

# The Daily Star

FOUNDER EDITOR  
LATE S. M. ALI

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## PM insists on dope tests for drivers

*We welcome the move*

**I**N an event organised on the occasion of the National Road Safety Day 2020, Prime Minister Sheikh Hasina instructed the authorities concerned to ensure drug tests for all vehicle drivers. We applaud the premier's stern directive to institute a system for dope tests, as drug abuse among drivers has long been identified by experts as a major cause of reckless driving and road accidents. The Dhaka Road Transport Owners Association's General Secretary Khandakar Enayet Ullah himself stated in February this year that an estimated 40 to 50 percent of drivers working in Dhaka city were drug addicts, while the Passenger Welfare Association of Bangladesh's Secretary General Mozammel Haque Chowdhury claimed that as many as 85 to 90 percent of drivers could be abusing drugs.

The High Court had directed the government to introduce a system to test drivers for drugs in June last year, but unfortunately, the authorities could not do so within the specified timeframe. In September 2019, there was an announcement that drug tests would be arranged for drivers in Dhaka from December onwards but the decision was later reversed as transport workers were already protesting the newly implemented Road Transport Act 2018. Time and again, we have observed how much-needed changes in the sector have been put on hold to appease transport workers, and we are glad that the prime minister herself has chosen to intervene on this crucial issue.

It is imperative that the authorities waste no time in figuring out the modalities for ensuring that the dope tests are conducted in a reliable and systematic manner. In a country where so many drivers don't even have proper licenses or fitness certificates for their vehicles, how will the authorities certify and monitor drivers who abuse drugs? How will they ensure that errand drivers cannot obtain negative test results through bribes to officials charged with the task of testing them? How often will dope tests be conducted? These are important questions that the authorities must resolve if the tests are to help bring down the number of road accidents in the country in a meaningful way.

## Legal reforms necessary to improve mental healthcare system

*Available services grossly inadequate*

**A** recent report published in this paper reveals that the already pathetic state of the legal framework governing the mental health sector in our country further worsened during the pandemic. According to the National Mental Health Survey in Bangladesh (2018-19), some 17 percent of Bangladeshi adults suffer from mental health problems, although the actual numbers are likely to be much higher. It is worrying that Pabna Mental Hospital, where a majority of patients from across the country seek treatment, remains understaffed with only 500 beds, and out of the 25 allotted posts for doctors, 13 are still vacant. Repeated requests from the hospital management to the higher authorities for action seem to have fallen on deaf ears.

The need for better quality mental healthcare and psychosocial support is more urgent now than ever, especially because of the pandemic's impact on many homebound people and children. The support that our government provides in this regard falls short, even though the recently enacted Mental Health Act, 2018 entrusts the government with the responsibility of regulating, developing, controlling, expanding and co-ordinating the activities associated with mental health services. However, the Act falls short of addressing the economic burden of the mental health care system, which often deters people—especially those from lower-income backgrounds—from seeking the support they need. It does not lay out what happens if the government cannot or does not ensure implementation of the provisions under the law, or how to hold those who violate the human rights of persons with mental health issues accountable.

It is upsetting how grossly neglected mental health is in Bangladesh. Given the poor policy attention mental health receives, it is very important to revisit the law. It must be made more inclusive in order to address the dire state of the mental health sector. Furthermore, we must prioritise the implementation of existing provisions in the law and allocate sufficient funds from the national budget to boost the capacity of our flailing mental healthcare system. It is our ethical and moral responsibility to extend care towards those who cannot care for themselves.

## LETTERS TO THE EDITOR

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### Chaos over cables

For the third time, the overhead internet and television cables in my area were cut by the city corporation in the name of enhancing the beauty of the city. This disrupted crucial services, especially for those of us who rely on internet for education or work purposes. I cannot comprehend how they could do such a thing without any prior notice. With the pandemic still raging, people are in enough trouble and anxiety already. This added stress was not necessary at all. Thankfully, the authorities have finally resolved the issue after a meeting among the Internet Service Providers' Association of Bangladesh (ISPAB) and The Cable Operators' Association of Bangladesh (COAB) and the Dhaka South City Corporation. Hopefully, people will have to suffer no further disruptions in the future.

