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## The entire country is now at risk

### Simultaneous measures needed

WITH the highest number of deaths (15) in 24 hours on April 17, public health experts have warned that the country is heading towards the fourth stage of coronavirus transmission when the virus spreads quickly. The government has declared that the entire country is at risk with the virus spreading to at least 40 districts of the country. There is no doubt that we have been very late in our response to the pandemic despite seeing it all being played out in developed countries and going through stages of denial, improper handling of quarantine measures for returnees from epicentres abroad, miscommunication with the public (by declaring a holiday instead of lockdown), allowing people to go the villages, not being able to stop hordes of garment workers coming back to the city to get their dues, not conducting adequate testing, not preparing the hospitals and staff—the list goes on. These have been critical mistakes with critical consequences. But now that we are at this stage where infection rates are increasing, along with casualties, we must take drastic measures to prevent the spread as much as possible.

Although testing has increased, experts say that it is still too low to give the real picture. We therefore must have more testing, especially of those individuals showing symptoms. Unless we isolate Covid-19 patients and treat them, the infection will spread very rapidly. Contact tracing and testing must therefore be ramped up.

Along with proper testing (to avoid false results), hospital capacity and resources have to be significantly enhanced. Doctors and healthcare workers must be given the proper protective gear and safety protocol facilities. Already, a doctor has died and many other healthcare workers are infected. These frontline workers must be given all the support they need so that they can do their job without endangering themselves and their families. The government has announced that certain hotels have been designated to accommodate doctors and other health professionals, but this has not been implemented yet due to lack of coordination. Unless these issues are resolved, the already fragile healthcare system will completely collapse.

Despite the government announced lockdowns for the entire country, there are still places where people are not maintaining social distancing. The reality of no work and no pay is forcing many to break the lockdown as the fear of starvation far outweighs the fear of coronavirus. In order for the lockdowns to be successful, the government must make sure that the food and financial relief it has initiated through rescue packages must reach all low income and vulnerable groups. Meanwhile, vigorous hygiene awareness campaigns must continue.

## Ensure food for ethnic communities

### Govt and welfare organisations must specifically target them

A recent report published in this daily sheds light on the dire situation faced by a large population consisting of multiple ethnic minorities spread across the country, who remain at risk of being ignored from receiving aid, mainly food relief, during this pandemic. Poverty is not the only worry for these already marginalised communities, as they are also faced with exclusion during such vulnerable times.

While the various stimulus packages introduced by the government as measures to absorb economic shocks are reassuring, it should be taken into consideration that of the nearly 40 lakh people belonging to diverse ethnic communities, many could not access the relief programmes during the ongoing lockdown. Around 15 lakh people belonging to different ethnic minority groups are facing food crisis in Rajshahi and Rangpur. The Hajong and Banai communities in Nalitabari, Dhobaura, Durgapur, Kolmakanda, Maddyanagar and Taherpur are said to be suffering a similar fate. Access to food and relief remains a big challenge for indigenous people in the Chittagong Hill Tracts, and for tea workers in Sylhet, along with many other marginalised communities such as the Bede, Hijra and Dalit.

In the current crisis, the woes of these people have intensified. If such conditions persist, many may go hungry. We recommend that the government, along with the concerned organisations, should immediately chalk out the logistics to provide resources in a coordinated and concentrated manner in order to ensure food security for the minorities at large and help to mitigate their suffering.

## LETTERS TO THE EDITOR

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### Grateful to the media outlets

During such critical times, accurate information becomes an utmost necessity. And the few daily newspapers operating now are doing just that with sincerity so that the citizens can remain informed and updated. I personally want to thank the media outlets who are carrying out their responsibilities despite the many difficulties. I realise how difficult it must be for the staff to carry out their daily obligations during a lockdown so that we can get the news of what is happening around us.

