

## Police stations not taking missing journalist's case

*Raises questions about their integrity*

WE are shocked at the way two police stations have treated the case of Shafiqul Islam Kajol, a journalist who has been missing for a week after a case was filed against him by a lawmaker. According to a report, his family members have described how their numerous attempts to file a case in this regard went in vain as both police stations they went to, namely Chawkbazar Police Station and New Market Police Station, refused to record the case saying it was not under their jurisdiction.

It is all very puzzling as the family had filed a general diary in the Chawkbazar station after Kajol went missing so if they had accepted the general diary why wouldn't they accept the case? The argument given by the sub inspector investigating the general diary, that Kajol was seen near the New Market area and so the case must be filed at the station there, is flimsy to say the least. So is this an example of a bureaucratic confusion regarding what is under a police station's jurisdiction or is it just an avoidance of taking a case that has been filed by someone in power? Kajol's family thinks it is the latter and it is hard not to be swayed by such a contention. There have been many instances (as reported in the media) of police not taking a case filed by those who are either part of the political elite or connected to it.

According to reports, Kajol's disappearance came a day after a ruling party lawmaker from Magura-1 filed a case against him, along with the Editor-in-chief of daily *Manabzamin*, and 30 others on charge of publishing a report with "false information" and circulating it on social media.

The police have an obligation to take on cases of missing persons—it is their job and when they refuse to take on a case it will obviously raise suspicion regarding their motive to do so. We urge the higher authorities to make sure the police station takes the case and does everything in its power to find Kajol.

## Refugees at high risk of coronavirus

*Take all precautions to prevent an outbreak at the camps*

IN a report published in this daily yesterday, the WHO spokesperson in Bangladesh warned that refugees are more at risk of infection from communicable diseases because they live in overcrowded camps and settlements. This risk is evident in the refugee camps in Cox's Bazar, which hosts around 1.1 million Rohingya refugees. In fact, Kutupalong alone is home to over 630,000 people and is considered to be the world's largest refugee camp.

This population density, which is often coupled with unsanitary conditions, should not be taken lightly now that we are faced with a global pandemic that has already claimed over 7,000 lives worldwide. While the steps taken so far to protect the Rohingya population are commendable—such as restricting entry into the camps and mobilising Rohingya community leaders to spread awareness on basic hygiene—there is still more that can be done. According to the authorities, aid workers (especially foreigners) are being discouraged to go to the camps, but given that coronavirus has most certainly infected Bangladeshis and we are still unaware of how far it has spread, it is imperative that law enforcement officials and locals working with camp authorities, who are constantly coming and going from the camps, be monitored as well. Given that aid workers also play an important role in supporting the refugee community, these restrictions must be implemented in a balanced manner, especially to ensure that camp inhabitants are able to receive crucial healthcare related services.

The UNHCR has also said that coronavirus suspects at the refugee camps would be kept in temporary isolated areas until they are referred to pre-identified isolation units. This is a very good initiative, if implemented properly—but how long will it take for the patient to be tested, given that the IEDCR in Dhaka is at present the only healthcare facility in the country that can carry out testing? And if the patient is found to be infected with coronavirus, what steps will be taken then? In this worst-case scenario, the person in question must be allowed to leave the camps and receive proper health treatment in one of the medical facilities in Cox's Bazar that have been prepared with isolation wards and the necessary medical supplies—all of which are not available within the refugee camps. The camps themselves should also be equipped with more toilets and hand-washing facilities as soon as possible to ensure more sanitary conditions.

The coronavirus will not discriminate between refugee and citizen, and neither should we. During these trying times, we must show our humanity and ensure that utmost precautions are taken to prevent an outbreak in the refugee camps, and that all refugees have access to basic health and sanitation facilities.

## LETTERS TO THE EDITOR

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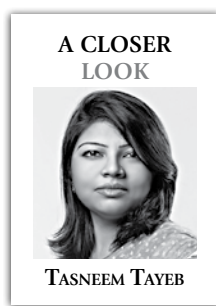
### Beginning of a new journey

This year, Bangladesh celebrates the 100th birthday of Bangabandhu Sheikh Mujibur Rahman. The government has already proclaimed that March 17, 2020 to March 17, 2021 will be marked as the "Mujib Borsho". On November 20, 2019, at the 40th UN General Assembly held in Paris, Unesco decided to celebrate Mujib Borsho together with Bangladesh.

