

## Can humanity survive the nuclear age?



M. M. REZAUL KARIM

It was not me, all those who had stood before the cenotaph built to commemorate the catastrophic holocaust caused by the dropping of the first atom bomb at the epicentre of Hiroshima on August 6, 1945 had the same feeling. It was a feeling of deep penetrating sadness that engulfs one's mind in a sombre mood of inexplicable void that one experiences in one's lifetime. People stop and ponder and question the wisdom of human race to pay such a heavy price for progress or ambition.

The city of Hiroshima was turned into rubble. About 200,000 people, almost all those who lived there, perished. Those few who survived died later or lived in a state worse than death. The Americans who did it had their own reasons, as advanced by President Harry S Truman at that time. But worse came later. The Soviet Union, Britain and France entered the race

in gusto and developed atomic bombs and nuclear weapons within a few years. China also followed suit.

The development, stockpile and delivery system of nuclear weapons of the western powers were juxtaposed against those of the then Soviet Union. It was argued these weapons of mass destruc-

But the nuclear race continued and expanded to include at least half a dozen of those nations who were capable of developing these weapons. As a result, India who had attained the capability some decades ago successfully exploded nuclear device in 1998 in a bid to counter what was termed as a threat from the North -- China.

stan against committing a nuclear misadventure against India in which case Pakistan as a nation would be obliterated from the map of the world. These do not appear to be words of someone who believes in nuclear deterrence. These are more likely to be the language of one, confident of nuclear supremacy and of the

and unfortunate event of its happening in South Asia, in the Gulf or elsewhere will it remain confined to the respective region only? One cannot reply in the affirmative with a degree of certainty.

Scientists and political analysts often attempted to make an estimate of the loss of human, animal and plant lives and also the possi-

What would be the likely scenario, if all the stockpiles of nuclear bombs are, in fact, allowed to be dropped on one's adversaries? The several thousand target cities and their vicinity will be instantly and almost totally annihilated. Almost all living beings and species will perish. Those who will survive will subsequently die of diseases caused by radiation. The intense heat released from the explosion and radioactive fall-out will make all plants wither away and the ozoneosphere will be depleted if not destroyed. The enormous quantity of radioactive dust will cover the entire surface of the earth and prevent penetration of sun's ray -- ultra violet ray -- into earth's atmosphere. Consequently there will be reappearance of the great ice age under which all the surviving animal, plant and other lives will freeze and perish. What a dismal picture will that be! But none of us or our descendants will have the occasion to witness the doomsday scenario and narrate it to the posterity.

In between the cenotaph and the Peace Dome, symbol of destruction of Hiroshima, lies a fire, hopefully not an eternal fire, to be extinguished only with the destruction of the last piece of nuclear arsenal.

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All health information to keep you up to date

### Computer : Healthy guidelines for you

- Correct workstation posture**  
SIT upright -- face monitor and keyboard squarely
- BODY:**  
Feet flat on floor (or footrest if recommended because of [fixed] desk height)  
Thighs parallel with floor  
Shoulders relaxed, with upper arms hanging naturally from shoulder  
Elbows relaxed by waist  
Forearms parallel with floor or angled slightly downwards (the angle between forearm and upper arm at, or slightly greater than, 90 degrees)  
Wrist not resting on desk, horizontal or slightly downwards when keying  
Neck held straight and not turned to left/right
- CHAIR:**  
Backrest should support the back, with lumbar support correctly positioned  
Seat should not put pressure on back of knees  
MOUSE should be on same level as keyboard and routinely to the left but should be alternated regularly  
MINITOR should be positioned directly in front of user, at arm's length when hand is at right angles to the arm, with eyes level with the top of screen  
DOCUMENT HOLDER positioned between keyboard and monitor, or on an arm/stand at screen level in front of operator, rather than to one side  
When the correct posture is achieved, the operator should be RELAXED

## IRAQ -- a nation with long history filled with conflicts

BILLY I AHMED

HISTORY may not quite be destiny, but it strongly influences the present and the future, and those who don't take the trouble to understand it usually find themselves making significant mistakes. Here is a country whose deepest roots are glorious. This area was the heart of the earliest civilizations; a leading empire for probably 3,000 years in ancient times.

