

Govt hospital in Sunamganj lying idle for 6 years!

Recruit necessary staff, make it functional

WHILE we commend the government for its efforts to make healthcare accessible to all by establishing healthcare facilities even in remote places of the country, what we often notice is that many healthcare facilities remain unutilised mostly due to a shortage of manpower including doctors. According to a report published in this daily on March 14, a 20-bed hospital in the remote Jagdal union of Sunamganj’s Derai upazila has been lying idle for 6 years because the authorities have not yet sanctioned the necessary workforce to get the facility running. According to the local lawmaker, the manpower allotment for the hospital was delayed due to bureaucratic tangles. Meanwhile, the hospital compound has become a safe haven for drug addicts and gamblers, and all kinds of garbage are being dumped in the adjacent areas polluting the environment.

Although the number of government healthcare facilities has increased across the country, their services have not improved due to the shortage of doctors and necessary equipment. Many reports have been published in this daily over the years depicting the dismal picture of our public hospitals and upazila health complexes. According to Bangladesh Health Facility Survey (BFHS) 2017, only 28 percent of health facilities in the country have six basic equipment like thermometers, stethoscopes, blood pressure gauge, weighing scales for infants and adults, and torchlights. And then there are hospitals like the one in Sunamganj which never get functional at all.

Since Derai upazila is a remote area surrounded by waterbodies, it is difficult for the villagers to go to the nearest upazila health complex for treatment. The situation becomes particularly dangerous in case of an emergency, because it takes long time to reach there from the villages due to poor road connectivity. Given the situation, it is important to make the hospital functional. The bureaucratic complexities mentioned by the local lawmaker should be removed and necessary manpower, including doctors, nurses, pharmacists, and medical technologists, should be recruited immediately. Once functional, the hospital can serve more than 50,000 people living in the three unions of the upazila.

Teachers blackmailing students for good scores!

Why were they not stopped for so long?

WE are shocked by the report of two teachers of Chattogram’s Forestry Science and Technology Institute (FSTI) allegedly extorting money from their students for years by threatening them with poor scores in exams. This is one of the worst-case scenarios of corruption within an educational institute where students are held hostage by those who are supposed to be mentoring them and encouraging them to be ethical and knowledgeable. It is quite a mystery how these two teachers could allegedly run this racket for so long, each of them charging Tk 5,000 for every exam, among other illegal practices such as allowing students to see exam scripts and blocking CCTV cameras being installed in exam halls. Students of the institute have provided a video clip to this paper in which one of the teachers is asking for money unless they were ready to lose a year.

These two teachers have been running their blackmailing business with impunity while other senior officials have been seemingly oblivious of their crimes. They clearly took advantage of the fact that in order to get a job as a forester in the forest department, one has to get excellent marks in the exams at the FSTI. The forest department recruits their foresters only from FSTI diploma-holders. Out of 130 students, only about 30 are taken by the department. Thus the students are left in a helpless state in which either they have to get the required scores by allegedly paying money to these teachers or risk failing.

The institute director’s response that they will be investigating the complaints is all too familiar. Recall the dillydallying of probe committees in many such cases of irregularity in public institutes that do not really lead to any action. It is hard to fathom why such malpractices have been allowed to carry on for so long, especially as it is regarding the proper training of foresters who are supposed to eventually maintain our precious forest areas. The forest department needs 10,000 foresters for this crucial task and therefore must be able to recruit the best students of the Institute. It is about time the concerned authorities investigated this matter and took stern action against these two teachers if the allegations are proven. They should also make sure that the Institute is cleansed of any corruption so that students can study without being intimidated and blackmailed and can fairly compete in the exams.

LETTERS TO THE EDITOR

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Prevention is better than cure

Recently, my son fell slightly sick. I was devastated when I checked his temperature after he returned from school and began to complain that he was not feeling well. By the grace of the Almighty, he recovered fully from what seemed to be a mild flu. Yet, the very thought of a virus now lingering in our city, which has caused a global pandemic, makes me choke. Are the authorities waiting for something massive to happen before halting children from going to schools? Schools are places where large gatherings take place. What makes the situation worse is that many of these institutions are not equipped with the basic facilities required for cleanliness. I believe it is high time for a government intervention in this regard.

Sabiha Sultana, Dhaka

Coronavirus: A pitched battle against a mortal enemy

A CLOSER LOOK



TASNEEM TAYEB

THE coronavirus, now declared a pandemic by WHO, has created panic around the world, and Bangladesh is no exception. As soon as the Institute of Epidemiology, Disease Control and Research (IEDCR) confirmed the first cases of coronavirus in the country on March 8, the people—worried, apprehensive and fearful—lined up at the checkout counter of various pharmacies and superstores to hoard as many bottles of hand sanitisers, disinfectants and surface cleaners as they could. Soon, supplies of masks along with the disinfecting essentials ran out. People, after all, wanted to make sure they had everything they needed to protect themselves against the disease.

