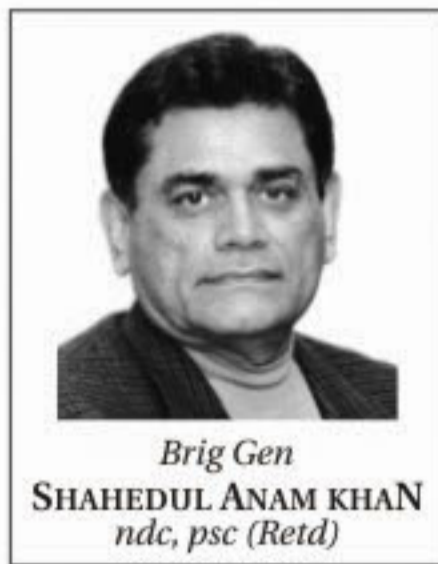


## STRATEGICALLY SPEAKING

# A landmark decision on a scandalous landmark



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**T**HE Supreme Court has given a reprieve to the BGMEA. The operation of the verdict of the High Court has been stayed

only, for six weeks, and not set aside, one would like to add. The building that had been mocking at our society for all these years was ordered to be demolished by the High Court within 90 days of the receipt of the judgment, a few days ago. One wonders whether the decision of the HC could have been anything else, given the abject lack of probity and intense opacity that have been associated with the acquisition and construction of the building.

The decision came in quick time, remarkably quick, but one, which has to do with a matter of grave public concern, it couldn't have come sooner. One hopes that the inevitable will be allowed to happen. That the sore thumb, which the BGMEA building is, will be demolished and rule of law and justice will prevail.

One has to admit, regrettably though, that the verdict of the High Court is a damning indictment of the society at large, a society that has been plagued by decaying mores and transgression of civil behaviour.

The whole process of transfer of government land to a private body,

and the construction of a high-rise building thereon, has been obtained, according to the verdict of the court, by deceit, duplicity, fraud and lack of transparency. This, from a body that must set examples in transparency, causes us deep distress.

What is more alarming is that those who were involved in the process, according to the opinion of the court, were fully cognisant of the fact that they were indulging in a blatant act of fraudulence. How does one account for the fact that the BGMEA claims to have bought a piece of land from a party (EPB) which did not own the land at the time when the purchase is claimed to have been made. All the parties involved in what can only be termed as an unholy alliance, must also be asked to answer for their part.

The apex trial court must be lauded for its activism, but for which the matter would have remained outside the purview of the law. It would be misplaced to attribute the tremendous public opposition to the building only because of the way it came up, it was the unmitigated dam-

age that the 15-storied structure has been causing, and will continue to cause, being built and remaining to be so, in a very large catchment area and interfering with the long-term development plan of the city, that had brought together cross section of the people led by the environmentalists to call for its demolition.

Just recall the comment of the state minister for housing sometime last year that the government would not go for demolishing the building but wait for the change of mindset of the BGMEA leadership to pull it down on their own. It is a pity that the government had left it to the good sense of the BGMEA to pull down the building least realising that while good sense

is good it is a rare commodity in the country, more so with the educated and the powerful.

One also fails to rationalise the unwillingness, expressed on many occasions by this government to act on its own knowing fully well the real status of the issue. I am not sure whether any other government would have acted differently. The only rea-

son that these people have been able to get off free all this while is their money and political clout. Does the involvement of two heads of the government of the time consecrate a wrong? It was the suo moto cognizance by the apex court that one hopes will help mitigate the problems that the illegal action has created for the public.

It is true, as the BGMEA contends, that the building was not constructed in a year, neither was it transplanted from somewhere else in a day. And that calls to question the involvement of everyone in the loop that allowed such a massive structure to emerge in the first place in complete disregard for the norms and rules.

It is also true that pulling down a building as massive as that is perhaps an equally difficult task as building it. But aren't there examples as recent as of 2007, of a huge building being demolished the very afternoon that the verdict was pronounced?

The Rajuk cannot get away by saying that the building was constructed without its permission. And it is not merely issue of legality; it is also a matter that is intrinsically related to the environment and livability of the capital city. The government must make examples of those that were involved in the entire process.