Tehreen Islam, by email



BLOWN' IN THE WIND

SHAMSAD MORTUZA

**H**AVE you ever put your ear to the rail to listen to the rumbling sound of an approaching train? I have. Many of us have. When we were children, we tried to make sense of the world with curiosity and

innocence. Even a simple law of physics such as the traveling of sound through metal would have stirred us, excited our imagination. The cold steel on the track, smoothed by the constant frictions, would announce from a distance the arrival of a train carrying a hundred different passengers with a hundred different stories. We would have heard the metallic noise, but not the human voices it carried—the human stories it contained.

Grownups rarely have the curiosity to press their ears to the track not only because it is silly but also because it is dangerous and dirty. One man in Rajshahi decided to do so. He had no intention of moving his head away when the Rahanpur-bound commuter train was passing by. His head was instantly severed from his body, which had a suicide note.

"Jalal, Kalam and his son Rana and others have beaten me hard and broken my arms and legs. The pain and the trauma are unbearable... Three people who mattered the most in my life are my mother, daughter and wife. I cannot take it anymore. Please give the main copy of this note to my wife, and the photocopy

*Emrul's death is a public statement. He wanted the world to know about the wrongs that had been done to him. His depression and derangement are the likely causes of the extreme method that he has chosen. His incapacitated state has perhaps contributed to his self-immolation.*

to police."

The 40-year-old Emrul Hasan thus ended his life. His enemies had taken away his land and left him in a crippled state, making it difficult for him to go to court and seek justice. He came to Rajshahi from his village in Chapainawabganj to receive medical treatment, and was staying at his sister's house in Rajshahi. Last Monday, he told his family that he was going out for tea. Instead, he walked to the rail track in his crutches and chose to lay his

unusual". Many of the eye-witnesses will be traumatised for days to come. But once the police formalities were done, I am sure the track was cleared, and it was business as usual. The commuter train thus becomes a symbol of our own frets and furores; the desire to remain on track of our own destination. Emrul's death is simply a story we picked up along the way. We suspended our activities for a while to watch the drama or read the story and then opted to move back to our daily

burden to his family? As a crippled man, did he feel that he did not have what it takes to have revenge? The note does not say. It does not explicitly mention what he actually wanted to accomplish: punishment for those responsible for his death, return of the land that his enemies had occupied by force, or simply an end to his misery. Instead, he allowed his staged silence to speak, urging us to fill in the void. We can read it as a protest against injustice.

