EDITORIAL



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Levying fees on Covid-19 testing unacceptable

It is the poor who will bear the brunt of the decision

T a time when Bangladesh still lags behind many countries in terms of conducting aggressive testing of people, as suggested by the World Health Organization and health experts, the government's decision to levy fees on Covid-19 testing will discourage the poor people to get tested even if they show symptoms. Although the government's stance so far was to conduct Covid-19 tests at public facilities free of cost, it has changed its position now and fixed fees for conducting the tests-Tk 200 (if samples are given to dedicated sample collection booths or public hospitals) and Tk 500 (if samples are collected from home), according to a health ministry circular issued on Sunday. While none of the other South Asian countries charge any fee for the tests at their public healthcare facilities—and it is rare anywhere in the world to impose such a fee at government-run facilities—our government's decision in this regard is unfortunate.

Although the health ministry circular says that the decision has been taken "to avoid unnecessary tests and ensure better management," health experts say it will not serve the purpose and will rather be counterproductive as it will impose an additional burden on the poor who need to get tested. Also, imposing fees on testing will not stop "unnecessary tests", it will rather need professionalism and training of the service providers who can stop taking unnecessary samples by properly examining the history of those who want to get tested. Besides, at a time when the country is witnessing a continuous surge in Covid-19 deaths and infections, it is difficult to term any test as "unnecessary". It is also not understandable as to how the government would "better manage" the situation through charging fees for tests.

Considering the current upward trend of the infection rate, the government should focus on expanding its testing coverage, because increased testing is key to containing the outbreak. It should also ensure that testing is not disrupted anywhere due to a shortage of kits and a lack of bio-safety labs and skilled manpower. Levying fees on testing at this time is not a well-thought-out decision, and we hope the government will reconsider it.

Farmers in flood-hit areas need urgent protection

Immediate assistance should be followed up with long-term solutions

VER the last few days, large swathes of land in the north and north-eastern districts of Bangladesh have been inundated, creating fears of farmers incurring huge losses as croplands have become submerged under flood waters. These crops include jute, Aush paddy, vegetable, grains and seedbeds of Aman paddy. The floods have come as a double blow to farmers struggling to deal with the fallout on market supply and demand due to the pandemic, and are now having to deal with the loss of their property and potentially catastrophic damage to the crops on which their livelihoods depend as well. According to officials of the Department of Agricultural Extension (DAE), some portion of the crops can be saved if the flood water recedes quickly, but almost all the crops will be damaged if the water stays for one week. This flooding has occurred in Bogura, Gaibandha, Lalmonirhat, Jamalpur, Sylhet and Sunamganj, with char areas being hit particularly hard. Overall, almost 27,000 hectares of cropland have been affected, with hundreds of thousands of families finding themselves in particularly vulnerable situations as a result. We urge the government to provide immediate assistance to the affected farmers and their families. There is no room for complacency-the local governments in the flood-hit areas must provide relief without delay. This will not only involve food support and essential supplies, such as face masks and soap to deal with the scourge of the pandemic, but also financial assistance to make up for lost property and to ensure that farmers are able to go back to farming the land as soon as the waters recede. These floods demonstrate the importance of making long-term plans to respond to such situations as well. Last year, during monsoon, almost one-third of the country went underwater, and over 200 people in South Asia lost their lives in flash floods and landslides, according to an AFP report. A UN study published on March 21 said that more frequent and severe floods are likely in Bangladesh and India due to climate change, and by 2030, floods could cost South Asia as much as USD 215 billion each year. In this context, the government must seriously take up the fight against climate change and come up with sustainable solutions to help farmers deal with its adverse impacts.

Bangladesh's struggles with money laundering



said that it is not only that money laundering "creates macroeconomic distortion["], but it is "largely destroying our country in various ways". Those were some strong words. And if we look at the data, in the context of Bangladesh, using strong words to describe the curse of money laundering is necessary.

