The Daily Star
FOUNDER EDITOR
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DHAKA TUESDAY MAY 12, 2020, BAISHAKH 29, 1427 BS

Emergency rooms cannot turn away patients

Change this abominable mindset

WE are appalled by a report in this paper that relates the harrowing tales of family members of critically ill patients who have been denied treatment for hours or simply turned away by emergency wards in both private and public hospitals. The ongoing pandemic has no doubt left hospitals overwhelmed, but in many cases, emergency patients have been made to wait for hours before any kind of medical attention, resulting in death. Hospital staff have even refused to see patients in fear after hearing that they displayed Covid-19 symptoms.

In one instance, a man's mother who had breathing problems and was unconscious, did not receive any kind of medical attention for a few hours after she was taken to the DMCH. Her son was made to wait in line at the emergency ward where there were no doctors to attend his mother. He was also told that he needed a prescription to get an echocardiogram done. By the time she was given oxygen, it was too late. It is shocking and abominable that a patient would be denied emergency treatment because the paperwork had not been done! An official of the DMCH also said that there were no ICU beds available at the hospital. Even Gautum Aich Sarkar, the additional secretary of the Ministry of Food, died after being denied emergency care at eight hospitals because he had a fever.

Emergency wards of hospitals turning away critically ill patients, no matter what symptoms they are displaying, is just not acceptable and violates all ethical codes that healthcare professionals and hospitals are bound by. This terrible mindset—that patients can be turned away because they might have Covid-19, is morally reprehensible and must be stopped immediately. Patients with other serious ailments such as kidney and heart disease who have needed immediate attention have been turned away as well.

It is clearly the responsibility of the Health Ministry to step in and give clear directives and enforce them strictly, to all hospitals, whether public or private, that they cannot turn away such critical patients no matter what symptoms they display. It is understandable that health professionals are at risk of contracting the virus when they treat patients. Which is why strict safety protocol and necessary protective gear have to be provided to all health professionals and other employees of the hospitals. This should have been ensured weeks ago when the Covid-19 patients were first detected. Hospitals must also employ extra medical staff to deal with emergency patients. The reports of dead patients being left for hours before relatives could see them expose the sheer disrespect for the dead that have reached grotesque proportions in the present crisis. The Health Ministry must, on an urgent basis, provide the resources, guidance, equipment and personnel required to handle emergency patients, as well as to provide dignified treatment of those who do not make it.

Reality of reopening malls and markets

Safety directives flagrantly ignored

IN an attempt to ease the nationwide lockdown and resume economic activities, selective shopping malls and other businesses were allowed to function on a "limited basis" starting from May 10 to mitigate the economic losses that have been weighing heavy on them by the day. However, we are appalled to learn from a recent report published in this daily that on the very first day, many shoppers and store staff defied the safety directives set by Dhaka Metropolitan Police (DMP), risking their own lives and those of the general public.

In an attempt to curb the spread of the virus, DMP issued around 12 directives for all those who would be visiting the malls and markets during the pandemic, prior to the reopening. But the report states that different markets around Dhanmondi, Elephant Road, Islampur, Nilkhet, Panthopath and Science Lab intersection blatantly disregarded the precautionary measures. And to make matters worse, roadside vendors were seen selling clothes on the footpaths near Baitul Mokarrom, Gausia Market and New Market with equal disregard. Numerous buyers and sellers were seen without masks or gloves, many shops did not have hand sanitisers for the customers and some people were seen shopping with their children, violating the government's health guidelines. The directives were meant to be strictly maintained—that there should be installation of disinfection chambers at the entrance of every shopping mall, setting up of thermal scanners and separate temperature measurement systems, barring of people without masks from entering markets, and banners illustrating the importance of following health safety and social distancing guidelines—none of which are being followed in most market places.

Surprisingly, in a situation in which monitoring is essential, there were barely any law enforcement personnel to ensure whether the safety standards were being followed or not. The flagrant disregard for safety measures risks a second wave of coronavirus infections, which we cannot afford given how overburdened our healthcare system already is. As both deaths and infections continue to gain momentum, the authorities must immediately intervene to strictly implement the directives set forth since the public seem unable to comply. If these directives cannot be met, returning to full lockdown seems to be the only safe option.

