

## Pentagon head pressured to reinstate captain of virus-hit carrier

AFP, Washington

US Defense Secretary Mark Esper was reviewing on Friday the results of an investigation into a major Covid-19 outbreak on an aircraft carrier, as pressure built to reinstate the warship's fired captain.

Esper has received a verbal update on the investigation into the outbreak on the USS Theodor Roosevelt from the Navy's top officials, and was awaiting a written report before

he makes any decision, Pentagon spokesman Jonathan Hoffman said.

But news reports said Acting Navy Secretary James McPherson and Chief of Naval operations Admiral Michael Gilday had recommended that Brett Crozier, who was removed for publicly sounding the alarm over the outbreak, be reinstated.

And pressure built from members of Congress to restore Crozier back to the Roosevelt.

## BGMEA issues reopen timetable

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daybreak yesterday. Social distancing, which is crucial in preventing the spread of coronavirus, was not maintained as they got on trucks, pickups and other passing vehicles.

This is the second time in a month that the workers had to scramble to their factories in Savar, Ashulia, Dhaka, Gazipur and Narayanganj for the same reasons.

In Mymensingh's Bhaluka and Gazipur's Sreepur upazilas, groups of men and women arrived yesterday mainly from villages in Sherpur, Jamalpur, Netrakona and Kishoreganj districts.

Al Mahmud Adnan, in-charge of Bhoraduba Highway Police Outpost in Bhaluka, said the main rush started really early and fewer people were seen by midday.

"We are trying our best. We are urging them through loud speakers to maintain social distancing as they walk," he said.

Another officer told The Daily Star: "It is our duty to check the movement of vehicles, but it is saddening to see people walking on the road for hours."

Thirty-year-old garment worker Pranto Mia said he left his village in Netrakona's Mohanganj upazila for Bhaluka early in the morning. By 2:30pm, he spent about Tk 200 and was still about 15-km from his factory. He said he walked most of the time and got on passing vehicles when he could.

"We don't want to lose our job. I wish the management provided us with transport," garment worker Aysha Begum told our correspondent in Mymensingh.

Sub-inspector Mujibur Rahman of Mymensingh Sadar Police Station said he saw workers on the streets until the afternoon.

There are some 49 garment factories in Bhaluka. Of them, 35 confirmed as of 4.00pm that they would open, said Noor Nabi, assistant superintendent of Industrial Police in Bhaluka.

Meanwhile, workers demonstrated in Kaliakoir and Sreepur upazilas demanding arrears and blockaded Dhaka-Tangail and Dhaka-Mymensingh highways.

## Gonoshasthaya gives samples

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Chairperson Prof Altafunnesa handed over the kits named "Rapid Dot Blot" to the representatives of the two institutions at a programme at Gonoshasthaya Kendra Nagar Hospital in the city.

The final approval, which would exact positive feedbacks from the two testing authorities, will be given by the Directorate General of Drug Administration (DGDA).

As no one from the DGDA attended the programme, GK would deliver the sample kits to the drug authority today.

Samples of the kits will also be sent to Armed Forces Institute of Pathology. Contacted, DGDA Director General Maj Gen Md Mahbubur Rahman said they did not send any representative as they found holding a programme "inappropriate" given the current situation.

He also said it's early to say whether the kit would be approved or not as there are some protocols to follow.

Zafur Chowdhury, founder

trustee of GK, at the programme said, "We expect that the government would quickly approve the kit after the validation."

He also said they would be able to supply one lakh kits within a few days after they go into production.

The development comes at a time when Bangladesh is in a dire need of testing kits to test more people and isolate the positive cases – so far the best way to prevent the spread of coronavirus.

At present, Chinese test kits are being used mostly to detect Covid-19 patients in the country.

Bijon Kumar Sil, who led the team that developed the kit, said the kit pass muster in their internal tests, adding that it would be able to diagnose Covid-19 in five minutes.

The team also include Nihad Adnan, Raed Jamiruddin, Firoyz Ahmed and Mohib Ullah Khondokar.

Bijon was among the researchers who had developed a kit to diagnose SARS coronavirus in 2003.

## Buzzing iftar bazaar

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a statement banning any form of congregation relating to iftar.

While this ban strictly relates to public events like iftar mahfil, the new norms of social distancing mean that this ban extends to home and private space as well.

As a result, this year there is no crowd around "Boro Baper Polay Khay" at Chawkbazar.

"Boro Baper Polay Khay" is a mixture of chickpeas, minced meat, potatoes, brains, flattened rice, egg, chicken, spices and ghee. The item used to be sold between Tk 350 and Tk 450 per kg and was one of the most popular iftar items in the locality.