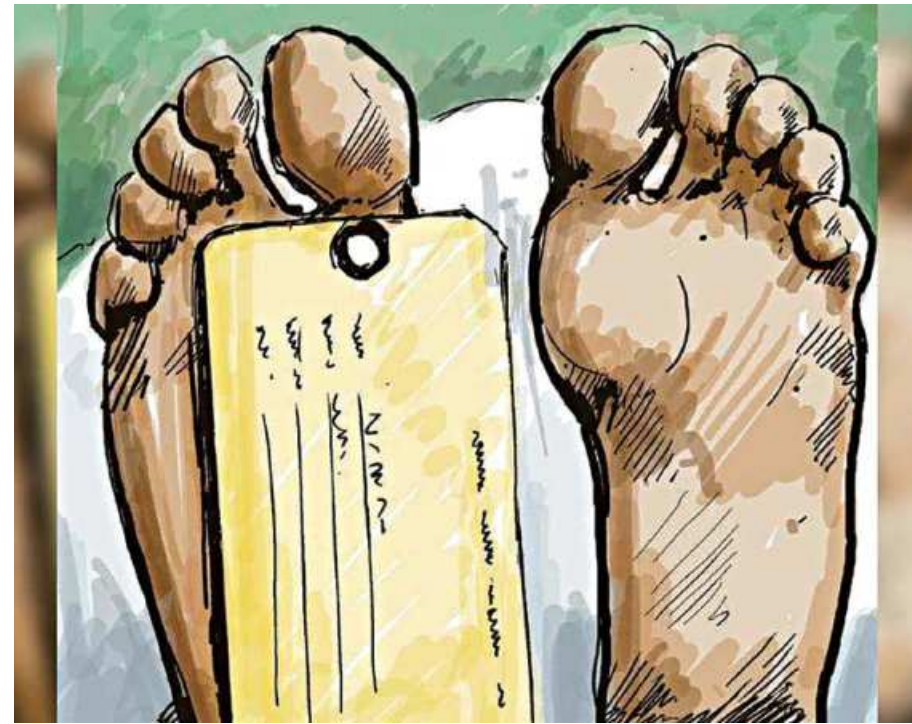
Did the "suicide protest" affect us in any way to think out of the ordinary? Would it have the same effect if Emrul decided to hang himself or take poison? Does the speed of the method of suicide (rapid, as with self-immolation, or slow, as with fasting) produce different outcomes? Can we consider this suicide protest non-violent as he tried to redress the violence done against him though an act of self-violence? How different is it from other forms of suicide?

According to a 2017 report, the average rate of suicide in Bangladesh is 39.6/100,000. The facts vary within the country, and in the western regions the rate is as high as 128/100,000. In the absence of systematic suicide surveillance, it is hard to trust these numbers. Besides, these rates are only the tip of an iceberg—for every suicide, there are many more attempted ones every year. You may wonder why I am "glorifying" one death, especially when there are such deaths aplenty. Moreover, talking about it does run the risk of encouraging others to go for self-harm, violating the legal and religious prescriptions.

What is the alternative? Be a heartless train with a heartless engine? And think of it as only natural even though Rajpara Police have booked a case of Unnatural Death (UD) for the incident relating to the death? The headless body of Emrul with its mutilated and muted mouth has a tale to tell, but do we have the ears on the track to listen to it? Can we not prevent such a death by going to its root causes? In this case at least, we know that Emrul's private space was terrorised and occupied. He came to the public space to act out a public protest so that we do something about the violated space. As someone said, behind every act of suicide there is a desire not for death but for being rescued.

The evil three who disrupted the balance of life must be brought to justice so that the loved three of Emrul can relish his memory with some comfort.

Shamsad Mortuza is a professor of English at Dhaka University (now on leave). Currently, he is Pro-Vice-Chancellor of ULAB.



Representative image.

ILLUSTRATION: TOI

head down in front of a moving train. The suicide note mentioned the phone numbers of his relatives, details of his creditors, and even instructions regarding his funeral. It was not a whimsical act; he scripted his own death—something that is not permissible in both law and religion.

While reading the news in *Bangladesh Pratidin*, I could not help but think of the nonchalant train and its metal heart. Despite the public attention (however little) that this staged performance of Emrul Hasan has drawn, the train will have little consideration for whether and how suicide constitutes a unique form of social protest. Maybe the locomotive has been there for a long time to witness many such horrible incidents and learn to ignore such anomalies. Few of the locals perhaps will think of this day as a day when they did something "slightly

routines. Do we really have the time to internalise the message that Emrul was trying to give?