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## Internationalism in a flux

Set formulas wont work

**T**HE political rivalry between the two power contenders in Ivory Coast has plunged the country in total anarchy. Matters could have been solved peacefully if Laurent Gbagbo had conceded defeat to his rival. It could have been an instance of peaceful transition of power. That did not happen. Gbagbo instead persistently refused to accept the poll results. He defied warnings from his rival at home and leaders abroad. After a futile battle to cling to power and causing immense sufferings to his people Gbagbo now looks for a safe exit.

We are at a loss to understand as to why local or regional options of peace between rival political parties are not working. There seems to be a drought of persuasive processes to find indigenous solutions. International will is not working effectively either. Even having the UN forces stationed in Ivory Coast is not helping matters.

Leading global powers seem to be so preoccupied with themselves that they do not care for problems that they have no stake in. They seem to be going their separate ways. In a multi polar world, diverse political interests make it difficult to thrash out a solution to any problem allowing things to worsen.

Events in Iraq, Afghanistan, Egypt, Tunisia and Libya are clear instances of how countries plunge into greater disarray following an intervention or through continuing civil wars. Unresolved conflicts weaken the state and bring severe economic hardship to people even in otherwise resourceful countries. In such circumstances, people are the worst victims.

It's time the leading powers and the UN together device an effective problem-solving mechanism that will be at the same time ideally suited to the local conditions with due regard to sovereignty and territorial integrity of the countries in trouble. Imposing formulas from outside that the people of those countries can not own up to would do more harm than good to them.

## Medical waste dumping

DoE's monitoring needs strengthening

**F**OR the lack of proper monitoring and implementation mechanism to enforce laws, both public hospitals and private clinics including diagnostic centres do not maintain any scientific waste disposal and management system. As a result, hazardous medical wastes are being sold openly at the different hospitals of the city as elsewhere in the country. Trade in medical waste has as a result mushroomed in the city where syringes, ampoules, blood bags and various other materials from hospitals are washed under most unhygienic condition for reselling. It boggles the mind to think what impact such infected syringes and other materials are having on public health.

Are the hospital authorities aware what happen to the wastes they produce everyday? The Bangabandhu Sheikh Mujib Medical University (BSMMU) director, for instance, admitted that they dump most of hospital's waste in the DCC's dustbins, while the rest they burn in the incinerator. Though medical wastes are different from other kinds of garbage they handle, the Dhaka City Corporation (DCC) claimed that they can dispose of one seventh of the hospital wastes of the city. But according to DCC, hospital authorities are hardly interested in it, because they sell waste in the market. How grim is the actual picture, one may gauge from the fact that only 342 out of some 1500 hospitals and clinics of the city have any scientific waste management facility, while very few among other hospitals and clinics spread over the country have such facilities.

There is an existing provision that any hospital before going into operation should obtain prior certification from the DoE. Unfortunately, as pointed out earlier, it cannot ensure its implementation, neither is it able to properly monitoring how many of these hospitals are maintaining or violating the provision.

Since the freely traded medical wastes have turned into a serious public health issue, the government should look into the matter with urgency. The DoE must be adequately staffed to monitor the hospital as well as provided with teeth to take action against those that are breaking the law.

Public awareness needs also to be built against the health hazard. The media as well as the government's own public-

## WORLD HEALTH DAY

# Drug resistant 'superbugs'

SAMLEE PLIANBANGCHANG

**W**E have been hearing a lot about "superbugs" in recent years, both for the right and the wrong reasons. Right, because these bugs are difficult to treat with antibiotics, the "wonder drugs" of modern medicine, and therefore such superbugs could potentially cause illness and death on a large scale.

The emergence of drug-resistant strains of such deadly diseases as tuberculosis and HIV are worrying signs of this. But it is wrong to focus solely on the superbugs because they are only the most visible manifestation of the prolonged abuse of antibiotics all over the world. They are the tip of the iceberg called antimicrobial resistance.

Before the fortuitous discovery in 1928 of penicillin, our very first antibiotic, the major cause of death in mankind was infection due to microorganisms such as bacteria, fungi, parasites and viruses. Since then antimicrobial agents -- antibiotics and related medicinal drugs -- have led to a dramatic drop in deaths from diseases that were previously widespread, untreatable, and frequently fatal. Now this is under threat as disease causing microbes become more and more resistant to our wonder drugs. The iceberg will only get larger if we do nothing about it, and sooner rather than later our ship will run into it.