Other famous items at Chawkbazar iftar market include beef and chicken roasts, mutton and chicken cutlets, keema roll, keema paratha, borhani and different types of kababs including Sito, Jali, Irani and Tikka.

Mustakim Ahmed, a resident of Labhag, said, "It is our family tradition to break our fast with the iftar items from the market, but this year it is not possible due to coronavirus."

Let alone the Old Dhaka dwellers, people from other districts also came to the market to purchase iftar items, he added.

Along with Chawkbazar, almost all markets of iftar items in most parts of

the capital remained closed due to the government's restriction.

Barokatra, Chhotokatra, Imamganj and old part of the city also remained empty, said locals.

Moudud Hawladar, officer-in-charge of Chawkbazar Police Station, said they were strict to keep the traders away from selling iftar items to ensure social distancing.

The law enforcers talked to the traders in the area a few days back and asked them not to set up makeshift shops on the streets, the OC said, adding they were also announcing the restriction through loudspeakers.

To add to this, police were also restricting concrete shops from selling iftar items as that would not let social distancing be maintained properly.

Golam Mostafa, a trader in Ibrahimpur area who sells iftar items in a tin-shed shop, said, "I took preparation to sale iftar in a smaller scale but police imposed restriction. Now I don't know what I will do."

"I have been selling iftar item for the last 20 years, but this year I am in serious trouble due to the restriction," he added.

Another such trader at Ibrahimpur said he had made iftar items already and would sell those secretly as he would have to face huge loss otherwise.



A policeman stops a biker on a street in Nayabazar of Old Dhaka yesterday to check if the rider had a valid reason to be out amid the restrictions imposed to slow the spread of coronavirus.

PHOTO: ANISUR RAHMAN

## Wobbling as the going gets tough

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For a 12-hour shift, Aminul was given one set of flimsy disposable polythene gloves instead of nitrile or latex gloves. These polythene gloves are the types used by baristas in coffee shops.

His PPE too was of the thin material that disposable medical aprons are made of. In case a coronavirus patient sneezes or accidentally spits, the PPE might absorb it, exposing the skin to the deadly virus.

This is one of the 12,52,233 PPE units distributed by the government to doctors and other health workers, according to data disseminated by the Directorate General of Health Services (DGHS).

This correspondent then asked the doctor whether there could be cross-contamination from one patient to another with only one pair of disposable gloves. "There is a hundred percent chance of that," he said with finality.

A quick survey was done by Brac University's James P Grant School of Public Health, on the perceptions of frontline workers regarding the crisis.

They had talked to a total of 60 respondents from 14 districts and 43 health facilities (including those which are dedicated coronavirus hospitals) and found that respondents said the PPE they received was inadequate to protect them. In addition, of the total workforce, 75 percent of the doctors and nurses received PPE. For the support staff, it is 40 percent.

More than a month into the crisis, how is it that the hospitals are still not adequately provided with tools essential to battle the pandemic?

The answer lies in the very dilapidated nature of the country's health sector itself.

"One virus has completely broken down our health system. This is a wakeup call. How do we restructure our health system to respond?" asked Dr Mushtaque Chowdhury, vice chairperson of Brac.

DGHS's own "National Preparedness and Response Plan for Covid-19" created earlier last month put it bluntly. "About 3 percent of Bangladesh's GDP is spent on health; out of which the government contribution is about 1.1 percent. In term(s) of dollar(s), the total health expenditure in the country is about \$12 per capita per annum, of which the public health expenditure is around \$4," states the document.

Four dollars, or Tk 344 approximately, less than the price of a restaurant meal, is what the government spends yearly on the health of each person in the country.

As a result, when reporters of this newspaper, including this correspondent, visited seven public hospitals last month during the second week of the pandemic in Bangladesh, they found nurses carrying their

own soaps in the pockets of their lab coats, and doctors buying their own disposable masks. Gloves, PPE and N95 masks were nowhere in sight.

According to the Bangladesh Health Facility Survey 2017, this was the kind of healthcare system the pandemic has attacked: 47 percent of district and upazila facilities, and 85 percent of union-level facilities did not have alcohol-based disinfectants; 43 percent of district and upazila facilities and 72 percent of union level facilities did not have masks; 52 percent of district and upazila facilities and 77 percent of union-level facilities did not have gloves.

A quarter of district facilities and a third of union facilities did not even have soap. Only 12.5 percent of district and 4.8 percent of union facilities had eye protection.

It was only on March 19 this year, which is at the end of the second week of the coronavirus crisis in the country, that the DGHS announced through a press statement that it has distributed 6,940 units of PPE.

It has been more than a month since then and healthcare workers allege they are still not getting adequate PPE.