A number of reports released by Global Financial Integrity (GFI) in recent times have pinpointed Bangladesh as being among the worst affected countries to the scourge of trade-based money laundering (TBML). According to GFI's President Raymond Baker, "Illicit financial flows are the most damaging economic problems faced by the world's developing and emerging economies." This means we are among the countries worst plagued by one of the biggest problems (among all the problems) out there that developing countries are

having to deal with. According to GFI, USD 61.6 billion were siphoned out of Bangladesh between 2005 and 2014, which is equivalent to 25 percent of its GDP in FY 2016-17. Between 2008 and 2017, Bangladesh lost a staggering USD 7.53 billion per year on average to trade misinvoicing, which accounted for 17.95 percent of Bangladesh's international trade with all its trading partners during

the period. In a more recent report, GFI revealed that USD 5.9 billion was siphoned out of Bangladesh through trade misinvoicing in 2015—and that Bangladesh is one of the top 30 countries in terms of illicit financial flows.

Similarly, Transparency International Bangladesh (TIB) reported this year that some USD 3.1 billion or Tk 26,400 crore is being illegally remitted from Bangladesh every year. Though it is lower in comparison to the GFI's

estimates between 2008 and 2017, even this amount would have deprived the government exchequer of about Tk 120 billion as revenue each year, which is significant.

In 2002, Bangladesh became the first country in South Asia to promulgate the Money Laundering Prevention Act in line with the recommendations from the Financial Action Task Force (FATF), an intergovernmental organisation which combats money laundering. But experts



have criticised the government's effort to implement the recommendations. Among those that are unconvinced with the government's work is the Asia/ Pacific Group on Money Laundering, the global body that ranks countries. In 2016, the organisation even warned the government that Bangladesh was in danger of being branded as a "risky" country when it comes to money laundering and terror financing.

Yet, according to Dr Iftekharuzzaman, Executive Director of Transparency International Bangladesh, money laundering still enjoys impunity in Bangladesh. In a recent article for The Daily Star, he wrote: "Any crime is bound to flourish when laws and regulations are not enforced and violators are not held accountable. This is exactly what has been happening with money laundering in Bangladesh." Though there has been a decrease in total deposits by Bangladeshis in Swiss banks, as recently revealed

than its market rate. Other purchases of medical gowns, software, website development and audiovisual clips under an emergency coronavirus project were similarly excessively billed

by the Swiss Banking authorities, Dr

more likely due to money launderers

Iftekharuzzaman highlighted that it was

preferring other destinations, rather than

Only recently, the Nikkei Asian Review

the amount of money being laundered

prices paid for procurement of medical

personnel safety goggles at USD 59 a

pair, which is almost five times more

from Bangladesh actually decreasing.

did a story on how the Directorate

General of Health Services quoted

Similarly, grain imports from Canada jumped up from USD 438 million in 2018 to USD 1.08 billion in 2019, according to Statistics Canada, representing a 128.31 percent rise. But according to the Bangladesh Bank's statistics, the country-wise import payments for grain do not match with the Canadian figures. According to the BB, import payments to Canada in the fiscal year 2017-18 stood at around USD 500 million only. Therefore, it is quite likely that at least some part of that huge discrepancy occurred due to money

laundering. As the finance minister himself said, money laundering causes various economic problems. According to one senior BB official quoted by an English

daily, one such problem came in the form of the price of the US dollar seeing an upward trend in Bangladesh earlier in the year, when its price was actually declining in the international market. In the words of the official, "The price of the dollar has increased against the taka because of a rise in money laundering ... The Bangladeshi currency is being sent to Malaysia, Singapore, Australia, and Canada.

Years ago, India used to top the charts of GFI reports. However, after WikiLeaks disclosed its massive offshore banking problem, and following significant criticism of the government's failure to address it, policy reforms in the country along with an annual automatic exchange of banking information with Switzerland-letting India access information on bank accounts held by Indian citizens in that country-led to nearly a 50 percent drop in Indian deposits in Swiss banks over a oneyear period. There is no question that launderers probably found other ways to launder their money. But by increasing their cost of laundering money, the Indian government did disincentivise money laundering to some extent.