LETTERS TO THE EDITOR

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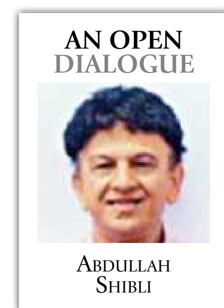
Remdesivir sparks hope

I am delighted to learn that Eskayef Pharmaceuticals Ltd has come forward with a solution to tackle the coronavirus infection with a drug named Remdesivir. This news serves as a ray of hope during the pandemic. According to Eskayef, the drug will be available in the market as soon as they get approval from the Directorate General of Drug Administration. I urge the responsible authorities to take the necessary steps and approve mass production and distribution of the drug without wasting any precious time.

Samia Jahan Shefa, *Rajbari*

How to flatten the recession curve and finance Bangladesh's economic recovery

AN OPEN DIALOGUE



ABDULLAH SHIBLI

ECONOMIC recovery following the coronavirus lockdown will require massive government intervention and tons of money. The Bangladesh government has already introduced a series of measures to contain and mitigate the initial assault by the virus. On the economic front, it has unveiled 18 stimulus packages amounting to Tk 95,619 crore to pull various sectors of the economy out of the coronavirus-induced slump and protect the poor and newly unemployed. As the economy reopens in earnest, factories will need loans, businesses will ask for contracts, and the hungry and the unemployed will seek food, healthcare, and jobs. The total needs will exceed Tk 100,000 crore.

Fortunately, the government has the ability to generate the resources needed for the stimulus package. It can use the various tools at its disposal, including tax and spending, loans and guarantees, monetary instruments, and foreign exchange operations. Since the pandemic has created both demand and supply shocks, governments everywhere have resorted to a policy mix that includes fiscal, monetary and sectoral measures. As Fahmida Khatun wrote in an earlier oped in this daily, Bangladesh government and its agencies must "use all types of monetary policy tools that they have at their disposal, such as lowering interest rates and quantitative easing to pump money into the financial system." As expected, the lion's share of the funds will come from borrowing.

The reason is, while Bangladesh Bank has lowered interest rates (Repo) and reserve requirements, announced new financing facilities, relaxed capital buffers, and other countercyclical measures, lowering interest rates to encourage businesses to borrow can work only if consumer demand for shuttered business picks up again. With so many of the garment employees either out of work or coping with reduced wages, it cannot be a surprise that closed businesses (such as transportation sector, retailers, supermarkets, and booksellers for example) will not expect a surge in demand on the first day they reopen. Similarly, restaurant workers, rickshaw pullers, or many middle-class employees have no incomes, and this will undercut their ability to spend. In addition, remittances from abroad have taken a hit, and all of these add up to a demand shock.

Economists at the Massachusetts Institute of Technology (MIT) and the University of Chicago argue that during the current economic crisis induced by the pandemic, lack of demand could trigger viral recessions. This idea is explored in a new working paper by Veronica Guerrieri of the University of Chicago, Guido Lorenzoni of Northwestern University, Ludwig Straub of Harvard University and Iván Werning of MIT. "If some sectors of the economy shut down entirely, affected workers will curtail their spending dramatically. Spending by other workers could make up for the shortfall—only if the goods and services that can still be produced are substitutes for those that cannot. The abrupt drop in consumers' spending on plane tickets or hotel bookings is unlikely to be offset by more purchases of teleworking software instead, for instance. In such a situation, the economy experiences a "Keynesian supply shock", where demand falls by more than supply."

The point is, the government will have to pump money into the economy, both by spending more on feeding the vulnerable groups and building healthcare infrastructure. Borrowing is no longer considered to be a sign of bad governance and often advocated to act as a counter-cyclical force during a recession. While borrowing (both domestic and external) has been at the receiving end of the public's ire for short periods of time, particularly during the financial crisis of 2007-2010 when some European countries faced high domestic and foreign debt, the current economic slowdown has forced the hands of many governments to support printing money to stimulate the economy.