On the other hand, on March 26, the government went right ahead and instructed doctors and nurses to at least give primary healthcare to patients with Covid-19-like symptoms, even if they do not have protection. The order, however, was withdrawn almost immediately in face of criticism.

In fact, this delay was codified into the national Covid-19 response plan itself. The plan categorises the pandemic into four stages – stages 1 and 2 are preparedness, stage 3 is containment, and stage 4 is mitigation.

In the "preparedness" phase, supplying hospitals with protection was not a part of the government's own plan. This step was to be taken afterwards, during the "containment" phase, when the virus had already spread through.

"Our preparedness happened later. It took us a while to react. Up until mid-March, we were all in a denial state saying that we have nothing to fear about. From the government, there was a minimum effort. In February, there were no measures. It was only in March, that we saw some measures," said Dr Fahmida Khatun, executive director of Centre for Policy Dialogue (CPD).

This level of underpreparedness is also reflected in the provision of healthcare to patients.

For the longest time, the healthcare system has functioned out of the pockets of the general public, stated experts.

"In the last several years, the budgetary allocation for health has not gone above 1 percent. The finance ministry allocated Tk 250 crore to tackle the crisis, but it is still not enough," said Dr Khatun.

## 30 doctors infected a day over last week

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among doctors and other healthcare workers in Bangladesh are "poor quality" of personal protective equipment (PPE) provided to doctors, community transmission and patients concealing having coronavirus symptoms.

Sometimes, doctors are not put in isolation and quarantine right after any of their colleagues exhibit Covid-19 symptoms, keeping a scope to infect others, the organisation said.

According to the BDF tally, 255 of the infected doctors are from hospitals in Dhaka. Of them, 163 were from government hospitals, 76 from private hospitals while 20 from other healthcare service providers.

Meanwhile, 26 doctors were infected at hospitals in Mymensingh division and 12 more in Chattogram division, it added.

The foundation says many infected doctors are from hospitals that are not designated for Covid-19 treatment. Patients hiding coronavirus symptoms while receiving treatment may have contributed largely to the transmission, the doctors say.

"We are at risk and the risk is growing daily as people are hiding symptoms of Covid-19," a doctor of Shaheed Suhrawardy Medical College Hospital said seeking anonymity.

Doctors also have serious concerns over the quality of PPEs, especially masks, provided by the authorities concerned.

Senior doctors and healthcare experts have said that all government and

private hospitals across the country need to be brought under a central system as nearly 70 percent of healthcare services are provided by private hospitals.

25 infected BRB Hospital At least 23 health care service providers, including 15 nurses, and two patients at BRB Hospital in capital's Panthapath were tested Covid-19 positive.

As a surgeon developed Covid-19 symptoms, his sample was sent to IEDCR for test on April 15. Two days later, IEDCR confirmed that the doctor has been tested positive.

The doctor might have infected after he conducted a surgery on a patient on April 12. The patient who had no symptoms of the virus was tested positive on April 20, said an official of the hospital.

The surgery was conducted on the patient on humanitarian ground considering his condition, the hospital official added.

As part of contract tracing, around 50 others staffers and patients were tested later. Of them 25 were tested positive. The staffers found positive are in quarantine in the hospital. None of them has any symptom yet, the staffers said.

The staffer said they were in dilemma as the high ups of the hospital were yet to take further steps. "We want the IEDCR to look into the issue," the official said.

50 staffers infected in Asgar Ali Hospital At least 50 staffers, including 22

doctors, of Asgar Ali Hospital in capital's Gendaria were tested Covid-19 positive so far, according to Foundation for Doctors Safety and Responsibility. Rahat Anwar, joint secretary of the organisation, said "We are very much concerned with the news that so many doctors and staffers of the private hospital were infected. As the hospital is still open, other doctors, staffers and patients are at high risk of Covid-19 infection."

An infected doctor yesterday said he worked at the hospital four days ago. "As I exhibited symptoms, I did test and was found infected," he told The Daily Star.

Farah Nur, manager of the hospital, said she was unaware about infection among the doctors and staffers. First doctor at Kurmitola General Hospital tested positive

A doctor working at Kurmitola General Hospital has tested Covid-19 positive on Friday. He is the first physician to be infected at the hospital dedicated for treating coronavirus patients.

"The doctor showed Covid-19 symptoms a couple of days ago. Samples were collected for test, and the report was released yesterday confirming that he was Covid-19 positive," said Dr Nirupam Das.

The doctor was receiving treatment at his home. Contacted, a top official of the hospital confirmed that he was the first doctor at the hospital to be infected with the virus.

According to the National Health Facility Survey 2017, 30 percent of district and upazila facilities had no access to oxygen, and that number was 93 percent for union level facilities.

