

# Demise of an iconic scholar and activist

SHAAHEEN ANAM

ON March 22, Professor Emeritus Sultana Sarwatara Zaman and Sultana Apa to those who knew intimately passed away, leaving behind a host of friends, relatives and admirers to mourn her death. To me, she embodied what we as women of South Asia aspire to be, strong, courageous, principled, independent yet steeped in the positive culture, values and traditions of our society. She showed us how one can be a professional of the highest calibre yet be a loving wife, devoted mother, and doting grandmother.

Born to an eminent family of Chottogram in 1931, she lost her author mother at a young age. Her father became a Sanyasi after her mother's death and Sultana Zaman's upbringing was left to neighbours, relatives and siblings. She showed promise from a young age and excelled in her studies. She passed matriculation and HSC with distinction. Soon after she got married to Captain Nuruzzaman in 1951 and went to live in West Pakistan. Her studies was disrupted for few years as she played the role of wife and mother bringing up their three children. Her husband, Colonel Nuruzzaman, later to become Sector Commander, Bir Uttom, our most wellknown and valiant freedom fighter was her true partner as they shared a relationship of love, companionship and friendship.

Sultana Zaman went back to her studies and completed her Bachelors and then Masters in Psychology from Dhaka University in 1967 with distinction and was appointed as assistant professor at Dhaka University. In 1971 her family, Colonel Zaman, their two daughters and son joined the war of liberation. She went back to

teaching at DU after the war was over. A teaching job in the most prestigious university of the country would most individuals content, but not her. She wanted to do something that would leave a lasting impact on society. She chose to devote her life to improving the lives of vulnerable people, especially focusing on children with intellectual disabilities.

In 1972 Sultana Zaman set up the Dipshikh Vidyalay for disadvantaged women and children where women were given vocational skills to become economically independent and created opportunity for street children to get education. Her desire for achieving excellence in her field of work made her seek higher studies and at the cost of great personal sacrifice she obtained a Phd degree from Emory College Georgia USA in 1975. In 1977 she established the Society for Children with Intellectual Disability. However, her most important contribution was setting up the Bangladesh Protibondhi Foundation (BPF) in 1984, a not for profit organisation with the aim of providing opportunities and inclusive education to children with intellectual disabilities. In the years that followed BPF has become recognised as the premier institute for introducing state of the art testing, screening and procedures for early diagnosis and prevention of intellectual disabilities in children.

By now Sultana Zaman realised that to sustain work and growth in the field of child intellectual disability there has to be a regular flow of trained professionals. She then founded the Department of Special Education in 1993 at the Institute of Education and Research (IER) Dhaka University. This department is credited for developing high quality human resource for the special education sectors, and continues to train hundreds of young



Sultana Zaman

women and men to join the profession and generate new knowledge through path breaking research and publications. For this contribution she was awarded the prestigious title of Professor Emeritus. She is one of the only two women to receive this award in the past half century. The other is Professor Emeritus Dr Najma Chowdhury for establishing the

Department of Gender Studies at DU. Sultana Zaman has received many awards such as the Rokeya Padak, the Henry Kessler award etc. Besides many other things, she will be remembered for her ability to not only conceive of an idea but bring it to fruition by galvanising and inspiring others. She has left a lasting imprint on the lives of young women in the country who

aspire to go beyond the ordinary and do something extraordinary. She has been an inspiration and mentor to so many and I have been fortunate to be one of them. Most importantly, she built institutions to remain as a legacy of her extraordinary leadership qualities.

She was truly grounded in family values of bringing relatives and friends together. She built a welcoming home with her warmth and hospitality. The Friday afternoon lunches which she cooked herself were sought after by all who knew her. She loved spending time with her four grandchildren and inculcated in them love for the country and its cultural traditions. Yet, she did all this with such elegance and a matter of fact style. Along the way she mentored a host of Phd students who would often say "ish, apar moton jodi ektu hote partam" ("if only we could be a little like Apa"). To add to all this, she took to singing in her later life which gave her much joy and comfort.