Meanwhile, our government has decided that it will once again provide people the opportunity to whiten black money during the budget announcement. This, according to experts, incentivises money laundering. Besides that, lack of regulatory monitoring and supervision of financial activities of individuals and enterprises is allowing criminals to hide their actual financial reports. And in the absence of proper coordination between agencies (domestic and international), preventing financial crime becomes even more difficult.

Sadly, Bangladesh meets almost all the requirements necessary to make it a perfect victim of largescale money laundering-including the fact that its government's policies have fallen far short of disincentivising money laundering and have, in fact, facilitated it at times That has mostly happened because, as Dr Iftekharuzzaman wrote, the perpetrators of the crime have usually been "tied to the power structure" and hence have often "determined the terms" that have allowed them to get away with it.

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Fear of the unknown: Stories of Covid-19 in Bangladesh

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China, India should act more responsibly

Amidst a global pandemic, two nuclear-armed countries like China and India are in conflict with each other over their borders. If the conflict escalates further or a war does break out eventually, it will not be limited to the borders of these countries only but rather have a devastating effect on many of the neighbouring countries as well. The livelihoods of a large number of people in the region may become uncertain and innocent civilians may lose their lives. Therefore, it is the responsibility of China and India not to engage in conflict but find a peaceful solution to the problem. I hope the people of China and India will build an anti-war movement in their respective countries and force their governments to find a peaceful solution.

Biplob Biswas, by email

patient on ventilatory support was removed from the ICU of a **1** private hospital in Dhaka when it was found that he was Covid-19 positive. The patient passed away after a short time. After a brain stroke, a 22-year-old non-Covid-19 female patient was taken to the hospital where she worked as a nurse. She was denied admission to the ICU as her family could not produce a Covid-19 clearance certificate. She expired a little later.

These and many more cases, too numerous to list here, demonstrate that the possibility of finding a hospital and a team of physicians ready, able and willing to treat patients, whether Covid-19 positive or negative, is difficult in Bangladesh unless one is well-heeled, or well-known, or well-connected. Clearly, these incidents are in blatant violation of the government's order forbidding hospitals from refusing to treat possible Covid-19 patients.

Meanwhile, as scientists from across the world are striving hard to slow the spread of the virus and to find effective treatments, a team of doctors from the Bangladesh Medical College Hospital claim to have achieved "astounding" success in treating patients suffering from Covid-19 with two commonly used drugs: Doxycycline, an antibiotic, and Ivermectin, an antiparasitic drug. Soon after the news media ran the story, both these drugs disappeared lickety-split from the shelves of pharmacies all over Dhaka.

The concept of treating a virus with antibiotic or anti-parasitic drug has no scientific basis. The doctors did not pursue the normal protocol that is assiduously followed in the research and development of any new drug. Instead, their claim has allowed the sale of unproven medicines among a hysterical population. There was tremendous price-gouging in the process, each drug selling at 1,000 percent more than the regular price. After all, when we feel existentially threatened by a deadly virus, and doctors claim we can take control of our health with a product available at local pharmacies, the price becomes immaterial.

Surprisingly, deaths due to Covid-19 in Bangladesh remain relatively low-1.3 percent of those infected as opposed to 5.1 percent worldwide. Is there a scientific reason for the unusually low death rate? We do not know, but we can conjecture. In terms of the number of tests,

Bangladesh remains at the bottom among the South Asian countries. Manifestly,

fewer tests mean fewer infections. Apart from that, due to the sheer size of the population and because tests are done mostly in big cities, only a small part of the picture is visible. Also, the lockdown in the populous cities was fairly strict with police involvement at every step of its enforcement.