The historical facts most relevant to today's impending conflict have more to do with instability, the on-again, off-again influences of the West on law and culture, and ethnic strife. They include the modern creation of artificial borders for Iraq, the long rivalry between Shia and Sunni Muslims, both of which have longstanding roots in Iraq, the historic rivalry between the Arab world and Persia (modern Iran), and the shifting emphases of American foreign policy in the region over the years.

The borders of modern Iraq were determined after World War I, mainly by the British. During World War I the Ottoman Empire, which had ruled most of the Middle East from Turkey since the 1500s, sided with Germany. The British, seeking to protect their lifeline to India through the Middle East, established a protectorate over Egypt and supported the Hashemite sharis, or leaders, who had ruled Mecca and the British also sent troops from India to Iraq, not only to guard the land route to India but to protect their interests in the Anglo-Iranian Oil Co. They at first failed to take Baghdad from the Turks, but finally succeeded in 1917.

At the end of the war the League of Nations gave Great Britain a mandate to administer Iraq until an independent government could be established. The borders were thus based on British imperial and commercial interests and the fortunes of war rather than being drawn along traditional frontiers or historic tribal or ethnic lines. The British-drawn Iraq also did not include a port on the Persian Gulf, an important factor for benefiting from oil resources; Syria has several times cut off pipelines to the Mediterranean.

### The cradle of civilization

Despite its ethnic fractiousness today, modern Iraq is roughly equivalent to the ancient area of Mesopotamia (Greek for "between two rivers"), between the Tigris and Euphrates rivers, which fostered history's first civiliza-

tions and was probably the leading region of the world for about 3,000 years. The land of Ur, from which the biblical Abraham migrated, is in present-day Iraq. Being relatively wealthy and flat, Mesopotamia was attractive to foreign invaders. The most important ancient civilizations in the region were probably the Sumerian (3500 BC to 2000 BC), the Babylonian (18th century BC to 539 BC) and the Assyrian (1350 BC to 612 BC), with the Hittites, Chaldeans and Kassites making incursions.

### Muslim control, then Ottoman

The next great era began in 635 when Mesopotamia was conquered by Muslim Arabs in the great period of military expansion during Prophet Muhammad's lifetime and shortly after his death. Baghdad was founded in 763, as part of a conscious policy of moving the centre of the Muslim world from Damascus to the Mesopotamian region. The Muslim Caliphate, the central ruling secular institution of Islam, was soon established there, and Baghdad grew into a beautiful, impressive city.

The area flourished until it was sacked by the Mongols and Genghis Khan in 1258, after which culture and the economy declined for several hundred years.

In 1405 Iraq fell under the control of Turkish tribes from Anatolia. Then in 1508 it was put under the control of the Safavid dynasty from Iran. This Persian-Turkish struggle continued for years and still influences modern Iraq's sense of itself.

In 1534 the Ottomans conquered Baghdad and instituted an era of peace and economic development. The Safavids briefly regained control in 1623 but the Ottomans returned in 1638 and effectively ruled until 1918 (with an interval of Mamluk control in the 1700s).

In 1869 the Ottoman ruler Midhat Pasha came to power in Baghdad and set out to modernize the region along the Western lines, opening the Suez Canal encouraging the European markets to Iraqi agricultural interests. This westernizing and centralizing agenda sparked nationalist movements throughout the empire, including Iraq. A nascent Iraqi intelligentsia, along with Iraqi officers in the Ottoman army, formed secret nationalist societies, the most important of which was Al Ahd (the Covenant), which had some 4,000 members by the outbreak of World War I. Iraqi nationalist sentiments, however, were generally confined to the upper and middle classes.