I also comprehend that due to the lack of advertisement, many newspapers are faced with the threat of ending their operations. As a regular reader of this daily, I salute their stance and urge them to continue, even if it requires reducing the number of pages to mitigate costs. People only talk about law enforcement, health officials and the likes, as frontline heroes. But I think there are many more professions too. I want to express my gratitude towards all those newspapers that are fulfilling the demands of the many readers across the nation in this time of crisis.

Nur-E-Jannat Nusa, by email

# The masked heroes in Covid's metamorphoses



SHAMSAD MORTUZA

**BLOWIN' IN THE WIND**

MY generation grew up with masked heroes. They could shoot heat beams from their eyes or knock down a skyscraper with a single punch—"kavoom"! They could lead double lives: during the day they could be aristocratic noblemen or dashing socialites, and at night, they could put on their vigilante masks and raid the neighbourhood in search of culprits and criminals. Notwithstanding the bounty on his head, the masked Zorro could torment the tyrannical lords of the American southwest and carve his initial Z on his defeated foes. Phantom would move through the jungle on his stallion with wings of the wind to ensure that the world could remain a better place without evildoers and pirates. The masks of our superheroes would give us comfort.

It was a time, when we could divide the good from the evil with a straight line drawn by our HB pencil and a transparent scale. The next generation of heroes stopped being simple do-gooders, and seemed less focused on turning the world into a better place. In their efforts to resist oppressive forces, often they ended up becoming mirror images of evil itself. The man behind the Guy Fawkes mask who quotes Shakespeare in *V for Vendetta* is a product of human experimentation—a bio weapon involving St. Mary's virus that killed 100,000 people in the UK—and no better than the bloodthirsty anarchy in futuristic Britain that he wants to upend. Beneath the masks, there are men (women too) whose lives are far from lucrative. They are often disturbed loners with sociopathic behaviours. Beneath their masked smiles, they have the pain

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and loneliness of a circus clown. Yet their asocial behaviours strike a raw nerve in all of us. Their radical, albeit anarchist, attitudes resonate with many of us whose version of truth is no longer rendered in a 2D black-and-white sketch. Truth today is either trapped in a kaleidoscope or consumable in its fifty shades of grey.

Hence the most popular series on Netflix now is *Money Heist*, where a nerdy academic teaches his students the power of precision with which great heists can be mastered. Dacoity, not honesty, is being popularised by a professor as a virtue. Isn't it ironic that this current generation, cushioned in the comfort of capitalism, sings "bella ciao" or fantasises of rebellion? Yet they study to become docile bureaucrats or programmable corporate bosses. Such contradictions mask reality. They promise changes,

allow us to become a part of the group of rag-tag misfits who are assembled to enact a great heist (*Ocean's 11*, *Fast and Furious*), a foray into the system (*The Matrix*, *Inception*), a symbolic resistance against fascist regimes and faux democracies, or a secretive unleashing of hidden desires or survival instincts (*The Mask*).

The famous ending of *V for Vendetta* where Evey tells Finch that "He [V] was all of us," goes on to show how we are all harbouring the masked resentment of V. The revolution can take place because there is a desire in our unconscious, over which we have been trained to put a lid. The mask reverses the process. The anonymity frees us from those human protocols. The deep-delved desire to dislodge the establishment is symbolised by those masks of protest featuring Dali or Guy Fawkes. They find their voices in



PHOTO: COLLECTED

metamorphoses, without bringing any change. It's like running miles on a treadmill without actually going anywhere.

These are protests. But these are protests in which, "the best lack conviction, while the worst are full of passionate intensity" (WB Yeats, *The Second Coming*). Around the world, iconic images of Salvador Dali masks, shot to fame by *Money Heist*, find new currency in protests and rebellions. But do these masks mean anything? It is as futile as showing the V-sign whenever you are asked to pose for the camera. Then again, the mask is a sign of empowerment. It promises anonymity with which one can be a part of something bigger outside of oneself. It is an avatar to experience, experiment and explicate something new.

Popular media knows it all too well. They toy with this concept of masking. They plot the details in such a way that

movements, from Occupy Paris to free Hong Kong. They are worn by ordinary men and women who want to remain unrecognisable.

