

Doesn't the health ministry have a complete list of hospitals?

Why is there such apathy when human lives are at stake?

ACCORDING to a report published by this newspaper, the health directorate has asked civil surgeons to ensure that all unauthorised private hospitals, clinics and diagnostic centres in the country are shut down as soon as possible. After a meeting with the owners of private hospitals on August 9, the authorities had decided that all private medical colleges, hospitals and clinics must apply for licences—either to renew them or get new ones—by August 23. After that, the authorities said, 13,000 such organisations applied online for licences within the deadline and nearly 2,800 others did not—and that there are “probably” some other establishments which they will have to look into. What we understand from this is that the health ministry does not have a total list of how many hospitals and clinics there are in the country—how many authorised and how many unauthorised. And that is truly shocking.

For any product, there are always stringent controls, including quality controls. Then how can we be in a situation where we now have to list how many hospitals and clinics there are and also verify them? The product we are talking about here is healthcare, and what is at stake is human lives. Why, then, haven't the authorities taken this seriously? Isn't there a standard procedure on how to set up a clinic? Don't hospitals need to get licences or other necessary documentation to set up?

If we take just one case, that of a police officer with mental health issues who went to Mind Aid Psychiatry and De-Addiction Hospital, we see the true state of this sector. ASP Anisul Karim was apparently beaten to death by staffers of the hospital, which had no DGHS authorisation except for a “license” from the Department of Narcotics Control allegedly. Why will a hospital have registration with the Department of Narcotics Control? What is clear from this is that this sector is in complete chaos.

The fact that the authorities have failed so miserably to properly monitor and ensure quality control in a sector that literally deals with human lives and is supposed to be the difference between life and death is shameful. Someone needs to be held accountable for this. Consequently, all efforts should be made to register each and every private clinic and hospital and then monitor their quality.

An elderly woman hawker living independently, helping others in need

She deserves society's respect and care

A story published in this daily yesterday of a 60-year-old woman, who has been living on her own and earning her living by selling newspapers for the last 30 years in Rajshahi city, has touched our hearts. Born into a well-off family, Dil Afroze Khuki was married off at a very early age, but then her husband died and she became a very young widow. She started working as a newspaper hawker by selling the now-defunct Rajshahi-based weekly Duniya in 1991, and has been working as a newspaper hawker ever since. She lives in the house she inherited, without anyone to take care of her but herself.

This courageous woman is not only living independently with her progressive views about the world but also helping others in need. She chose a life of constant battles by giving away her hard-earned income to the people in need. She bought sewing machines and bicycles for several young women and their husbands and helped a number of families become self-reliant by buying them cattle. Besides, she regularly donates to orphanages, mosques and temples.

She sells over 300 copies of newspapers every day, which is an amazing performance for a woman of her age and frail health. Unfortunately, Khuki's pursuit of a self-reliant, dignified life has not always received the appreciation she deserves. According to locals, she had to endure repeated harassment and assaults for living the life she has chosen to live. People often call her “crazy” and mistreat her. But this spirited woman does not care what people say to her, and carries on walking for miles on end selling newspapers. To her, earning an honest livelihood is more important than aspiring for wealth or climbing up the social ladder.

Dil Afroze Khuki's pursuit of a dignified life should be respected by all. She has set an example of selflessness and compassion for which she deserves our appreciation.

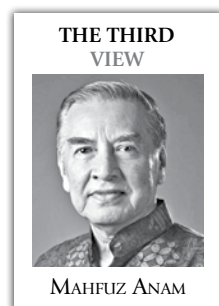
LETTERS TO THE EDITOR

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Oxford Dictionary redefines 'woman'

Oxford University Press has changed the definition of “woman” in the Oxford Dictionary after an online petition launched by a woman in 2019, objecting to its definition of the word. The previous definition contained terms which were quite offensive. Prior to the modification, the dictionary explained “woman” as a person's wife, girlfriend or lover, indicating that women do not have any individual identity. The listed synonyms also projected a negative image of females in the societies. But it's good to know that Oxford University Press has taken this matter into consideration and modified the definition. It should have been done much earlier, but I am glad they finally did it.

