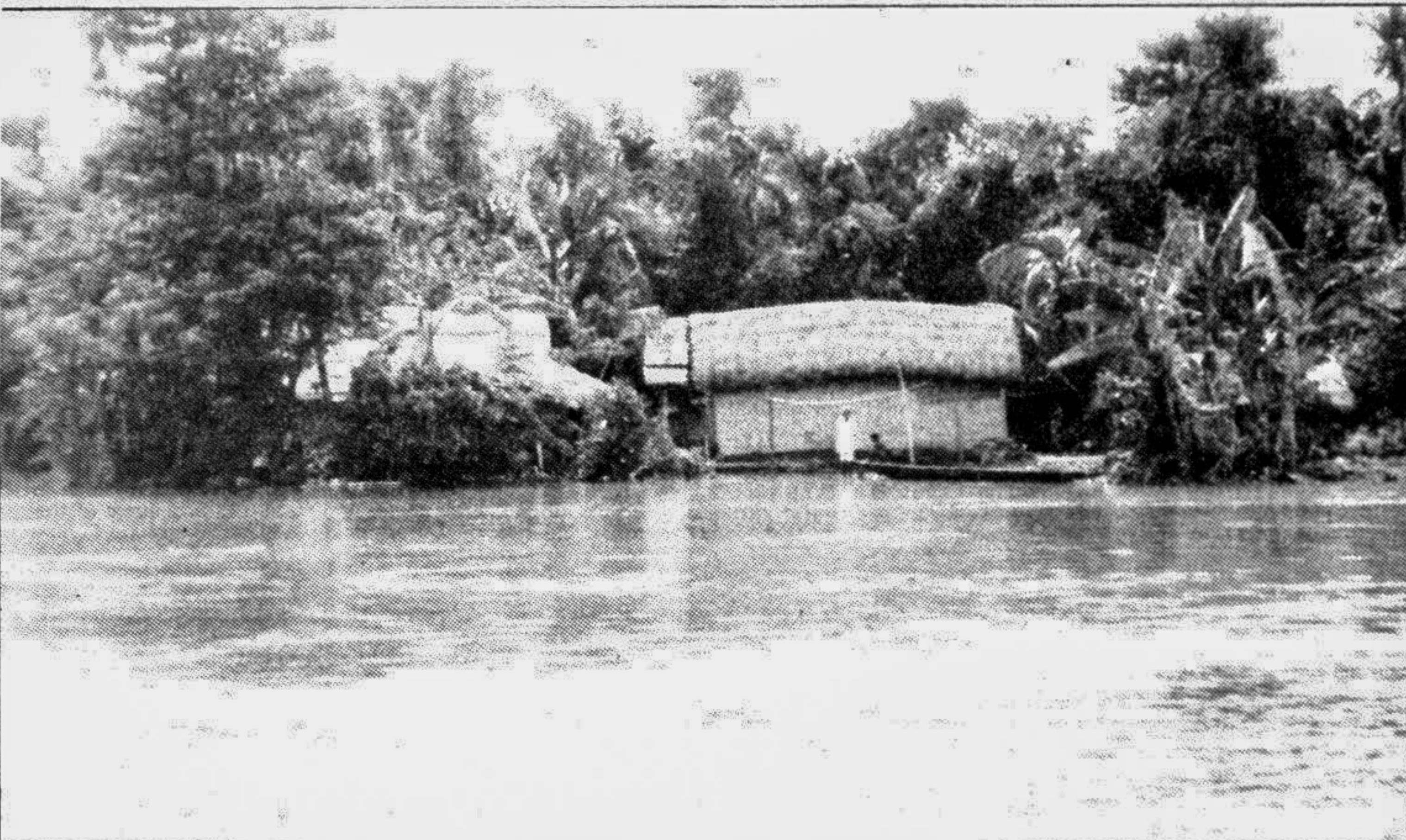


Dwelling in the Deluge



Keraniganj: Not a swimming contest or bathing festival, they try to reach the boat (not in picture) with relief goods, in desperation. — Star photo by Amran Hossain



Sylhet: Sadipur in Balaganj thana — crop field has turned into a water body. — Star photo by Iqbal Siddiquee

Photo Feature on Flood



Sonargaon: With flood water rising up to the edge of Dhaka-Chittagong highway, people from nearby areas leaving for safe places. — Star photo by Amran Hossain



Sylhet: Fenchuganj Bazar — boats ply as only commuters. — Star photo by Iqbal Siddiquee

Coping with Flood

by Abu Imran

FLOOD is a natural phenomenon. It can't be stopped altogether, although it causes havoc — loss of lives, cattlehead, property etc. And its aftermath too is appalling since besides impoverishing people, it causes outbreak of epidemics with lasting consequences. As said, little can be done to stop it, but this does not mean that nothing can be done to help out the people. Some precautionary measures of course would help people in minimizing their sufferings, provided a joint effort both by the people and the government is taken in this regard.