If you ask me, Emrul's death is a public statement. He wanted the world to know about the wrongs that had been done to him. His depression and derangement are the likely causes of the extreme method that he has chosen. His incapacitated state has perhaps contributed to his self-immolation. The letters in his pocket, however, suggest that he did not want this to be understood as a psychological drama or internal issue. After all, through its theatricality, his death refused to be anonymous. He wanted his body to be found intact so that the Jalal-Kamal-Rana trio could be named. His anger against the trio is distinguished from the love for his mother-daughter-wife. As a crippled man, did he feel that he was becoming a

## Strengthening Covid-19 response to save lives and build a healthier future



POONAM KHETRAPAL SINGH

**F**OR more than nine months now, the WHO and its Member States in the South-East Asia Region have responded to the Covid-19 pandemic with speed, scale and solidarity. Speed, in efforts to control local outbreaks by acting on epidemiological evidence. Scale, in the whole-of-government, whole-of-society buy-in that leaders have mobilised to help people stay safe, healthy and well amid our "new normal". And solidarity, because from the beginning of the outbreak, countries have reinforced each other's defences, whether by sharing key resources or identifying and communicating best practices.

To strengthen the response and save lives, national and local authorities must continue to apply the WHO's transmission classification model while learning from each other's successes in preventing and controlling hotspots and clusters, which account for the majority of new cases. Fast and frugal innovations—for example, universal mask wearing, the provision of hand hygiene resources and safe water to all communities, and the delivery of high-quality information including locally tailored risk communication—have proven especially valuable, and should be leveraged to maximum effect.

The Member State resolve to control Covid-19 remains steadfast, as it must be. In early September, at the WHO's annual governing body meeting in the Region, countries issued the Declaration

*National and local authorities must continue to apply the WHO's transmission classification model while learning from each other's successes in preventing and controlling hotspots and clusters, which account for the majority of new cases.*

on the Collective Response to Covid-19, highlighting their commitment to build on the Region's many strengths in responding to the pandemic. Of particular focus was securing the occupational safety of health workers, strengthening health information systems and the uptake of digital health technologies, and advancing health policy and systems research on Covid-19.

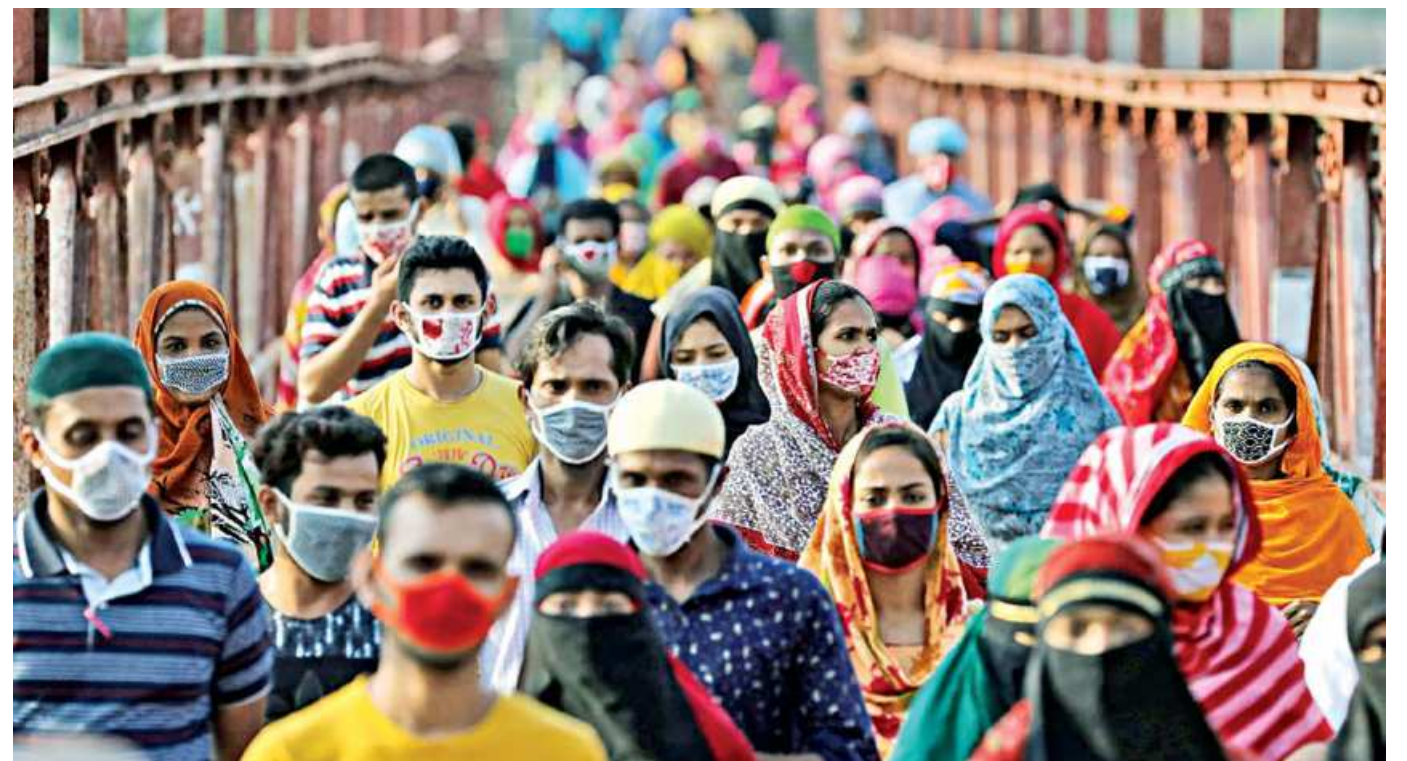
Crucially, the Region reaffirmed its commitment to strengthen and maintain essential health services, which is a core