Finally, she has gone and her absence will be felt by those whose lives she touched. Her students, professionals in the field, children and their parents who have benefitted from her vision of an inclusive world for children who are differently abled. She lived a full and fulfilled life and has left behind a legacy in her family, her two daughters, who have both attained excellence in their field of work. Dr Naila Khan, Professor of Child Neurology and now Director, Clinical Neuroscience Centre BPF is taking her work to even greater heights. I remember today her with deep respect, admiration and love. She was truly one of a kind, a role model whose life can be emulated by many.

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## Defeating the Four Horsemen of the Apocalypse

MANZOOR HASAN and SANAIL MOSTAFA

A friend enquired whether the four horsemen of death, famine, war and conquest are anywhere to be seen given the current pestilence followed by the recent fires, floods and exodus of millions. Set aside the religious connotation, it is generally agreed that we are globally experiencing an existential threat. The present lockdown offers us the opportunity to reflect on our immediate future. Here are some thoughts.

On April 10, the world recorded nearly 1.6 million corona infections, 95,000 deaths and 3,55,000 recoveries. The US leads, followed by Spain, Italy, France, Germany, China and others. The trend is somewhat exponential and there is no WHO-approved remedy in sight, except that people are advised to practice physical distancing. Based on Chinese and Korean experience, the epidemiologists believe that such a practice reduces the degree of spread of the virus allowing the health service providers to cope with the crisis. "Save Lives" has become a de-facto global goal for all. Corona has become the ultimate leveler—education, wealth, social standing, colour, religion, ethnicity, gender, and nationality hardly matter.

Compared to China, Europe and America the South Asian countries seem fortunate but these are early days, and there is no room for complacency. Some South East Asian countries (e.g., South Korea, Taiwan and Singapore) may have deflected COVID-19 reasonably well. South Asia and others should learn from the South East Asian experience.

Figures from John Hopkins Coronavirus Resource Center give us a global real-time snapshot, and Bangladesh's situation looks favourable compared to many other countries, if the figures are reliable—61 infections, 6 deaths and 26 recovered (April, 4). The Government of Bangladesh have demonstrated its commitment to face this pandemic with courage and the prime minister has announced policies for the poor, businesses and general population to withstand the expected fallout of COVID-19. The citizens wholeheartedly support the government's guidance. The armed forces have stepped in to support the civil administration, which has been welcomed generally. Notwithstanding the figures on Bangladesh, there are some serious concerns and they need to be reviewed.

### Assumptions

It appears that Bangladesh's situation is subject to a series of assumptions. They are: First, all COVID-19-like symptoms-affected people have been tested. This pre-supposes that people with such symptoms sought medical care and they were subsequently sent to appropriate medical facilities.

Second, all deaths (not registered as Corona-induced) with symptoms like cough, fever, difficulty breathing, pneumonia in both lungs (<https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/symptoms.html>) have been tested. This pre-supposes that all people who have died recently and had corona-like symptoms sought medical help and their samples were sent for effective testing.

Third, people, who have been socially together with the "positive" tested persons (alive or dead) have also been tested. This pre-supposes that the health officials kept an eye on these people.

Fourth, those who were tested "positive", effectively practiced physical distancing at home and outside. This pre-supposes that these people and their family members have practiced physical distancing.

villages using overpacked transport could be one of many such sources of dissemination of COVID-19. In addition, prayer congregations in mosques, temples and churches could be another potential source.

In order to pursue "Save Lives" goal we need to understand our situation in the context of four-stage framework. Stage-1 (imported cases of COVID-19, which are relatively easily traceable); stage-2 (imported cases and transmission within family and friends, which can still be traceable); stage-3 (community is affected, which becomes untraceable); and stage-4 (mass scale infection, which becomes a serious public health threat). Where are we now? Most likely we are still in stage-2.

In stage-2, Bangladesh's livelihood environment will start to become insecure. As in other countries, unemployment will increase, food availability will become problematic,

domestic production must get absolute priority. The farming population should be protected by any means to safeguard agricultural production. In addition, the agricultural land presently not used for other purposes, e.g., housing, should be used for cultivation. In France, the urban educated class is responding to calls of the farmers to work in the field. Special care should be given to children, expectant and nursing mothers and adolescents under the motto "save our future".