While talking to this writer, a superstore manager said that all the hand sanitisers their store had were sold within hours. But is it enough to just hoard disinfectants?

Dhaka, a bustling city of millions, is the perfect breeding ground for diseases. The biggest problem this city poses is its flaws in urban planning. According to the 2013 Multiple Indicator Cluster Survey (MICS), Dhaka has more than 5,000 slums, inhabited by more than four million people. These communities are neither well aware of the do’s and don’ts to prevent the coronavirus, nor are they financially equipped to implement them. According to the MICS, 75 percent of them live in small, one-room accommodations in the slums, and in case of a coronavirus outbreak, most would not be able to maintain the three-feet safety distance that people are being advised to maintain between them.

“In case there is a breakout of Covid-19 in a slum, the authorities should immediately cordon it off, take the affected people to a hospital, and screen every single person entering or leaving the slum with a scanner,” said Architect and Urban Planner Salma A Shafi, who is also the general secretary of Centre for Urban Studies, Dhaka.

According to her, in case of its breakout in the country, a lot of the slum-dwellers might leave Dhaka and go to their native places to wait out the disease. In case this actually happens, it will make the overcrowded slums more habitable and less prone to Covid-19.

But those using public transport like the crammed local buses for their daily commute would not be able to protect themselves against the sneezes or coughs of the infected people, putting hundreds of thousands of lives at risk of being infected.

And among these underprivileged people are those who work as day



PHOTO: PRABIR DAS

labourers, workers and household help, who would potentially carry the virus to the doorsteps of the more affluent who have hoarded the hand sanitisers and disinfectants.

However, for now, it is important that the authorities conduct awareness drives specifically targeting the underprivileged people, including slum-dwellers, to make them aware of the disease, its symptoms and what they can do to protect themselves and their loved ones. Government agencies, NGOs and international donor agencies and private corporations can also consider distributing hand sanitisers and disinfectants among the underprivileged people, while also educating them on how to use them. Some private-sector entities have already started awareness drives, but more should follow.

While accommodation of the underprivileged remains a problem, what is perhaps more concerning is the pervasive medical waste mismanagement that this newspaper has so often reported on, both inside and outside the capital. The scenario today remains as miserable as it had been before.

According to a report by this daily titled “Hospitals breach disposal rules” published on November 23, 2019, “In the capital city alone, there are over 1,000 healthcare facilities that generate around four tonnes of medical waste daily.” But do they all end up in the designated

places?

According to that report, almost all private entities providing healthcare services have signed an agreement with a local NGO that supports medical waste disposal. According to the Directorate General of Health Services (DGHS) enforced agreement, the hospitals are supposed to segregate medical waste into different categories—contaminated, sharp and recyclables—and keep them at a designated point from where the NGO will collect them. But an investigation by this newspaper found that many of the hospitals had no record of such waste in their logbooks. One hospital, for instance, had generated no infectious, sharp or recyclable wastes in October and September of 2019, or for that matter in previous months of the year! When asked about the empty logbooks, the hospital authorities could not come up with any concrete answer.

That being the case, how do the authorities plan on managing medical waste of the people infected with coronavirus? Given the highly contagious nature of this virus, a transparent and honest monitoring mechanism would be required to make sure medical waste ends up in the right place. But can this be ensured? That remains to be seen.

Given the infrastructural limitations of Dhaka, fighting coronavirus would be

a challenge. But Prime Minister Sheikh Hasina, in postponing the birth centenary celebrations of the Father of the Nation, has not only demonstrated wisdom and farsightedness, she has also demonstrated a strong political will to protect the people from the havoc that this disease of pandemic proportions can wreak. This *will* must be demonstrated by all parties involved in the fight against the disease. This also includes the people of the country, a section of whom in a knee-jerk reaction resorted to selfish means to protect themselves, not realising that in times like these it is the protection of the whole community that ensures collective safety.

While coronavirus is a belligerent disease—easy to spread but difficult to control—it is preventable. And in the face of an outbreak of the disease, what we need are exhaustive checklists—the kind one prepares before an event to make sure all the minute details are covered—in order to make sure the collective plans are watertight and strong enough to nip the threat in the bud.


The nation should brace itself for a pitched battle against Covid-19. But at the same time, let’s not forget how resilient this nation is. This is not the time for panic. It’s time for planning and preparation.