For quite some time, the government has been taking reasonable measures to help the people in distress. The Ministry of Disaster Management and Relief is there to coordinate efforts and manage the problems in cooperation with all. In disaster prone areas it has built cyclone centres and has arrangement for giving early warning signals to the people in the wake of storm and tidal bore. Radio/TV keep people informed about the location of storm so that they can move to safer places before being lashed. The government mobilizes local and international relief for distribution among the affected. The NGOs and other voluntary bodies too come in aid to help people. The same movement to shelters and distribution of relief take place during a deluge.

The role of the helping hands indicated above is one part of the business in combating or bracing the floods. The positive role of the people is rather more important since it is they who are at stake. It is said that even without help from others, they can manage the situation themselves and reduce the loss to the extent of 10 per cent. And with external and community help, losses can be reduced amazingly.

The people in the flood prone areas have to be ever vigilant and move to the shelters as quickly as possible with its belongings and cattlehead. It is suggested that during the flood

period, they should dispose of their cattlehead and keep the money in banks. Then they may have to sell these at a little less price and that way they may lose some money, but the comparative gain will be larger.

Before moving out, they should store enough drinking water from the tube well, fill in earthen or plastic jars, seal the jars' mouth and put under ground so that when flood water has receded, on return to their homes they have at least safe drinking water available for bare survival.

While moving out to safe places, they should take along dry food and baby food like chira, (flattened rice) muri (popped rice), biscuits, hard-cooked brown onion bread, sugar, salt, onion, lemon, safe water, survival medicines, kerosene oil, candle sticks, match boxes, torch light, bedding, clothing etc.

Then people have to be sharing and caring too. At the shelters, they have to be selfless rather than selfish. For instance if some one has run out of baby food, the ones having stock should share that with him/her. It is very likely that the next moment their stock would be replenished from the external sources on the one hand while the babies in distress could be helped on the other.

It also sometimes happens that on emergency information, people become panicky and run helter skelter towards shelters that causes loss to others, while they forget to take essential survival gadgets with them which may land them in inconvenience. Hence, they must work with utmost restraints be cool, calm, and manage the situation to the advantage of all. Here some leadership quality to guide the people at stake would be very helpful.

Situation during the post-flood period is no less dreadful since with receding of water,

epidemics like cholera and diarrhoeal diseases breakout. So preventive and curative both measures have to go hand in hand. At this time medical squads with makeshift health centres can help check the spread of diseases. Pending such arrangement ORS may be liberally distributed for use in cases of diarrhoeal diseases. For cholera, appropriate vaccines from the medical teams squads should be made available to contain the menace.

Post-flood efforts include rehabilitation programme where both government and NGOs can play vital role by supplying house building materials, arranging interest free credit, inputs etc. for rehabilitation of the affected persons.

Soon with the concerted efforts of all, the agony brought in and left by the floods may be overcome since new life cycle has to start. Nevertheless, it is necessary that long term action plans are taken to keep the losses to the minimum since some manmade causes are identified as constant factors for intensified floods. These are encroachment on rivers and water bodies besides silting of river beds, filling up of ponds, canals, khals, beels, deforestation etc. And last but not the least, some consider the Farakka Barrage also to be a contributory factor. They hold the opinion that this barrage has an inherent arrangement that when Bangladesh would need water, then water may not be available, and when it won't it has to accept water not by option but by compulsion. That being so, this problem can be looked into by the authorities concerned in the two governments and resolved amicably to the advantage of all in general and the flood affected people of Bangladesh in particular.

In conclusion it may be said that with precautionary measures, long term action plan and by maintaining ecological balance, the effect of floods can be substantially minimised and suffering of people lessened.

An Institute that Gives Life to Dead Eyes

EVER wondered who gives the villain in Indian movies his ugly eye, or the angry young hero his bloodshot ones?

Shanno Rani, a low-profile and middle-aged woman who runs India's biggest artificial eye manufacturing unit, is a goddess to everyone: from the middle-class bride-to-be to the glamorous world of Mumbai's tinselworld. Unlike stone eyes, Shanno Rani's Institute of Artificial Eyes in Aligarh town in the northern state of Uttar Pradesh specialises in custom-made artificial eyes whose eye-balls can move. Also, the person can bat his eyelid. This Rani's eyes look much more real. The Pioneer has reported.

What makes Rani's eyes special is that the eyeballs are fully movable and the eye can be closed. Also, Rani makes them at throwaway prices ranging from Rs 1,000 (\$23.8) to Rs 1,500 (\$35.7), the paper said.

"Many of the cases (one-eyed people) that come to me are traumatised. Because of constant jeering they are frustrated, angry and wallowing in self pity," Rani was quoted as saying.

She recounts how Malini, who was about to be married, approached her in a panicky state. Malini had lost an eye in an accident while returning from a shopping trip. Her fiancée had accepted the loss but was apprehensive about what his parents would say.

The eye that Rani made for Malini looks exactly like its normal counterpart, so much so that her in-laws with whom she has been living for quite some time now are completely unaware of the fact that she has just one functional eye.

"I am able to sympathise with them without seeming to pity them," Rani says, adding that her post-graduate degree in sociology has given her this ability to understand her clients better. Although Rani

has no formal degree in medicine, she learnt the technique of making artificial eyes at the Theodore Ilamin Institute in London, a technique which she has modified over the years.