However, we are yet to make Bangabandhu's dreams fully come true. On March 7, 1971, he stated, "amader dabaiya rakhte parba na" (no one can suppress us).

Moving forward we must promise to establish a country that will be free from poverty, hunger and corruption and also try and ensure that we successfully implement the vision 2041.

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A CLOSER LOOK

TASNEEM TAYEB

WITH fears of the spiralling Coronavirus pandemic occupying our minds, dengue seems to have taken a backseat, especially in terms of our preparedness to fight off the disease.

While we are constantly complaining about our pesky little friends annoying us with their itchy bites and taking solace in playing a game of badminton of sorts, how much are we really doing to eliminate the reasons behind their return before these illusive creatures turn into our mortal enemies?

While the dengue season generally peaks from May, the density of mosquitos in the capital has increased manifold compared to last year—when the country witnessed the worst dengue outbreak in history. But with Culex accounting for majority of the mosquitos, should we really worry about dengue now? Perhaps we should.

According to a report published by this daily, between January and March 16 this year, 263 dengue virus infected patients have been admitted to different hospitals. The number was 73 during the corresponding period last year. This means a nearly four times increase from 2019.

"The trend is concerning," observed Kabirul Bashar, a professor of entomology at Jahangirnagar University.

The study of the Breteau Index (number of positive containers per 100 houses inspected) of Dhaka city by a research team from Jahangirnagar University and Directorate General of Health Services (DGHS) revealed an alarming picture of Aedes breeding in the capital with the index registering 20 to 30 points at many of the wards of the two city corporations.

The survey by DGHS found that in DSCC wards the Aedes population is 12 percent, while in DNCC wards it is 10 percent. It goes without saying that this will only increase in the coming days if

immediate measures are not taken now to eliminate the mosquito breeding grounds.

"Our focus now—especially between March and May—should be on Aedes breeding source management. Steps should immediately be taken to eliminate these breeding spaces, especially the water containers. Under-construction sites are especially favourable for Aedes breeding, therefore these should get extra focus while conducting anti-Aedes drives".

And according to professor Bashar, this drive should be followed up with insecticide spray during May and June to get rid of whatever Aedes mosquitoes

against dengue. We do not need the city corporations to come and clean the water storage spaces or containers inside and around our houses; we do not need the city corporations to come and clean our rooftops and the pretty little gardens we curate that are also favourable Aedes breeding grounds, or do we?

We can choose to be aware and active in this drive against dengue mosquitoes. We can destroy all the Aedes breeding areas that we have around our homes and keep the bushes and shrubs clean; we can make our less-conscientious neighbours aware of the hazards of such spaces and

authorities should strongly consider using Wolbachia—a natural bacteria present in almost 60 percent of insects, including certain breeds of mosquito—as a tool to control Aedes mosquito. According to World Mosquito Programme's research, introducing Wolbachia to Aedes Aegypti mosquitoes can reduce the transmission of the viruses they carry. By releasing Wolbachia-infected mosquitoes, the ability of Aedes to spread dengue, Zika, chikungunya and yellow-fever viruses can be effectively blocked. And to this day it remains a mystery why, despite experts calling for its use, this method is not being adopted to contain these four deadly Aedes-borne diseases.

Professor Rahman, while stressing on well-planned larvicide and adulticide measures targeting Aedes breeding hotspots to eliminate Aedes mosquitoes, also suggested on testing the effectiveness of the insecticides that are used during the anti-mosquito drives.