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Fatal Flaws: Coronavirus Exposes US

A catastrophic response to a pandemic



ASHEFAQUE SWAPAN

“YOU only find out who is swimming naked when the tide goes out.” — Warren Buffett, US investor and business magnate

Coronavirus is beginning to scare the living daylight

out of ordinary Americans.

The threat is two-fold. There’s the actual threat from the virus itself, and then there’s the godawful government screw-up in dealing with it. Like a fish that rots from the head, many critics point to US President Donald Trump.

At times like these, it is traditional for the US president to speak to the nation to provide reassurance. Trump addressed the nation from the Oval Office at the White House on March 11. His efforts left a lot to be desired, to put it mildly.

Former *New York Times* columnist Frank Rich lashed out in *New York* magazine: “The most urgent question is not whether the coronavirus is the crisis that will doom the Trump administration. It is whether the Trump administration is the crisis that will doom America.”

Rich added, incredulously: “Has anyone ever heard of a televised presidential speech that had to be corrected within minutes after it ended by both the president who delivered it and officials in his own government?”

Trump and his aides hastily backtracked as they scrambled to clean up after his mess. No, Trump’s travel ban did not mean cutting off trade with Europe. No, his ban did not include US citizens and permanent residents, either. As for his promises of health insurance companies waiving charges for coronavirus treatment? Here Trump (and his speechwriters) were being economical with the truth. It’s not the treatment, just the testing, silly!

The speech spooked the markets. The Dow Jones stock market index went down



US President Donald Trump speaks at a news conference where he declared the coronavirus pandemic a national emergency, on March 13, 2020.

PHOTO: REUTERS

10 percent, its sharpest drop since its 1987 crash.

In a bit of gallows humour, Wall Street strategist Luca Paolini was quoted by the *Financial Times* as saying, “This was the most expensive speech in history.”

Right from the get go, the Trump administration treated the pandemic as a public relations challenge rather than a public health crisis. The administration’s stand—now exposed as disastrously fanciful—was that it was just a few cases, and soon it would be gone. All February, the administration sat on the information while crucial weeks went by.

From a public health standpoint, the country lost crucial time to track the spread of the virus. The biggest challenge in the US now is that we have no idea how badly the population is affected or where the hotspots are. Epidemiologists are essentially flying blind.

It’s an outrage how few people have been tested. According to the Atlanta-based Centers for Disease Control and

Prevention, so far only 15,000 people have been tested in the US, a nation of 350 million people.

South Korea has the capacity to test as many people *per day*. Testing is free, takes less than 10 minutes, and results are texted by the next day. “A nation of 51 million, South Korea has tested about 250,000 people since its outbreak began on Jan. 20... It has conducted 3,600 tests per million people compared to five per million in the US,” the National Public Radio reports.

On top of the incompetence, there are broader socio-economic public health challenges to which there are no satisfactory answers. A huge part of the US population are hourly workers, who live paycheck-to-paycheck. Will they agree to quarantine themselves without pay in the event of symptoms when that could mean going out without food or missing the rent payment? How to identify, monitor and treat the tens of millions of people without medical insurance who

cannot afford to see a doctor?

Instead of dealing with these critical challenges head-on, the administration and its right-wing supporters continue going down the rabbit hole with bizarre conspiracy theories, including one that considered it a Democratic “deep state” plot to undermine Trump before facts overtook them. There is an absurd xenophobic edge in Trump’s reference to a “foreign virus”. What other kinds will they come up with? “Undocumented virus”? “H1B virus”? The mind boggles.

There’s nothing like a real crisis to expose the shortcomings in an administration and a policy. But will the right lessons be drawn?

Peter Wehner, a Republican who was a writer in the administrations of US presidents Ronald Reagan, George H.W. Bush and George W. Bush, is confident that it will.

“The coronavirus is quite likely to be the Trump presidency’s inflection point, when everything changed, when the bluster and ignorance and shallowness of America’s 45th president became undeniable, an empirical reality, as indisputable as the laws of science or a mathematical equation,” Wehner writes in *The Atlantic* magazine.

“It has taken a good deal longer than it should have, but Americans have now seen the con man behind the curtain. The president, enraged for having been unmasked, will become more desperate, more embittered, more unhinged. He knows nothing will be the same. His administration may stagger on, but it will be only a hollow shell. The Trump presidency is over.”

I’m a bit more sceptical, I’m afraid. My caution springs from H.L. Mencken’s 1926 observation in the *Chicago Daily Tribune*: “No one in this world, so far as I know... has ever lost money by underestimating the intelligence of the great masses of the plain people. Nor has anyone ever lost public office thereby.”

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