and productive throughout the pandemic.

But more than nine months into the response, additional investments in health are needed, not only to strengthen the response and save lives, but also to enhance health system resilience into the recovery and beyond. Countries face hard choices amid intense fiscal pressures. The latest projections from global financial institutions suggest that in 2020 most countries in Asia Pacific face a decrease in GDP, which could exceed 10 percent.

equipment and laboratory supplies to all countries in the Region and continues to bring countries and partners together via the WHO-supported partners platform and central supply portal.

Through its Solidarity trials, the WHO is facilitating Member State participation in global research and development efforts, and through the Access to Covid-19 Tools Accelerator and COVAX Facility, the WHO is working to ensure all countries have access to the life-saving



Evidence-based action and investments are needed to strengthen the Covid-19 response and build a healthier, more health-secure recovery and future for all.

PHOTO: REUTERS/MOHAMMAD PONIR HOSSAIN

pillar of the WHO's strategic preparedness and response plan and has been one of the Region's key points of focus. Across the world, the emergence and spread of Covid-19 has caused significant disruptions to essential health services, risking increased morbidity and mortality from non-Covid health issues. Our Region is no exception.

To overcome such disruptions, countries have applied a range of measures that address demand and supply-side barriers—for example, task-shifting among health workers, leveraging the potential of telemedicine, developing novel supply chains and medicine dispensary options, and better engagement with the private sector. These and other solutions must continue to be applied to ensure all people can access the services they need to stay healthy, well

But investing in health is proven to promote the sustainable social and economic development upon which progress in all policy areas relies. In ordinary times, every dollar invested in health yields an average return of between USD 2-4, which can be up to 20 times higher in low- and middle-income countries. That return is multiplied many times over when one considers how investments in common goods for health can protect against acute public health events, the impact of which is now clear to all.

The WHO will continue to provide Member States its full technical, operational and material support, including by mobilising international and global partners. Despite a near-global shutdown, the WHO has rapidly procured and delivered critical personal protective

goods such efforts produce. The WHO will continue to support Member States in the Region to strengthen the policies and delivery systems required to efficiently and equitably roll out a safe and effective Covid-19 vaccine once developed.

No outbreak is too big to control, and it is never too late to aggressively apply the basic public health measures that we know work. The WHO will continue to support all countries, whatever the transmission scenario, to apply the evidence-based interventions needed to control the spread of Covid-19 and save lives. We will continue to support all countries to achieve the healthier, more health-secure recovery and future to which we strive.

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