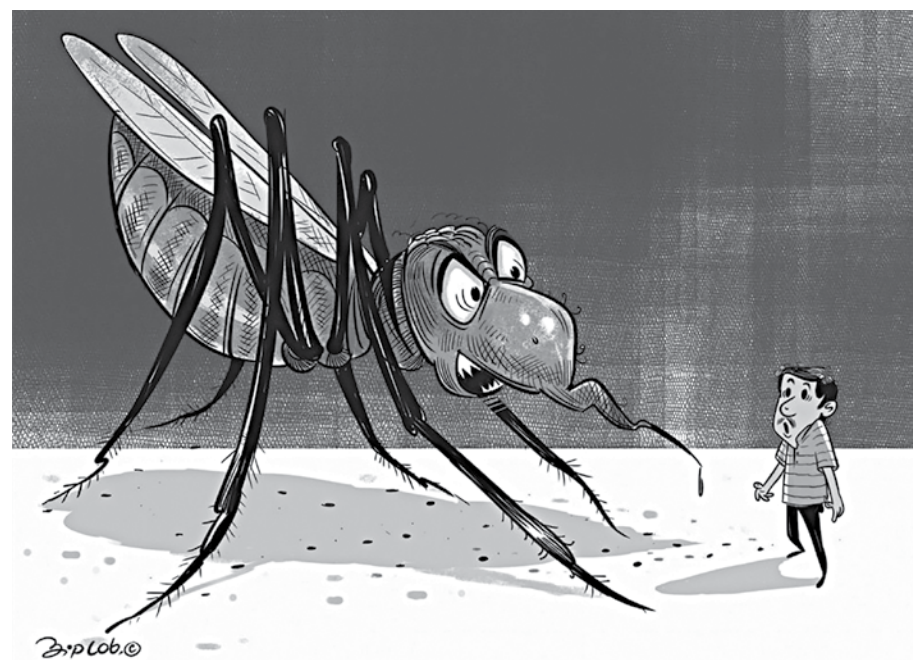
And in the face of the Covid-19 outbreak worldwide, the two city corporations must make sure to provide the spray-men along with others involved in the anti-Aedes drive with protective gear so that they are not exposed to the Covid-19 in the line of duty.

And monitoring the effective and timely implementation of the anti-Aedes drives will be crucial in saving hundreds of lives. According to official statistics, 101,354 dengue virus infected patients were admitted to hospitals last year, and 164 people died. And many more cases remain unaccounted for.

To avoid a similar scenario this year, especially because we are facing a bigger, more sinister threat, we—the citizens—instead of simply complaining about the authorities, should play a more proactive role by keeping our house clean, by making sure to destroy all the mosquito breeding ground that are around us, by making other friends and family aware of their duties in fighting off mosquitoes.

We can either choose to remain inactive, or we can join the fight. The question remains, which of the two options are we going to choose?

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are left. But all these are just words. With the anti-mosquito drives by the City Corporations visibly slowed down, it remains to be seen how much of these suggestions are actually implemented.

However, only counting on the two City Corporations to keep Aedes mosquitoes away, especially with the Covid-19 outbreak creating panic among the people, would be wrong. Aedes mosquitoes breed in any fresh-water storage sites, unlike the Culex mosquitoes that breed in polluted water.

Therefore, a lot is up to us in this fight

we can inform the right authorities so that appropriate measures can be taken to eliminate those breeding spaces. Or we can simply choose to remain immobile and waste our efforts in blaming the city corporations about our mosquito woes.

With the authorities mobilising their focus and resources to contain the Covid-19, it is only natural that dengue would be priority number two. But then again, dengue can be as fatal as Coronavirus, if not as contagious.

Professor Mahmudur Rahman, former director of IEDCR, suggests that the

# Coronavirus and the dark side of globalisation



NAHELA NOWSHIN

THE coronavirus outbreak—which seems straight out of the sci-fi thriller *Contagion*—has led to over 7,989 deaths and 198,736 cases worldwide. As we try to make sense

of truths that seem stranger than fiction, the WHO-declared pandemic has laid bare the fact that in an era where globalisation reigns supreme, infectious diseases no longer simply pose the risk of transnational movement of bacterial and viral infections.

The spread of infectious diseases can have far-reaching consequences for minorities and migrants. Numerous stories of Asian minority communities being subjected to racist and xenophobic attacks—both verbal and physical—in countries such as the US, the UK and Australia, have come to light.

Jonathan Mok, a 23-year-old Singaporean, was walking on Oxford Street in London when he faced a violent attack at the hands of four men who punched and kicked him as they barked "we don't want your coronavirus in our country". Dr Rhea Liang, a surgeon in the Gold Coast in Australia, posted information on social media about a patient who joked about not shaking her hand due to the coronavirus (Dr Liang had never left the country).