Almost none of the facilities had life-saving medication for patients with breathing difficulties like epinephrine or prednisolone. Less than half of districts, and none of the union-level facilities had hydrocortisone injections.

These always had to be bought and managed by patients privately. Now the healthcare system is suddenly trying to provide these services since the pandemic struck.

"We have been talking about universal health coverage but have not done much about it," said Dr Mushtaque Chowdhury.

"Our focus had been on public health, rather than facilities. As of yet we are not being able to feel the main pressure. When the number of cases is on the rise, then will be the actual trial. How much we can perform, can truly be seen then," he said.

## WHO again warns

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in the US and Europe, governments are starting to ease restrictions, weighing the need for economic recovery against cautions that lifting them too soon risks a second wave of infections.

The WHO yesterday warned that there is still no evidence that people who test positive for the new coronavirus and recover are immunised and protected against reinfection.

The warning came as some governments study measures such as "immunity passports" or documents for those who have recovered as one way to get people back to work after weeks of economic shutdown.

"There is currently no evidence that people who have recovered from #COVID19 and have antibodies are protected from a second infection," WHO said in a statement.

"People who assume that they are immune to a second infection because they have received a positive test result may ignore public health advice," it said.

On Friday, UN Secretary-General Antonio Guterres asked for international organisations, world leaders and the private sector to join the effort to speed up development and distribution of a vaccine.

Any vaccine should be safe, affordable and available to all, Guterres said at a virtual meeting, which was attended by the leaders of Germany and France.

Absent though were the leaders of China, where the virus first emerged late last year, and the United States, which has accused the WHO of not warning quickly enough about the original outbreak.

The spread of COVID-19 is increasing other medical risks as well with the WHO warning nearly 400,000 more people could die from malaria because of disruption to the supply of mosquito nets and medicines.

Saturday marked World Malaria Day, a disease which the WHO said could kill around 770,000 this year, or "twice as much as in 2018".

With more than four billion people still on lockdown or stay-at-home orders, governments are debating how to lift restrictions without causing a spike in infections and how to revive economies battered by weeks of closure.

The daily death toll in Western countries seems to be falling, a sign hopeful epidemiologists had been looking for, but the WHO has warned that other nations are still in the early stages of the fight.

Global COVID-19 deaths have climbed past 197,000, according to an AFP tally, but new reported cases appear to have leveled off at about 80,000 a day.

## Death rate

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Health Services (DGHS).

Experts blamed mismanagement in the treatment of patients and failure in engaging specialised doctors in the fight against the deadly virus for the poor recovery rate.

The country recorded its first novel coronavirus case on March 8. Within a few weeks, the number has seen a sharp increase.

According to DGHS data, the number of recovered patients was 42 on April 13 and that of death was 39. A total of 722 patients were undergoing treatment on that day.

The following day, the death toll went up to 46, surpassing the number of recovered patients – 42.

Since then, the number of deaths continues to go up. Yesterday, the death rate was 2.8 percent against the recovery rate of 2.2 percent.

Yesterday, the recovery rate in neighbouring India and Pakistan has been 22.24 percent and 23.1 percent respectively. The recovery rates in the USA, Italy, Spain, Turkey and France have been 11.9 percent, 31.3 percent, 42 percent, 20.7 percent and 27.2 percent respectively so far. These five countries have seen thousands of deaths from the virus, according to data from covid.geobd.com.

Meanwhile, Bangladesh yesterday saw two more districts having Covid-19 patients. Of the country's 64 districts, the virus has now spread to 60.

Speaking at an online briefing, Prof Dr Nasima Sultana, additional director general (administration) of the DGHS, said nine more people died of Covid-19 in 24 hours till 2:30pm yesterday.

With the latest deaths, the death toll from the virus stood at 140. A total of 309 patients tested positive for novel coronavirus during the 24 hours, she added.

The total number of infected people in the country was 4,998.

Nasima said 3,337 samples were tested for Covid-19 across the country during this 24-hour.

The DGHS official also said two more laboratories in Savar and Kushtia started testing samples for Covid-19.

Statistics from covid.geobd.com show that 30 people in each 10 lakh have so far been infected with the novel coronavirus in the country.

Contacted, Be-Nazir Ahmed, former director (disease control) of the DGHS, said the government did not fight the whole battle against the Covid-19 in an organised way from the very beginning.

"Had it taken measures in an organised way from the very beginning, the recovery rate would have been much higher," he said.

Pointing out that the government was arranging treatment at specialised hospitals with doctors having medium-level experience, Be-Nazir observed that it should involve experts in the process.

"Experienced doctors could have provided critical patients with better suggestions. Thus, the fatality rate would have been reduced."

He said such arrangements could be made through videoconferencing.