Furthermore, an average Bangladeshi with a median age of 25.7 years is bombarded year-round with bacteria, viruses and parasites. Additionally, endemic diseases such as Dengue, Chikungunya, Hepatitis (A, B and C), together with amoebic and bacillary

with suspected patients having the least financial wherewithal to take care of their regular medical bills, let alone pay for their care in the ICU, should that ever be necessary.

Moreover, while current focus is on treating Covid-19 patients in a hospital environment, those suffering from other life-threatening ailments are ignored or set aside. This will create far more morbidity and mortality after Covid-19 eventually tapers off.

Besides, confusing medical information fed regularly to the public and the plethora of statistics continually



PHOTO: AMRAN HOSSAIN

A man carrying his wife, a kidney patient, out of Dhaka Medical College Hospital on June 21, 2020 after they were told that only admitted patients could get tested for Covid-19 there. She used to get her dialysis done at the Kidney Foundation Hospital in Mirpur-2 but it denied her treatment, asking for a Covid-19 clearance certificate.

dysenteries, have never left the country. By living amidst these diseases, the youthful population as an organic body has gained some degree of immunity, which their counterparts in affluent nations do not have, as they are hardly exposed to these diseases.

Having said that, health care system in Bangladesh is least equipped to handle a pandemic such as Covid-19. Private hospitals-an integral part of health care in major cities-have failed miserably to respond to the crisis. No significant effort has been made by them to triage clinically symptomatic patients who could be considered Covid-19 positive. This has more to do with bottom line considerations. They probably feel that their facilities might get inundated

being bandied about the affected demographics need to be sorted out carefully. In particular, it is important to make a clear distinction between a patient "dying of Covid-19" and "dying with Covid-19." For example, in all likelihood, an 80-year-old person with multiple comorbid conditions and who is Covid-19 positive may have died with Covid-19, rather than died of Covid-19.

As the number of Covid-19 cases exceeds 10 million globally, with half a million deaths, many countries are still suffering from sustained community transmission. As such, the pandemic for these countries, including Bangladesh, has not peaked yet. In fact, public health experts fear that there will be a massive resurgence of the virus this fall as it sickens people simultaneously with the

easonal flu.

This brings us to the question: When will this invisible killer disappear? Just like influenza, it will never, ever disappear completely, despite an effective Covid-19 vaccine, and antiviral drugs are forecast to be approximately 12 months away. That is because since that fateful day in December 2019, when somebody in Wuhan decided to snack on a bat, or a rat, or a snake or whatever it was, the course of history changed forever. The coronavirus found a good host in us. And when a virus finds a good host, it becomes part of the host species' existence forever.

The virus is impalpable. It is blind to age, sex, race, wealth and social status of its victims. Neither does it respect international boundaries. It also lies totally outside the elaborate social nuances we have carved out through patterns of communication, representation and discourse. These traits have made Covid-19 a lethal adversary, so much so that in an "era when it is easier to smash an atom," we are unable to kill this virus which is 1,000 times larger. Rather, the virus has turned our world upside-down, leaving us scared, lost, devastated and defeated.

Hopefully, exposure to Covid-19 over time, just like the influenza virus we are seasonally exposed to each year, will create a critical mass-60-70 percent of the population-that will develop "herd immunity." In the meantime, the virus is winning. Consequently, more people, particularly the vulnerable ones like the elderly and those suffering from multiple chronic illnesses, will test positive in the ensuing months and succumb to the disease.

The pandemic has spurred calls for national unity. But as in so many aspects of our life, politics and corruption in Bangladesh are dividing the population at a time when they are facing financial, social, moral, religious, psychological and emotional problems. Nevertheless, until the pandemic subsides, our solemn duty toward social distancing, unflinchingly wearing face masks in public places, and practicing strict hygiene should be paramount. That is the daunting reality confronting us. The sooner we vow to embrace this reality, the better we will be equipped in matters of reduction of our stress and anxiety levels, and thence, march as one global community on the path of general wellbeing, human welfare and world peace.

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