There are 20.8 million blind people in India with an even greater number possessing just one eye, says Rani, who has fitted about 40,000 people with custom-made artificial eyes.

According to her, an eye can be lost due to various reasons including high fever, smallpox, boils or any ocular complications.

Though most ophthalmologists recommend fitting patients with eyes from the stock, Rani feels that every patient needs an eye tailored to suit his or her needs as no two persons have the same colour of the iris.

In India, people have eye colour ranging from light green to dark brown. Brown alone exists in more than 120 shades, Rani notes, adding that she has to work with myriad colours as she has clients not only in India but also in Africa, America and the Gulf countries.

Rani paints artificial eyes made from both glass and plastic with acrylic colours using fine-hair brushes. Smooth and durable plastic eyes are preferred to glass ones by people nowadays, Rani says, as they don't chip easily.

"Making an artificial eye requires a lot of time and skill. Further, the patient need to be treated psychologically," Rani was quoted as saying. "My efforts are rewarded when my patients go home happy and satisfied."

For making an artificial eye, a doctor has to look into a patient's eye for hours and jot down every detail about size, colour, position, texture and shape. Then an impression of the eye is taken on a material called moldite which is then placed in a lubricated socket.

— India Abroad News Service

Swallowing the Smoking Myth

Smoking has long been proved to be a health risk. But the tobacco industry has sought to mislead the public and many people are still unsure of facts. *Gemini News Service's* health correspondent **Dr Sanjiva Wijesinha**, from Melbourne, Australia, seeks to blow away the smokescreen.

WITH all the information available today — from books, magazines, newspapers, television and the internet — I am still surprised when supposedly intelligent and educated people I meet all over the world still say: "But it hasn't yet been proved definitely that smoking causes cancer, has it?"

The sad fact is that scientists in the tobacco business have known for more than 40 years that smoking causes cancer, but the industry has denied publicly that such a link exists because they have been making such a killing from cigarette sales.

Difference between what the tobacco industry knew about its products and what it actually told the public were revealed recently.

A report by the anti-smoking organisation ASH shows that, since the Sixties, cigarette manufacturers knew tobacco was an addictive drug and that its crucial attraction was its addictive nature.

The report is the first detailed analysis of documents obtained through litigation and other sources in the United States.

"This report will be of great value to lawyers and victims of tobacco-related disease who are contemplating legal action against the cigarette companies," says Clive Bates, director of ASH. "It gives a brilliant insight into what was going on inside the companies and shows that the industry's public statements have been at sharp variance with its private knowledge and behaviour."

The documents studies by ASH show that the tobacco industry targeted young people

especially, recognising that they represented a lucrative market for the future.

For instance, R J Reynolds, one of the US tobacco giants, refers to teenagers in its 1975 marketing plan as "tomorrow's cigarette business."

In 1973, the assistant chief of research and development at Reynolds wrote: "The fragile developing self-image of the young persons needs all the support and enhancement it can get... This self-image enhancement effect has traditionally been a strong promotional theme for cigarette brands and should continue to be emphasised."

A report of a US study tour by scientists from the company British American Tobacco in 1958, which included visits to companies such as American Tobacco, Philip Morris and Liggett as well as several research institutions, said: "With one exception, the individuals with whom we met believed that smoking causes lung cancer."

A review carried out a few years later by the consulting firm Arthur D Little, working for Liggett, reviewed the results of seven years of research.

Their report stated: "There are biologically active materials present in cigarette smoking. These are (a) cancer causing, (b) cancer promoting, (c) poisonous, (d) stimulating, pleasurable and flavourful."

Another memo, from a Brown and Williamson lawyer, observed: "Nicotine is addictive. We are then in the business of selling an addictive drug."

A 1979 document of the Tobacco Advisory Council said: "The effect of switching to

low-tar cigarettes may be to increase, not decrease, the risks of smoking."

The ASH report comes in the wake of a landmark settlement in the US last year, in which tobacco companies agreed to pay \$ 368.5 billion over 25 years, mostly to fund anti-smoking campaigns.

Under that agreement, the firms had to admit publicly that cigarettes are addictive and cause cancer, heart disease and lung-related illnesses. They also had to pay \$4 billion each year into a fund compensating smokers who were successful in lawsuits.

Billboard advertising, as well as the use of human and cartoon images for promoting cigarettes — such as Marlboro Man and Joe Camel — are to be banned under the agreement, cigarette packets are to carry stronger health warnings, and people will be able to get free medical assistance to stop smoking.

A significant part of the agreement was that the US tobacco industry committed itself to paying larger fines if the smoking rates among young people were not reduced by 30 per cent in five years and by 60 per cent in 10 years.

Unfortunately, this reduction in smoking rates among young people only applies to the US, so there is nothing to prevent the US tobacco industry from continuing to promote smoking among youngsters in the Third World.

And they will probably continue to be successful as long as there are people who continue to believe that "it hasn't yet been proved definitely that smoking causes cancer, has it?"

Garfield®

by Jim Davis