The two examples above may be quite dissimilar—one, an overtly violent, xenophobic attack and the other, racism in the garb of (bad) humour. But they are both premised on the same worldview: a fear of the "other".

It may seem hard to understand why public fears about migrants and minorities get stoked so easily in an age of cultural assimilation. But these reactions are actually a logical result of the hateful political and media rhetoric systematically fed to people by dehumanising migrants and refugees. Diseases like COVID-19 serve as a trigger of global anxieties that people are conditioned to harbour when it comes to "job-stealing" migrants. So when the opportunity strikes, "model minorities" can quickly be reminded where they "truly belong".

Pandemics, at this day and age, can also serve as political ammunition for powerful countries—putting at stake the principles of multilateralism, free trade and open borders that come with globalisation—lending some credence to prevailing "deglobalisation trends".

It didn't take long for COVID-19 to



A man wearing a protective mask passes by the Coliseum in Rome on March 7 amid fear of COVID-19 epidemic.

become a politically charged issue. The US and China are now quarrelling over what to call the virus. Senior US officials like Secretary of State Mike Pompeo have been using the labels "Wuhan virus" or "Chinese coronavirus", while some Chinese officials are floating conspiracy theories about the US military bringing the coronavirus to Wuhan. Chinese Foreign Ministry spokesman Zhao Lijian shared a video on Twitter of Robert Redfield, the director for the US Centers for Disease Control and Prevention, addressing a US Congressional committee on March 11. Lijian wrote: "When did patient zero begin in US? How many people are infected? What are the names of the hospitals? It might be US army who brought the epidemic to Wuhan. Be transparent! Make public your data! US owe us an explanation!"

The politicisation of COVID-19—based on speculation and fear-mongering—not only provides cheap fodder for news outlets but, more importantly, it is the opposite of what the world needs right now. What we need is composure, clear-headedness and proactiveness from world leaders and diplomats to prevent more fatalities as a result of the virus. Successfully tackling the coronavirus will require countries to put their differences aside and work together.

In the age of globalisation—at a time when supply chains the world over are highly complex and integrated—pandemics can severely affect developing

countries such as Bangladesh. Bangladesh's over-reliance on China for trade is a major cause for concern and it yet again highlights the urgent need for diversification of our export basket which economists in the country have been crying hoarse over.

But let's put aside the economic aspect. One of the biggest worries for us right now is the lack of implementation of precautionary measures following the return of Bangladeshi migrants from Italy (which has become the epicentre of COVID-19 in Europe) and Gulf states. This newspaper reported on Monday that 349 Italy returnees have been allowed to go home, supposedly to be under the supervision of local administrations whose job it is to ensure that these people follow the rules of "self-quarantine". But many are already flouting the rules. One suspected patient even ran away from the hospital. Many of these expats, who have not been tested for the virus, have returned to their hometowns in the rural areas.

Even though Bangladesh has recorded a minuscule number of cases (about 14 as of March 18) compared to other countries and one death, we have serious reason to worry simply because we do not have the health infrastructure and resources to cope with a crisis that will likely ensue should the virus rapidly spread throughout the country. This is not an unlikely scenario given the lack of awareness among people about

preventive measures and our general neglect for health, wellbeing and personal hygiene. Even the US reportedly does not have the testing capacity and sufficient resources (such as ventilators and masks) across the country, and the US Centers for Disease Control and Prevention has come under severe criticism for its slow response to the outbreak. Two emergency doctors in the US are in critical condition because of coronavirus—which shows the vulnerability of frontline health workers.

Have we given any of this a thought? What is our contingency plan? How exactly would we implement such a plan? For example, how would we enforce "social distancing"—which is being encouraged in countries like the US—in the urban slums of one of the most densely populated countries in the world?

While the novel coronavirus itself is largely a result of a globalised world, it has, at the same time, exposed the dark sides of globalisation: racism and ignorance, toxic politics, and the lack of capacity of health systems to forecast or manage pandemics.

In his brilliant speech in the World Economic Forum in Davos in 1999, Kofi Annan, in urging the world to make the "right choice", presciently said: "Globalisation is a fact of life. But I believe we have underestimated its fragility."

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