Nazia Amin, Dhaka



THE THIRD VIEW

MAHFUZ ANAM

STEALING is bad, but stealing from the poor is perhaps one of the most depraved acts one can think of. But not so for those handling the government's pandemic-related urgent cash assistance programme for the poor. For them, handling the government's dole for those hardest hit by the economic fallout of the pandemic has been the best thing that could have ever happened to them. It is the latest money-making scheme. The government pours in taxpayers' money from one end and the handlers syphon off a large portion from the other and then give out the rest, but mainly to those giving them a cut. This was revealed by the latest Transparency International Bangladesh (TIB) study released on November 10.

The government had allocated a total of Tk 111,141 crore for 20 stimulus packages to assist people and absorb the economic shock of the pandemic. Of this grand total, only 26 percent has so far been disbursed. Predictably, the part meant for large and export-oriented industries has been disbursed at an average rate of 73-100 percent, meaning the rich and the powerful got their money right on time, and in most cases, in full. Inflated figures of loss are ruled out as the assessment mechanism was either weak or non-existent. But as we come down lower in the power echelon—the low-income farmers, small traders, small and medium enterprises—the disbursement is between 21 and 42 percent.

The absurdity of the situation, however, is laid bare when we focus on those brought down to the bottom of the economic pyramid by the pandemic. The government had set aside Tk 1,250 crore to give Tk 2,500 each to 50 lakh hardest-hit victims. According to TIB's latest survey report, 69 percent of the surveyed listed poor are yet to receive a single taka even after six months had elapsed. For those who received money, 56 percent were victims of irregularities and corruption. On an average, Tk 220 had to be paid as bribe to get into the list and get their Tk 2,500, from which amount the agent bankers extracted their commission. According to related reports, there were 3,000 government employees incorrectly included in this list, as were 7,000 pensioners. There were 3,00,000 cases of double entry, meaning people who were paid more than once. So widespread were the irregularities that the government stopped this payment scheme after servicing 35 lakh people out of a total of 50 lakh, leaving the remaining 15 lakh with nothing.

So far, 108 local government representatives have been temporarily suspended for corruption—of them, at least 30 have returned to their posts through writ petitions. No other actions have been taken against them.

This, then, is the picture of how the poor have been served in this crisis. Since the pandemic broke out in Bangladesh in March, the government set up a total of 43 committees to tackle the crisis. Most of them did not function, and some did not even meet, with members

crossing committees and named either without consent or never being informed that they were made members in the first place. The only committee that functioned was the Technical Advisory Committee, but its advice was seldom taken or it was not consulted before taking any policy decision or launching any specific action. The committees were a farce, and so were many of the government's actions like providing PPEs or quality masks to the frontline health workers.

An important discriminatory aspect of the pandemic response action plan of the government is the differences in capacities for handling the situation that exist between cities and rural areas. The capital, unsurprisingly, is best-equipped with other bigger cities being somewhat served. At present, 35 districts, out of 64, have no laboratory facilities for Covid-19

be locked down, government offices had to be closed, schools had to be shut for months risking the loss of a whole academic year, factories had to be shuttered, the economy faced a severe jolt—and yet, our parliament did not feel the need to devote even a single session or even a sitting on it. Stranger still is the fact that, according to the website of the parliament, the standing committee on the health ministry—whose job it is to oversee the functioning of the whole health sector—did not think it fit to meet even once in the last seven months even though more than a hundred doctors and nurses have died while serving the infected. The single fact that the government allocated a special fund of Tk 529 crore in the last fiscal year and an additional Tk 9,736 crore in the present one should have prompted this parliamentary watchdog body to see how

to think that there is no complete list of all the hospitals and clinics operating in the country and as such there is no idea of how many are licensed and how many are not—not to mention, how many really heal their patients and how many are there only to fleece them. We are also unaware what are the different categories of hospitals and clinics that are there. For example, how many are of a general nature, how many specialised for specific conditions, such as for mental health, liver disease, etc.

