

## ACC's unflattering report on the health directorate

### Graft must be rooted out

It is not shocking that the Anti-Corruption Commission sent a report to the health ministry revealing widespread irregularities in the purchase of medicine, surgical equipment and other machines carried out by a nexus of contractors and officials from different organisations within the ministry. Making a quick buck out of public procurement is hardly a novel practice. But what is most outrageous as a report in this daily has found, is the lack of action taken during the 16 months since the report had been submitted. The consequence of looking the other way has been the proliferation of defective N95 masks, PPE and other safety gear during the present pandemic and no doubt more misappropriation of precious funds for healthcare.

The ACC chairman in a written letter has not minced words: Had the health ministry followed the ACC's recommendations made last year, unbridled corruption in the health sector could have been reined in. We are bewildered why this report was not taken seriously within this time. Why the health ministry did not monitor the activities of contractors and various organisations under it that are responsible for procuring these essential items. Why the valuable recommendations of the ACC were not given any weight?

Coming to the present scenario, in April the health directorate was heavily criticised for providing substandard respirators to frontline doctors and other medical staff. There were also allegations that regular masks were supplied to various hospitals but labelled as N95 masks and a government probe recommended action against the supplier but nothing has so far been done. On June 18 the ACC formed a committee to probe the allegation.

At a time when we are facing the most formidable health crisis in history, it is a travesty that several doctors were transferred after they raised questions over the standard of masks, gloves and PPE suits supplied to the hospitals. How can we expect doctors to continue to treat patients when they are not given protective gear?

According to the report on December 12 last year, the ACC sent a letter to the health ministry asking it to blacklist 14 medical equipment suppliers, who were found involved in misappropriation of public money worth about Tk 108 crore in several graft cases. Why did it take six months to blacklist these companies? Didn't it allow them to continue with their corrupt practice?

We commend the ACC for its diligent investigation and important recommendations. We are relieved that it has decided to continue probing purchase of safety gear and testing kits. But the health directorate must hold responsible all public officials and organisations under it involved in these anomalies and take immediate action. All corrupt elements must be weeded out. Otherwise the ministry will continue to bleed in terms of funds meant for public health and more health practitioners and patients will die.

## Patients die while ICU beds lie idle!

### Recruit and train manpower to run the ICUs efficiently

WHILE many critically ill patients, including those with Covid-19, are in dire need of ICU beds, it is frustrating to learn that many of the ICU beds in the government hospitals remain unused due to a lack of trained manpower. According to the Directorate General of Health Services, there are 106 dedicated Covid-19 hospitals—both government and private—across the country which can treat 14,610 patients with 379 ICU beds and 106 dialysis beds. Apart from the dedicated ones, 17 other government hospitals have 190 ICU beds for Covid-19 patients. However, from June 6 to June 25, only 78 of them were used daily on an average. On June 11, a highest of 99 ICUs were used while the lowest of 41 ICUs were used on June 22.

According to the officials of these hospitals, shortage of trained manpower is one of the reasons why ICU beds remain unused. For example, the Kuwait-Bangladesh Maitree Government Hospital in the capital, dedicated to treating Covid-19 patients, can only operate 16 out of its 26 ICU beds with the existing manpower. Similar situation prevails at other hospitals too. While the country has only a few critical care medical specialists without whom running an ICU is difficult, the number of anesthesiologists, who can operate the ICUs, is also very low. Other reasons for the unavailability of the ICU beds include a lack of information about vacancies, incomplete and unscientific installation of ICU beds making them inoperative, and keeping some of the ICU beds reserved for VIPs.

While the government has taken some initiatives to increase the number of ICU beds in public hospitals to treat the increasing number of critical Covid-19 patients, the issue of shortage of manpower to operate these facilities has not been duly addressed. The absence of proper planning and coordination among the various government agencies have resulted in such a dire situation where critically ill Covid-19 and non-Covid-19 patients are dying regularly being denied ICU support.

We urge the government to recruit skilled manpower to make all the ICU beds in the hospitals operational and available to the patients. At the same time, training should be provided to the medical staff so they can provide the necessary life-saving care to critical patients who need oxygen and other support. The DGHS should make the data about the Covid-19 bed vacancy available online. If all the ICU beds could be made operational and available for patients, more lives could be saved.

# Fire safety and control in Bangladesh

## Potential deficiencies in high-rises and specialised buildings

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THE recent fire incident in the suddenly added corona unit of the United Hospital, Dhaka, is a sharp reminder of our lack of knowledge, neglect and apathy for fire safety in hospitals and high-rise commercial buildings (i.e. FR Tower in Banani). I also think that more than 90 percent of high-rises, both residential and commercial buildings in Dhaka are lacking in fire control, fire suppression and fire safety planning and mechanisms and safe building exit provisions.