The food supply and distribution should be handled in the most cost-effective, cost-efficient and equitable manner. Community-Based Programmes with the participation of local government, army, civil society and police should ensure that the food delivery is made to all families. The government could contemplate reducing gasoline price given the fall of petroleum price in the international

Third, the transformation of hospitals into "Corona Care Units" should happen without disbanding other emergency services. In addition to support for physical health, provisions should be made for mental health. Whatever time we have should be utilised most effectively before the window shuts. It is a race against time.

Third strategy: Ensure a congenial social, legal and institutional ecosystem. The "Save Lives" goal can only be achieved if the activities occur under a favourable governance environment. If the Corona crisis prevails for another month or more, the business sector will be in crisis. Job and income losses, and fall of remittance are likely immediate impacts, challenging the livelihood of others. These factors will force people to break out of self-isolation in an attempt to find other options to survive. This could create a serious law and order crisis, and thus undermine country's peace and security. Therefore, a concerted government effort is required, which will bring together all the main societal stakeholders. In order to save lives our approach should be to unite and work together irrespective of party affiliation, religion, ethnicity, professional strata and economic standing. Failing to do so will result in social injustice and greater fragility within our society.

Fourth strategy: Devise a gradual exit strategy from the present lockdown situation. While the country prepares for a possible stage-3 situation and a possible extension of the present lockdown, we also need to plan an exit strategy. The government may engage various working groups led by experts, practitioners, academics and scientists, who will craft strategies to explore opportunities in the post-corona environment. Revival of export market, rebuilding of the business sector, export-friendly currency and monetary policy, introduction of the post-corona safety net for the affected population, restructuring of the public health service delivery, and pro-people governance.

We are experiencing a unique event—a global pandemic—and this calls for a new but immediate partnership among the private, public and non-profit sectors. Uncoordinated approach to this once-in-a-lifetime challenge will cause irreparable damage. This has to be avoided at all costs as the pandemic can easily become a spiralling cycle of destruction given our existing fragilities. On the other hand, the corona crisis can be an opportunity to transform and create a "new Bangladesh", which will empower all its citizens to re-embrace the freedom of independence on our 50th anniversary in 2021.

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Mayor Sayeed Khokon during a government food distribution programme on March 31.

PHOTO: STAR

Fifth, the testing kits used were reliable. Given that certain brands of the kits were proved ineffective in Spain and Italy, this pre-supposes that we undertook quality control before using such kits.

Sixth, the personnel using the kits are skilled enough to understand the instructions. This also pre-supposes that the users fully understood the instructions. Recently, the Chinese suppliers have cautioned users about it.

The question is whether these assumptions hold in the case of Bangladesh. If any one of the assumptions don't, the aforementioned data given for Bangladesh are unlikely to reflect the true picture. It will be true of other countries, let alone Bangladesh. Therefore, it is realistic to assume that there are untested corona cases in Bangladesh, which are and will remain potential sources of COVID-19 spread. The return of numerous hardworking migrant workers to their

health infrastructure will face severe stress, and due to prolonged lockdown people will look for "escape routes" putting law enforcing agencies under huge challenge and scrutiny, businesses will face liquidity crisis and supply chains will be threatened. If the period of lockdown is increased, which is quite likely, the transition to stage-3 will take the stage-2 factors to an even more acute level. The "Save Lives" goal requires an inter-related system of four strategies, they are:

### Strategies

First strategy: Ensure a smooth food supply chain for all. Assuming that Bangladesh doesn't have a strategic food reserve of more than a season, we must ensure access to suitable (macro and micronutrient) and sufficient food for all. This pre-supposes that the food is available. Under current reality, importation of food might be difficult, as there will be a "me-first" policy adopted across the world. Therefore,

A general Food-for-Work Programme may be initiated for those who will assist the farmers. The farmers should have easy access to all agricultural input-support and expertise. The government should consider importation of food grains to establish a strategic food reserve as part of mid to long-term plan to avoid crisis in the future.

Second strategy: Ensure corona-specific health services. Regarding Health Services, Bangladesh can just pursue "Follow the Leader" approach. Other than experts, such as, WHO, Bangladesh can seek information and advisory support from countries, which are experiencing and managing the corona carnage and have already gathered together valuable lessons. Second, the Bangladeshi diaspora, who are actively involved in the health care system in many countries, are sharing their advice on social media. They should be approached for guidance.