Do heroes need masks? Now that we are all wearing masks to both shield us from and fight against an invisible enemy, can we consider ourselves heroes in this war on disease? Our social distancing is keeping others safe. We are called on to make sacrifices: do we qualify for the fancied role of a masked hero?

As I write this, I am resisting the urge to write yet another armchair piece on Covid-19. My anxious musings are intercepted by two items: one of my doctor friends has posted on Facebook—"we are all wearing masks, yet some of our masks are unmasked [free translation]." He is hinting at the anomaly of the system that he is facing as a doctor. They were asked to intervene in the onslaught of disease with faulty face

# At war with no ammo: Constitutional rights of healthcare workers



RASHNA IMAM

WE need our healthcare workers more than ever before, but that does not give us the right to make inhumane demands of them that may be tantamount to human rights violations. Moreover, given the dire shortage of healthcare workers in Bangladesh, even if they were to voluntarily embrace martyrdom, it would be disastrous for us in the long run. Bangladesh Doctors Foundation announced earlier that around 100 healthcare workers, including 54 doctors, have already been infected with coronavirus in the country. We need healthcare workers alive and well. We need them in numbers.

Article 32 of the Constitution of Bangladesh guarantees for every citizen the right to life, which has been widely interpreted to include the right to health. This right, which forms the constitutional basis for our right to be tested and treated for Covid-19, also forms the basis on which a healthcare worker can refuse to treat Covid-19 patients if he or she is not given adequate personal protective equipment (PPE).

The right to health has been recognised in a number of international instruments including the 1966 International Covenant on Economic, Social and Cultural Rights, which most countries, including Bangladesh, have adopted. Under the above instrument, everyone has the right to "the highest attainable standard of physical and mental health." Governments are obligated to take effective steps for the "prevention, treatment and control of epidemic, endemic, occupational and other diseases."

Though our Constitution does not specifically guarantee the right to health as a fundamental right, the same has been held to form part of the right to life

through judicial pronouncements, both here and abroad. Furthermore, Article 15 of our Constitution states that it shall be a fundamental responsibility of the State to secure for its citizens the provision of basic necessities of life including food, clothing, shelter, education and medical care. Additionally, Article 18 states that the State shall regard the raising of the level of nutrition and the improvement of public health as among its primary duties. These are fundamental to the interpretation of our Constitution and must be applied by the State in formulating laws.

The Supreme Court of India, following a petition filed by a doctor, directed India's Health Ministry to ensure availability of PPE for doctors, nurses, and all medical and paramedical professionals. The court also directed the Government to explore all alternatives for augmenting domestic production of PPE, to explore the different modes of production, permit movement of raw material, and consider restricting export.

Medicine is indubitably a humanitarian profession. Some argue that by freely entering into the profession, healthcare workers have implicitly agreed to accept the risks. Medical Societies support this somewhat idealistic viewpoint. Others point towards ethical obligations on doctors contained in lofty ethics manuals. For example, the Ethics Manuals of the American College of Physicians states that "the ethical imperative for physicians to provide care" overrides "the risk to the treating physician, even during pandemic". The American Medical Association asserts that "individual physicians have an obligation to provide urgent medical care during disasters," emphasising that this duty persists "even in the face of greater than usual risks to physicians' own safety, health, or life." As for our very own Bangladesh Medical and Dental Council's Code of Ethics, while it does not contain a similarly worded ethical obligation, our doctors have to make the following declaration under the Code: the health of my patient will be my first consideration.

So, questions arise as to whether there is a direct conflict between the constitutional right to life and health of a healthcare worker and his or her ethical obligation to provide care even during a pandemic.

The imminent and extreme risk to which our healthcare workers are going to be exposed in the coming days cannot be equated with the usual risks associated with the profession. The risk of transmission, as we all know, is very high. Add to that, the dire shortage of PPE and testing kits. And then there is the mental toll a pandemic takes on healthcare

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workers from the knowledge of imminent risk of infection without PPE, from being overworked and from being separated from their families for fear of infecting them.