For all non-combustible buildings above six stories, all structural and load bearing structural materials must have Underwriters Laboratories (UL) universal fire-resistance ratings above 2 hours. For fire exits or building cores in high-rise buildings, these ratings could rise up to 4 hours, depending on building heights, floor areas and occupancy loads. All elevators in high-rise buildings must have self-levelling features, i.e. in case of electrical failures or smoke alarms, all elevators must come to a lower level floor and doors should open automatically. Elevators must not be used during fire alarm or actual fires.

All high-rise residential and commercial buildings must have at least two separate means of fire-rated exits (corridors to travel) and a minimum of two sets of fire-sealed (rated minimum 2 hours rating) and fire-controlled non-combustible stairways, placed not too far apart from the exits. In case of greater distances of separated exits, more fire-resistant stairs must be installed in between the two designated exits. There should be no dead-end corridors where a rated and designated fire exit (staircase) is not available less than 30 ft away. No open or additional staircases on two or three storied central lobbies should be planned in high-rise buildings and hospitals designed above six floors, as these open foyers may act as chimneys and allow fire and smoke to rise and spread on all floors and cause death.

All high rise residential and commercial buildings must have active extinguishing and suppression systems. These include basic hand-held fire extinguishers, central pressurised fire hose cabinet systems, and active fire control systems, such wet sprinklers and dry pressurised systems. The requirements may vary depending on various factors such as area and load of occupancy, type of use and height of buildings in various countries. The fire suppression hand held extinguishers should be placed (in a cabinet) at a distance not greater than 120 ft apart. On buildings higher than nine

floors, each floor must also be equipped with pressurised fire hydrant cabinets connected to a reserved water tank in the building. In specialised buildings with large floor areas that exceeds 7,000 square ft, each floor must be equipped with a sprinkler system, activated by smoke and fire within 30 seconds. Smoke alarms and fire detectors should also be mandatory in high-rise buildings.

On each floor of every building, there must be exit plans displayed on strategic locations and in front of the fire escape staircase, clearly showing the direction of exit. All exit doors must be fire rated and

Bangladesh in fire safety design, operation and management. The fire happened on the 9th floor of a 15-floor office/commercial building. From what I could see from the floor plans made available to me, the typical floor plan had a central open core with two elevators and an open stair from ground to top floor. The rest of the building comprised of usable commercial spaces and some washrooms. There was no second and or separate safe means of exit from the floors. On top of this, it is alleged that the owner/builders built several unauthorised floors on top of the approved plans. While building

Codes. And it is surprising how Rajuk authorities could have passed such a plan. Once the fire started, it got to the open staircase quickly and stopped people from using it as a safe means of exit. Smoke also rose rapidly through the open staircase and spread to other floors, making them impossible to escape from without a second means of safe exit. People broke some glasses for ventilation, but it was not enough to save many from smoke asphyxiation and death. I suspect that there are many high-rise towers in Dhaka, both in residential categories and commercial/office complexes, where such



A makeshift isolation unit for coronavirus disease patients at the United Hospital is pictured after a fire broke out on May 27.

PHOTO:  
REUTERS

lead directly to the ground level.

It is a common perception that if a building is constructed with concrete and bricks, then it must be fire safe. This perception is not true. The idea of fire control is to save lives first, then the building later. People occupying a building must be granted safe exit first before every other consideration. Even if the building's structural system cannot burn, the flammable furniture, drapes, curtains, office stationery, etc. can certainly burn and create toxic smoke that can kill people before they are burned. In fact, many people can choke and become unconscious before they are engulfed by the fire.

The FR Tower incident in Banani last year has major consequences for

beyond the number of permitted floors is a major violation of building authorities' approval (in this case that of Rajuk), it is beyond my comprehension how a qualified architect can design such a commercial high-rise lacking in safe fire exit knowledge. It should be noted that all high-rises (residential, commercial and or office complexes) designed with open and single stair exits are at great risk of causing death to its occupants from potential smoke asphyxiation and actual fires.

Building with an open staircase and no second means of exit is a recipe for disaster. All the designer has to do is to review multi-rise building plans in Architectural Building Standards and consult NBC (National Building Code) Bangladesh and International Building

types of plans exist currently.

The new corona unit at the United Hospital, as I understand from media reports, did not have an approved fire exit plan and a second independent means of fire exit leading directly outdoors. Most of the hand-held fire suppression systems had expired and were not working properly. It was a plan poorly designed and implemented by people lacking basic knowledge of fire exits, fire suppression and fire controls, and was thus destined for disaster.

Architects and building regulatory authorities need to educate themselves in these fields thoroughly to prevent such tragedies from recurring in the future.