If not in the area of press and opposition politics, complete freedom appears to exist in Bangladesh to set up clinics or hospitals without any prior permission from anybody. If regulations exist, then how can there be so many unauthorised medical facilities wreaking havoc on our lives? Of the 13,000 that have applied online, we don't know how



Where has all the cash for the poor gone?

PHOTO: SK ENAMUL HAQ

testing. So, with what preparation are we readying ourselves to face the second wave of the virus that is expected to hit us during the winter? We can already gauge the severity of the situation by what's happening in Europe.

Perhaps it is a sign of the wind of “free discussion” that now blows in Bangladesh; so far there has not been any in-depth discussion at any official level about the pandemic. Some brave doctors, specialists and former WHO experts and a section of the media have carried on a valiant—but mostly ignored—struggle to generate some analysis and understanding of what is going on and how we can tackle the situation better. From the side of the authorities, except for occasional press statements and less frequent press briefings, there is very little official initiative to share facts and findings to allow us to better understand the situation and thereby plan our future strategy.

What is incomprehensible is the role of the elected representatives, especially of the parliamentary standing committee on the health ministry. More than 6,000 citizens have died, over four lakh were infected, the country had to

this huge amount of taxpayers' money has been or is being spent.

Take yesterday's press report on the Directorate General of Health Services (DGHS) instructing civil surgeons to shut all hospitals, medical colleges and clinics that do not have license. Prompted by the killing of Anisul Karim, a senior assistant superintendent of police, at an unauthorised mental clinic called “Mind and Hospital” (they claim to have a permission from the Narcotics Department which is in no way authorised to issue any license), the DGHS has gone into the present action of closure.

Earlier, DGHS had announced that by August 23, all hospitals, medical colleges and clinics would have to apply for licenses or renew them if they already have one. Thirteen thousand applied online and 2,800 missed the deadline, meaning they did not even bother to apply. Farid Hossain Miah, director of the hospital and clinic unit at DGHS, has given us the comforting news that “there are probably other establishments which are not on this list. We will have to work on this”—for which he wanted “some time”, as his office lacked requisite human resources. It boggles our mind

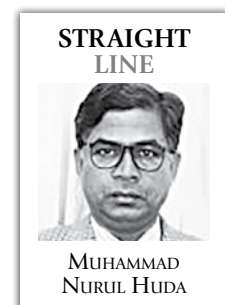
many are for renewal and how many for new licenses. It is obvious from the government notification that many clinics and hospitals are seeking licenses after they have gone into operation. How can that be? How can we allow hospitals and clinics that have not received permission to treat patients in the first place? If these people have done so illegally, in spite of a plethora of laws, then why have we not taken legal steps to stop them and put the violators behind bars?

Nobody can market any product without a BSTI certificate. The control is more stringent for health and food products. But it seems we can open hospitals and clinics—on whose professionalism and quality service our lives depend—and start their operation without any control.

Both the distribution of government financial assistance for the hardest-hit pandemic victims and the handling of the healthcare facilities in general amply reveal the tremendous challenges that lie ahead. Will we take a break from our self-congratulatory rhetoric and undertake some reality checks and act with responsibility?

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Bigotry has no place in a civilised society



MUHAMMAD NURUL HUDA

IN an article published on April 4, 2015, I wrote that “Attacks on Hindus and their property have demonstrated the immensely sad but blunt reality that even after 42 years of democratic pluralistic

existence, the religious minority of Bangladesh have not been able to save themselves” (*The Daily Star*). The threat to the minority group and their properties, unfortunately, continues to this day, as evidenced by a recent attack on the Hindu population and their properties in Muradnagar of Cumilla district, or the harassment and detention of a Hindu girl in Parbatipur over alleged comments made in response to a Facebook post, or the threat to a Hindu teacher of Chittagong University. Another recent example of religious intolerance was seen in Patgram, where a man was burnt alive by an angry mob on unsubstantiated suspicion of desecration of the holy Quran. This time, the victim was a Muslim.