Bangladesh is not in a position to raise the Tk 100,000 crore plus needed for the recovery by relying exclusively on raising taxes, tightening of regulations, cutting unnecessary expenditures or slashing salaries for public servants, as suggested by some. Bangladesh Bank (BB) has announced that it will ensure adequate liquidity in the financial system to support the operations of financial institutions, and has announced that it will buy treasury bonds and bills from banks. In this moment of crisis, BB can additionally help the government finance the stimulus package by monetising treasury bonds.

Admittedly, the national debt of any country is a major concern for policymakers. Loans have to be paid back, even when the borrowing happens from domestic sources. While deficit financing or debt leveraging has always been a controversial tool in the arsenal of development finance, in a moment of crisis, printing money is a necessity and the real cost of deficit financing is less than the nominal, since inflation and time discounts ease the financial burden on the nation.

IMAGE: KAZI TAHSIN AGAZ APURBO

Glenn Hubbard, a professor of finance and economics at Columbia University, and former Chairman of the Council of Economic Advisers in the USA, argues strongly for printing money during a crisis. "I think the Treasury did the right thing. I think the Fed is doing largely the right thing," he said. "There shouldn't be an ongoing dance of borrowing money and printing money. This isn't the lesson to learn from this episode."

In other words, borrowing money by selling treasury bonds to the central bank, and "printing money" is essentially the same thing. As another economist, Professor McCulley of Georgetown University put it more bluntly, "How do we pay for it? We print the damn money."

If the government prints more money, there are risks. First of all, the government might not be able to pay it back. This will happen if the debt burden gets too high. According to the "Joint World Bank-IMF Debt Sustainability Analysis" released in September 2019, the overall risk of debt distress for Bangladesh is low. Public debt in Bangladesh stood at USD 91 billion in the fiscal year ending in 2018, around 34 percent of GDP.

The other risk is inflation. At some point, the economy will recover, and BB needs to keep an eye on the price level and keep it below the six percent target. In future, inflation could be low for a long time, but it also could rise. There is a lot of pent-up demand in our economy—the capacity to supply goods and services has been hurt, and its coincidence with a collapse in supply might lead people to expect rocketing prices. The saving grace is that in some circumstances, the drop in demand induced by a supply shock may be larger than the decline in supply—a source of deflationary, rather than inflationary, pressure.

Japan's central bank has been buying huge chunks of the government's bonds—effectively financing the central government of the world's third-largest economy for years—without triggering the kind of inflation that traditional economic views would expect.

However, some words of caution are required. First, as mentioned above, inflation might get out of control. Secondly, the debt to GDP ratio could spiral towards the danger level—90 percent of GDP. Higher debt ratio and inflation will trigger macroeconomic instability and throw the exchange rate out of kilter.

Thirdly, in many of the developed countries including the USA, easy money has led to misallocation, inefficiency, and lack of oversight. In the USA, the USD 3 trillion stimulus will be financed by "monetisation of debt". And, given this ease of access, it has led to some well-publicised cases of abuse, waste and fraud. Small business loans were gobbled up by big companies, leaving very little for the needy ones.

Similarly, in Bangladesh, how much of the Tk 5,000 crore given to RMG owners will actually be given to the workers? Besides, BB has also taken measures to delay non-performing loan classification and this has already raised some eyebrows.

On the brighter side, Bangladesh, along with other developing countries, has sought the International Monetary Fund's (IMF) help. A Special Drawing Rights (SDR) allocation is one way the IMF could respond. The last SDR allocation was in 2009, in response to the global financial crisis. However, in such an allocation, all members receive SDRs based on their IMF quotas, so a large share of the money goes to developed countries like the United States, leaving little for stressed emerging markets. However, it has been suggested that as an alternative, IMF emergency lending capacity, if invoked, could allow the Fund to allocate it to those most in need.