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# When harassment is the norm

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SOMETIME during the pre-lockdown era, I was standing in queue at the Dhanmondi branch of a renowned bank. After about 10-15 minutes when I finally approached one counter, the teller looked up at me and then peered into his computer screen and again returned his gaze to my face. I shifted uncomfortably as I could not understand if he was suspicious about my identity. I was, after all, visiting the particular premises after a while. Finally, the fellow asked, "you used to have long hair?" "Yes..." I was thoroughly confused by the question. He nodded. "Yes, Ma'am, the picture on your account is one with longer hair." I heaved a sigh of relief. But it was too soon. The teller said with a beatific smile, "grow your hair long again; you'll look so beautiful."

As I walked away from the bank, I kept on asking myself what happened in there. Did I ask or behave in a manner that could prompt such conduct on part of the teller? A complete stranger, he had no right to say what he said to a client who had approached him for a service. Not just that it is unprofessional, but also inappropriate. It took some time for me to realise that what the bank teller did was a form of harassment. At the same time, I am also sure that many would take it as a compliment simply because we are not taught where the boundary between compliment and sexual harassment lies; or who can compliment us and who cannot. When I shared this story with others later, most were outraged, but one or two also said, "oh, he meant well. He thought you're beautiful!" I would say when we encourage this kind of comments, it leads to worse.

Most forms of sexual harassments start with teasing or inappropriate comments. Teenage girls going to school are teased by local boys with cat-calls and provocative comments. The unbelievable part is that in most cases, the girls are told by their friends and family members that it is normal for boys to do that, but a girl should never respond to the boys' comments or teasing. For women, therefore, sexual harassment is the norm. If you are pretty, you will be harassed because of your prettiness. There is another picture that says that if nobody teases you on the way to school or college,

or bothers you ever on social media or by phone, it is because you are not attractive. Years ago, a friend of mine had confided in utter mortification what her older sister had observed: "doesn't any boy follow you and call you pretty? I had so many boys disturbing me on the way to the school! That's so strange!" Strange indeed!

It is actually high time that we ask ourselves where we stand ethically and morally. What do we want to teach the future generation? Can sexual harassment be a form of acceptable praise? To what extent are we willing to put up with workplace harassments where women are expected to shrug off or even accept such comments as compliments?

I belong to the educated class, work at good institutions and am more privileged than most women of my country. I do not have to face the day-to-day harassment that the larger class of working women

to trivialise efforts and achievements of women.

Unfortunately, the entire social system of Bangladesh is full of harassments of all sorts. So much so, that sometimes we do not even realise that we are being harassed or that sometimes we are participating in it. In fact, this is only a part of a deeper cultural problem. We may shudder at the racial firestorm that has engulfed the western world at present; we may feel blessed that we are not residents there; but that should not make us feel any more secure. When I first went to the US for my doctoral studies, I suddenly became aware that I was brown, and I was different from most of the people around me. I felt awkward when I was asked if I faced difficulties using commodes or hand-showers because after all everybody knows that Bangladesh is a poor country and everybody lives in hut. But when I came back to Bangladesh after getting my



have to endure. The male colleague sitting across from me does not ogle me as if I am a tasty morsel. And yet, I have to admit that I have heard some of the so-called educated men say, "women work for no good reason. They are greedy and dissatisfied with their husbands' income and hence they work." Or, "what will you do with so much money? You are a woman!" Such comments arise from the typically chauvinistic attitude that tend

PhD, I was reminded of another aspect that I had forgotten in the US—the fact that I am a woman and I cannot act, behave or dress as I feel comfortable. I must act a part; I must act the way society expects me to.

Somehow, the social discourse in Bangladesh includes making fun of others, insulting and laughing at people's shortcomings. Body shaming and snide remarks on complexion are also a big

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part of the culture. The shaming culture which we minimise as "leg-pulling," starts early in life—sometimes even in one's own family for being a girl or having dark complexion. Children with dark skin are often called Kalu, Kali or Patila (bottom of a pot), and nobody is bothered by the pain such nicknames cause. This culture is widespread in schools, where even teachers often participate in insulting or humiliating students who are different, overly curious, or sometimes simply because they belong to different ethnic or minority groups. Digging at one's private matters and airing the dirty laundry of our neighbours are our favourite pastimes. Of course, this practice exists in every culture, but we have taken it to a different level altogether. We thrive on it and it exists at every level of the society.

During my stay in the US, a friend had asked me, "why is Bangladesh so poor? Why is your country so backward when I see so many talented people from Bangladesh here?" I had deflected the question with a smile back then; but I have often wondered why we are the way we are. Why can't we stand united and why do we indulge so much in a culture that involves shaming, humiliation and harassment? I have not yet found an answer. Perhaps there is none.

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