### World war I and British rule

By the end of the 19th century European powers had become increasingly interested in the Ottoman territories. With the defeat of Germany and the break-up of the Ottoman Empire in World War I, and the formation of the League of Nations, they divided the "near east" among them, with Britain getting the mandate to run Iraq, as well as Trans-Jordan and Palestine. This disappointed Arab nationalists who had hoped for independence in Iraq and elsewhere.

The Allies also owed something to the Hashemite family of Hussein ibn Ali, sharif of Mecca, who had broken with the Ottomans. They installed his son, Prince Faisal, as king of Syria, but the French, who had the mandate for Syria, ejected him. So they made him king of Iraq after a troublesome 1920 rebellion led by Iraqi nationalists. Despite Faisal's Islamic and pan-Arab credentials, however, he was not an Iraqi and nationalists viewed the monarchy itself (Iraq had never had a king) as an illegitimate British-created institution.

During the 1920s Iraqi borders were finalized (including putting the Kurd-dominated and oil-rich Mosul province in Iraq after Turkey refused to release its Kurdish areas for a Kurdish state). Running Iraq proved expensive and troublesome for the British, despite oil concessions. In 1929 a newly elected British Labour government promised independence and in 1932 it was granted, with Faisal as king and Nuri as-Said as his closest adviser.

The new country was as fractious as ever. The Kurds and Assyrians had no desire to be included, and the Sunni-Shia conflict continued to fester. A shift in power from the rural, nomadic tribes to the cities continued. King Faisal died in 1933 and was replaced by his 21-year-old son Ghazi, who was Western-educated and had little experience with ethnic complexities in Iraq. In 1936 a military coup led by Gen. Bakr Sidqi, a Kurd, displaced civilian government and led to a succession of short-lived governments. Ghazi was killed in an auto accident in 1939 and succeeded by his infant son Faisal II. This led to the rise of Nuri as-Said as chief minister, who was generally pro-British and became an increasingly autocratic strongman. He survived a 1948 upris-

ing, but during the 1950s discontent with the monarchy and Nuri as-Said, economic problems (increased oil revenues increased corruption instead of bringing widespread prosperity) and complications arising from the appeal of Egyptian President Nasser's pan-Arabist movement made Iraq increasingly unstable.

### The 1958 coup and 'Republican' Iraq

On July 14, 1958, the Hashemite monarchy was overthrown in a swift pre-dawn coup led by officers of the 19th Brigade. The leaders were Brig. Abd al Karim Qasim and Col. Abd as Salaam Arif. King Faisal was executed and Nuri as-Said was killed after trying to escape disguised as a veiled woman.

The revolution destroyed the power of tribal sheikhs and landlords while enhancing that of urban workers and the middle class. It also unleashed long-suppressed sectarian and ethnic conflicts (mainly Arab-Kurd and Shia-Sunni).

Qasim emerged as government leader but his programme was somewhat improvised. He allied himself with an emerging communist party, which alienated him from the nationalists. His communist alliance made the United States nervous (CIA chief Allen Dulles in 1959 described Iraq's situation as "the most dangerous in the world"). There was conflict with Iran. Qasim also laid claim to the newly independent state of Kuwait.

In 1963 Qasim was overthrown by the Ba'ath party, which proclaimed itself for socialism, freedom and Arab unity. It didn't have a coherent programme or a plan for ruling, however, and was overthrown later in 1963 by a military coterie (with some covert CIA help). Strife with the Kurds continued. By the June 1967 Arab war with Israel, Iraq was in such turmoil that it couldn't get organized enough to send troops. In 1968 two officers staged a military coup but lacked organizational backing. The Ba'ath Party outmaneuvered them and eventually took over the government.

Billy I Ahmed is a researcher

## Health programme of Grameen Kalyan

### An integrated approach to rural health sector

DR IFFATARA ISLAM

G RAMEEN Kalyan (GK) is a recent addition to the Grameen family. It was registered in November 1996 as a not-for-profit company limited by guarantee without share capital under section 28 of the Companies Act 1994 with the endowment fund provided by the Grameen Bank (GB) and also registered as an NGO under the Foreign Donations (Voluntary Activities) Regulations ordinance 1978 in July 2002. GK is a creation of GB to provide welfare services to GB borrowers and staff.