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Protecting our frontline healthcare workers should be the top priority

RIASHAD MONJUR and MD ZAKIUL HASSAN

GIVEN the existing shortage of healthcare workers (HCWs) in Bangladesh, infection and subsequent exclusion of HCWs from an already strained workforce could leave our health system grossly unprepared for the impending peak of the Covid-19 crisis. According to the World Health Organization, one of the most serious threats sabotaging our ability to control Covid-19 is the global shortage of personal protective equipment (PPE). As high-resource health systems struggle to provide adequate PPE to their frontline HCWs, it is becoming increasingly evident that HCWs in low- and middle-income countries (LMICs) will bear the brunt of this global supply chain shortage.

Despite having one of the best health systems in the world, Italy confirmed that 10 percent of all positive cases of Covid-19 were among HCWs, with 105 HCW deaths. So far in Bangladesh, over 600 physicians have tested positive for Covid-19, according to the Bangladesh Doctors Foundation on May 6. Bangladesh recorded its first healthcare worker death from Covid-19 on April 15. Several hundreds of other frontline HCWs have been infected including 375 nurses, 116 technologists and 62 ward boys. We fear these numbers are likely to increase dramatically as testing efforts are ramped up over the coming weeks.

Frontline HCWs in Bangladesh work in overcrowded environments and have poor infection prevention and control mechanisms, making them more susceptible to contracting Covid-19. With Dhaka being one of the most densely populated cities in the world, health facilities often have up to four persons per ten ten metre square of floor space, partly due to patient caregivers who provide much of the daily nursing duties. This proximity between HCWs, patients and caregivers serve as a dangerous pool for rapid transmission of Covid-19. Moreover, a national survey in 2014 demonstrated that less than two percent of HCWs adhered to recommended hand hygiene techniques, partly due to poor infrastructure and lack of infection prevention and control training.

In the context of these existing baseline pitfalls, the extreme shortage of PPE is yet another deficiency in the arsenal of our HCWs in their fight against Covid-19. In Bangladesh and other LMICs, HCWs are having to reuse disposable PPE without appropriate decontamination, and they are relying on cloth masks during their shifts. This has sparked widespread anxiety amongst many medical professionals, especially as many patients have been hiding their true history due to stigma. In order to maintain a resilient and adequate workforce through the peak of this national crisis, we suggest the following strategies should be adopted.

Firstly, all HCWs working on the frontlines should be required to undergo "refresher" training based on appropriate infection control practices such as those put forth by the Centers for Disease Control and Prevention (CDC). Instead of isolating every HCW inadvertently exposed to patients with Covid-19 and shrinking the workforce, HCWs could universally wear masks and perform strict self-monitoring, isolating only if symptoms develop; a strategy followed in Singapore.

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Secondly, HCWs are more concerned about their safety rather than financial incentives. Recognising our limited economic resources, rational rather than "gold standard" PPE use may be applied. For instance, the CDC recommends N95 respirators plus a face shield when caring for Covid-19 patients. The extreme shortage of both in Bangladesh means other strategies, such as the use of medical masks on both patients and providers, can be used instead, with a recent randomised trial showing similar effectiveness. To ease HCWs further, a public health campaign should be adopted to encourage patients to honestly disclose their true history by addressing their concerns, dispelling myths and rebuilding trust.

Thirdly, we recognise that a large proportion of HCWs will inevitably become infected, observing the trend in high-income countries. Given the shortage of testing kits, we believe HCWs should be actively prioritised and systematically tested to identify, isolate and then swiftly reintroduce HCWs following recovery. To maintain an adequate workforce, we emphasise the 7/14 rotation model where different groups of HCWs will rotate each week and then have 14 days of quarantine. This will reduce the risk of exhausting the workforce and allow HCWs to recover physically and mentally.

Finally, it is important to remember that our doctors and nurses are also human. Many are experiencing significant symptoms of anxiety, depression and insomnia as well as the fear of infecting their families, which is particularly problematic in Bangladesh given our multi-family dwellings. Psychosocial support must be offered as they shoulder the burden of this pandemic by putting their lives at risk. This may include routine peer debriefs, crisis hotlines and availability of psychological therapy as needed.

Supporting and fostering a resilient frontline healthcare workforce will be critical during such trying times.

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