 2007

Even in Chaos: Education in Times of Emergency, 2010

Sudan at the Brink: Self-Determination and National Unity, F.D. Deng, Foreword by Kevin M. Cahill, M.D. 2010**

Tropical Medicine: A Clinical Text, 8th edition (Jubilee Edition), 2011**

More with Less: Disasters in an Era of Diminishing Resources, 2012

History and Hope: The International Humanitarian Reader, 2013

To Bear Witness: A Journey of Healing and Solidarity, 2nd expanded edition, 2013*

The Open Door: Art and Foreign Policy at the RCSI, 2014

An Unfinished Tapestry, 2015

A Dream for Dublin, 2016

Milestones in Humanitarian Action, 2017

IIHA Occasional Papers

Kevin M. Cahill, M.D., Abdulrahim Abby Farah, Abdirazak Haji Hussein, and David Shinn,

The Future of Somalia: Stateless and Tragic, 2004

Mark Malloch Brown, *International Diploma in Humanitarian Assistance*, 2004

Francis Deng, *Sudan: From Genocidal Wars to Frontiers of Peace and Unity*, 2004

Kevin M. Cahill, M.D., *The University and Humanitarian Action*, 2008

Kevin M. Cahill, M.D., *Romance and Reality in Humanitarian Action*, 2008

Kevin M. Cahill, M.D., *Gaza: Destruction and Hope*, 2009

Daithi O'Ceallaigh, *The Tale Towards a Treaty-A Ban on Cluster Munitions*, 2010

On the cover Dr. Cahill and his wife Kate from a photo captured in the midst of Somali refugee camp.
Cover and booklet design: Mauro Sarri



Institute of International Humanitarian Affairs
Fordham University Canisius Hall
2546 Belmont Avenue, Bronx, NY 10458



FORDHAM UNIVERSITY
THE JESUIT UNIVERSITY OF NEW YORK