Evaluation of GBs micro-credit program clearly indicated that the cost of health care and ill health in rural areas are the major obstacles to the borrowers' struggle to get out of poverty. On the other hand improved health could contribute in accelerating economic growth and poverty alleviation. It is within this context that GB initiated an action research project to develop the Health Programme (HP) in 1993.

In rural Bangladesh, communicable diseases account for 70 per cent of the total ailment of the people. A quality primary health care system, with active participation of the community, can effectively combat communicable diseases. Despite public sector commitment and development of infrastructure, health care services are yet to reach the poor. Health services of the private sector, on the other hand are either unaffordable or of inferior quality or both. The prevalence of diseases among the poor is thus one of the greatest threats to GB members in their struggle to come out of the vicious cycle of poverty.

**The health programme:** The health programme is intended to provide primary health care services to GB members as well as non-GB members living within its operational area at a cost that the poor can afford. Priority is given on preventive and promotional health

services with special emphasis on family planning, reproductive health, maternal and child health.

### Goals and objectives:

a. To deliver quality primary health care services to the rural poor by qualified medical personnel at a cost the community can afford.

b. To achieve financial stability.

c. To develop and administer health insurance scheme, with active participation of the community, at a cost the community can afford.

d. To expand coverage to the entire Bangladesh.

**Organisational structure:** The Managing Director (MD) is the Chief Executive Officer of Grameen

of the field activities as well as record keeping system.

The Health Programme provides curative service through Health Centres staffed by a doctor (MBBS), one Paramedic, one Laboratory Technician and Office Manager (also in charge of dispensing medicines) and provides preventive, educational and family planning service through female health workers who visit the GB and non-GB members at their homes. At present there are 17 health centers which are located at Dhaka, Tangail, Munshiganj, Narayanganj and Comilla districts.

An HC is usually attached to a GB branch, which covers an area within

and referring the complicated cases to referral hospitals, control of diarrhoea and use of ORS and growth, chart monitoring

**Community based specialist programme:** Women specialist physician provides special service to the rural community on regular basis and through specialist camp. The programme are:

a. Gynaecological & obstetrical, skin & venereal disease, tuberculosis & leprosy, STD & HIV/AIDS.

b. Health centres used to render consultation services on the basis of pathological tests e.g. Blood (Hb, Tc, Dc, ESR, sugar, S. bilirubin, RA-test, TPHA), urine, stool and sputum for AFB etc. The laboratory services

form of sliding scales in its fee structure. Non-GB villagers pay a little more than the GB members for premium and renewal. However, no distinction is made in terms of service and benefits once they are enrolled in the health plan irrespective of their membership in the GB credit programme.

However, the health plan provides free preventive services, family planning, and health education to all, irrespective of subscription to the health insurance scheme.

### Marketing

1. Mass communication: The villagers in the target area are informed and encouraged about the programme in their weekly centre meeting by the GK Regional Manager. Non-GB villagers are motivated through mass communicating meeting to ensure the participation of the common people.

2. Door to door visit: The Health Assistants encourage GB members to renew their cards; also other villagers are made aware of the programme by the HAs during their visit to the villages.

3. Promotional service: Maternal, child health care services and free check up provided by the HAs are the promotional services of the programme.

4. Information Education and Communication (IEC) Materials: The Health Programme is advocated through IEC materials viz leaflets, brochures and posters.

**Sustainability of HP:** All Grameen Bank members (borrowers) in the operational area of a health centre are enrolled in the prepaid health plan i.e. MHI. Other villagers are also enrolled in the health plan. Forty-four per cent of GB households in the operational area were also subscribers to the health plan at the end of 2001. On an average, the health centres have recovered 72 per cent of their operational cost in 1999; currently the rate has increased to 77 per cent.

**Conclusion:** The health

Financing and operating health programmes on a cost recovery basis is realistic and will help to sustain the results that micro credit has achieved. This is important not because it gives an extra mileage in poverty eradication efforts but because it is an essential ingredient to ensure better health for more productive enhancement in economic growth.