Even if our doctors have an ethical obligation to provide care during a pandemic, surely that obligation does not override the imminent and extreme risk to not only the treating doctor or nurse, but also their families. Otherwise, we are just trading one life for another.

masks, hastily made in a garments factory that has no inkling about sanitisation. Why? There was a masked desire of someone who saw a business opportunity in the time of Covid-19. The doctors were told by their administrative superiors to be at the frontline without any protective gear. Many doctors had to buy their own safety devices; that too was not available.

What is even more painful is the fact that the reporting authorities of these doctors are civil bureaucrats who have neither sympathy nor professional know-how. Hence, the first batch of PPE was distributed among the admin officers. A PPE wearing admin official cannot replace a doctor who has professional training in medicine. Just like wearing a mask of Dali does not make every citizen in Madrid "a Professor". One realisation—and there is no short supply of those during this crisis—involves the fact that the fate of the physicians should not be under someone who cultures a firm belief that some cadres are more equal than others.

The other news that sent a chill down my spine is the second lead of Friday's *The Daily Star*: health workers are being ostracised by their landlords or neighbours. People are scared. We all are. Everybody is a potential vector, a virus carrier. But because landlords have a bit of power, they think that they can ask their tenants to stay out of their property. What is power without empathy? What power is this that sidelines the health workers and other essential front-line fighters (e.g. police) who are the real heroes of our time?

In England, they are painting thank-you notes on pavements to show gratitude for doctors and nurses. Here we are: ostracising them. The extreme case of rejection is seen in the way Dr Monir died in Sylhet. The insensitivity with which his service was compensated is inhumane. How cruel can the system be, in which the doctor does not get an ambulance? Yet how comfortable we are behind our masks as we notice all these graphic details of comic proportion unfolding before us.

The civil servants have power. They rule behind their official masks. The landlords have power. They can issue decrees at whim. Of course we all need to be safe. We need to be safe because we want humanity to continue and survive. It is at this time of danger, when humanity is threatened, the mask of civility often wears off; the raw selves come out. That is the primal location of all our animal stories. Between the shifts of the skin and the mask, changes are noticed—the change that can make man an animal. That is when metamorphosis takes place.

Covid-19 is becoming quite an author of metamorphoses.

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In view of the above, coercing our healthcare workers to treat Covid-19 patients without PPE is tantamount to violating their right to life and health. From a constitutional rights perspective, hospitals and clinics, or for that matter the Government, cannot coerce them to give treatment under such circumstances. It is a constitutional obligation of the Government to uphold their right to life and health by responding to the dire shortage of PPE in a robust fashion and doing so quickly.

Given that this is a problem shared by almost every other nation affected by Covid-19, we may learn from the strategies adopted in other countries to optimise the supply of PPE. These include creation of local supply chains to manufacture PPE in bulk, incentivising local industry to ramp up production, prohibition of export of PPE, increase of import of PPE and raw materials for PPE. At the hospital level, it is time to get creative and shore up hospitals' stock of PPE by, say, delaying all elective surgeries and non-essential medical and surgical procedures.

If we expect our doctors and nurses to ultimately honour their professional obligation to care for Covid-19 patients, we, as a society, must also honour our obligation to protect them through measures like social distancing and the Government must honour its obligation to provide PPE. The Government should also consider setting up social protection programmes for the families of workers who die or become ill as a result of their work. Care must be taken to ensure that such programmes also include informal workers, who represent a large part of the caregiving sector.

Let us not name and shame our doctors and nurses. Let us not point a gun to their heads. It is important for them to know that we care what happens to them; that we are not trading their lives for ours. After all, no human life is more valuable than another.

Barrister Rashna Imam, an Oxford Scholar, is an Advocate of the Supreme Court of Bangladesh and the Managing Partner of Akhtar Imam & Associates.