While prompt administrative actions have been taken by the authorities following the incidents, it has been a painful experience to witness such savagery by a section of the people. In fact, the tolerance threshold of some people has sunken so low that it is becoming increasingly difficult to ensure peaceful coexistence of people of different faiths and belief systems. We have to admit that in some areas at least, it was zealotry at its worst.

The overtly communal and extremist contour of the incidents cited above indicates that the ethos of a democratic society based on dignity and equal rights—the very hallmarks of the pluralistic society espoused by our founding fathers—have

not taken firm root yet. This is sad, to say the least. Inflaming communal passions to harass and marginalise religious minorities is clearly antithetical to the spirits of both our Constitution and the Liberation War.

Historically speaking, we have a responsibility to firmly establish our democratic and secular credentials because the Pakistani rulers, who we fought and defeated in the 1971 war, used to think of Bengali Muslims as lesser Muslims because of our Bengali identity. The

incidents should make us think whether politicisation of a religious identity and the mobilisation of people behind such causes carries the danger of communal violence. We also need to find out whether such incidents have something to do with power and resources. Is creation of hatred a ploy to grab minority properties? An attack on minorities is most often caused by the victims' weakness and the perpetrators' alleged immunity from the process of law.



Activists of Bangladesh Hindu, Bouddha, Christian Oikya Parishad demonstrate in front of the National Museum in Dhaka protesting against the attacks on religious and ethnic minorities, on November 7, 2020.

PHOTO: PALASH KHAN

establishment policy was to harp on the “Islam in danger” bogey to maintain so-called national solidarity and project the religious minority as a threat to national security. Events of 1971 quite clearly proved that the self-righteous co-religionists were the worst tormentors. We Bengalis solemnly resolved that we would not muddle our democratic progression by hanging on to the communally driven partition baggage. Recent communally charged

One fears that the liberal front faces an uphill task in recapturing the political and psychological ground lost to the forces trying to spark off communal tensions. If the current trend holds, there is apprehension that by taking advantage of the inaction and ambivalence of the liberals, these dogmatic forces will try to set off another round of aggressive social mobilisation with a view to inflaming passions. Unfortunately, events in the

neighbourhood regions may be used to foment passions. The Rohingya tragedy is a case in point. The manifest ethnic cleansing in Myanmar resulting in unspeakable miseries of a hapless minority, quite clearly, sends a message that if you do not belong to the dominant religious faith, if you speak a different dialect or look racially different, you are fair game. The sufferings of more than a million of Rohingya Muslims on our shores do make an impact. However, to Bangladesh's credit, the plight of Rohingyas has not inflamed communal passions yet.

In our circumstances, the imperative is to effectively deactivate the elements that are on the watch to grab lands and properties of worried Hindus. Combatting this will require strong political will and stern administrative measures to ensure complete security and dignified existence of the Hindu community—and all other minorities in the country. Surely, the politicians have to be careful so that they do not become part of a process to realign state and cultural power in the interest of the majority, because that will render minorities, explicitly and implicitly, second-class citizens.

The continued marginalisation of minorities worldwide, including the subcontinent, has been a sad spectacle, however. In Bangladesh, we need to respond to the “greater story” of humanity provided by the peaceful religious traditions and also address the moral failings of the liberal-democratic dispensation. We must strive to develop respect for religious difference, and promote sexual, racial and ethnic equality as well as freedom and liberty for all faiths and beliefs alike. Muslims also should remember that the concept of Ummah as espoused in the historic Medina Charter included all faiths.

Muhammad Nurul Huda is a former IGP of Bangladesh.