Kalyan and is responsible for the supervision and management of the overall activities of the Grameen Kalyan. At the corporate level, MD is assisted by the department heads namely Health, Administration, Accounts and Training & Research and Development. At the Central level the Health and Training Research and Development Department assists the MD to run the HP.

The Health Programme is organised geographically into Regions and Health Centres. Usually there are five Health Centres in a Region. Each Region is headed by a Regional Manager (RM). The RMs supervise, control and co-ordinate the management of the Health Centres under their jurisdiction and are accountable to the MD. RM's weekly report constitutes a very important tool for the management

a radius of eight kilometres approximately and acts as an insurer. Following health services under PHC, are provided at the centre.

! Emergency service and referral service  
! Outdoor services and laboratory service  
! Medicine supply service  
! Domiciliary community service.

### Maternal and child care

a. Antenatal care, post natal care, ensuring safe delivery through reproductive health care, treatment of minor ailments, family planning and referral services, motivation of pregnant mothers to have delivery either by trained TBAs or in hospital/clinic, TT injection, behaviour change communication and breast feeding.

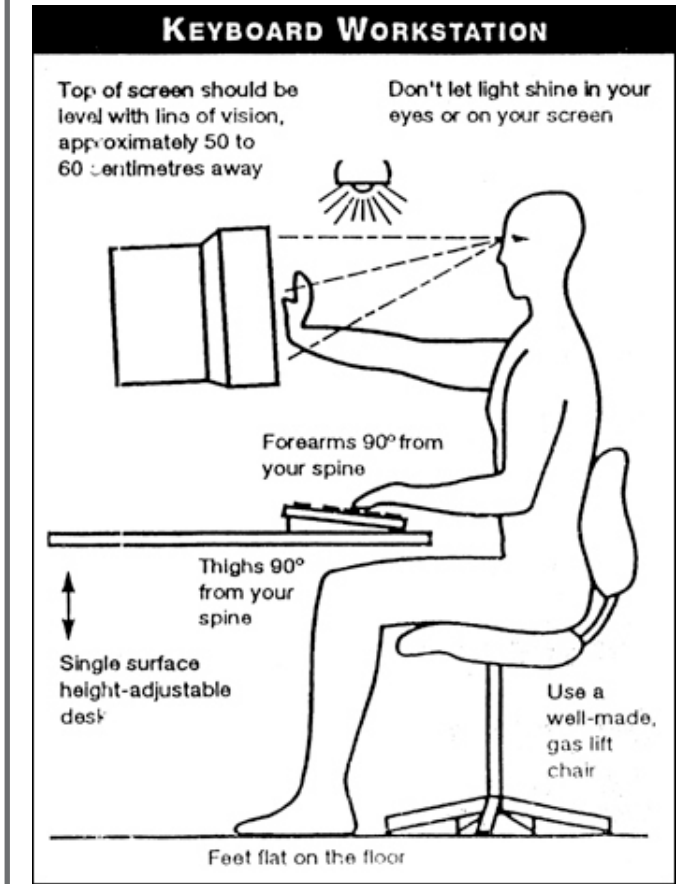
b. Immunisation, treatment of minor ailments, emergency care

were upgraded and the following pathological tests were added in 1997: Widal Tests, VDRL, HBs Ag, Pregnancy Test, Blood Grouping etc.

**Micro Health Insurance:** Micro Health Insurance (MHI) plays a pivotal role in the health programme. Since the target group is not aware of health care and are not willing to undertake and pay for medicare or health services, a very unique and innovative mechanism had to be devised to bring them under the coverage of health care services. Micro Health Insurance is such an important device designed and developed by the Health Programme of Grameen Kalyan.

It serves a dual purpose. It ensures participation of the target group as well as revenue for the programme.

The MHI scheme of GK uses a



### Did you know?

Men lose about 40 hairs per day -- women lose about 70 hairs per day.

Next: ABC of cloning