As part of the effort to prevent this, the World Health Organization is focusing on antimicrobial resistance on World Health Day, celebrated globally every April 7th. We are urging all to use antibiotics rationally as resistance to antibiotics is a global problem that cannot be contained in one country or one region of the world.

Developed countries have long been overusing antibiotics (and more broadly, antimicrobials), including in instances where they were not medically indicated. At the same time, in the developing world inadequate quality, underuse and poor access to drugs continue to be major components of the widespread inappropriate use of antibiotics. Through this misuse, people have given an undue

advantage to harmful microorganisms and squandered one of the greatest weapons in the modern medical arsenal for combating disease.

Development of resistance in microbes is a continuous phenomenon. Their genetic system randomly and frequently undergoes changes, a few of which confer protection against antibiotics. This is called antimicrobial resistance. It is a natural survival mechanism perfected by these "bugs" over millions of years.

But inappropriate use of antibiotics selects out resistant populations of bugs, which is to say that a shortened, incomplete or inappropriate dose of an antibiotic kills those bugs that are most susceptible to the drug but leaves alive those that have some resistance to it -- to reproduce and pass on their genetic resistance. Aided by persistent and widespread inappropriate use of antibiotics, the resistance to multiple drugs appears in some bugs, giving rise to

*We should be quite clear that combating superbugs and antimicrobial resistance is a technical challenge that cannot be addressed by health administrators alone.*

superbugs.

Yes, we have the ability to engineer pharmacological weapons against these bugs, but let's not forget that microorganisms appeared on the earth millions of years earlier than human beings. Microbes have the ingenuity that keeps them a step ahead of us. Thus, as soon as antibiotics emerged, so did antibiotic resistance. Within a few months of the first extensive use of penicillin in 1940 -- the first antibiotic to treat infectious diseases in humans -- resistance to this drug was also reported. Ever since, the development of new antibiotics by humans has been followed by the development of mechanisms to counteract the drugs by the microbes.

Antimicrobial resistance also has enormous social and personal costs. When infections become resistant to first-line antibiotics treatment has to shift to second- and third-line drugs, which are nearly always much more expensive and sometimes more toxic

as well. The drugs needed to treat multidrug-resistant tuberculosis (MDR-TB) are over 100 times more expensive than the first-line drugs.

In some countries the high cost is prohibitive, with the result that some of these cases can no longer be treated. Similarly, the emergence of resistance in HIV to currently effective drugs could destroy the hopes of survival for millions of people living with HIV.

Discovery, development and distribution of new antibiotics is a long, drawn out and expensive process. After investment of millions of dollars and years of research, when a new antibiotic becomes available, its misuse renders it ineffective in a very short time. This discourages the pharmaceutical industry from undertaking research and development that promises a very low return on investment. Thus, we are now at a stage where the discovery of new antibiotics has slowed to a crawl.

*We should be quite clear that combating superbugs and antimicrobial resistance is a technical challenge that cannot be addressed by health administrators alone.*

During the past 15 years, only two new classes of antibiotics have been discovered. The advent of antimicrobials had led to the hope that infectious diseases might become a thing of the past. Time has proven how misplaced this confidence was, and also demonstrated the survival skills of microbes, which should never be underestimated.

It is also erroneous to suggest that superbugs or multidrug-resistant bugs are prevalent only in developing countries. In this era of interdependence, rapid travel and globalisation, either everyone is at risk or no one. The burden of infectious diseases may be much higher in developing countries, but there are several superbugs that are widely prevalent in the developed world.

Methicillin-resistant Staphylococcus aureus (MRSA), a bacterium responsible for several difficult-to-treat infections in humans, is one example of the

superbugs that are killing thousands of people in the developed world every year. One difference is that there are more efforts to contain these superbugs in resource-rich settings because of better surveillance systems and increased awareness.

The developing countries also need to take up this challenge and establish monitoring mechanisms and remedial actions at all levels. We should be quite clear that combating superbugs and antimicrobial resistance is a technical challenge that cannot be addressed by health administrators alone.

Misuse of antibiotics by prescribers and users have behavioural, educational, ethical and economical dimensions which demand concerted and sustained actions by all sectors of society. Weak pharmaceutical regulatory mechanisms in most developing countries also permit the availability of antibiotics of questionable quality and the unauthorised sale of these antibiotics.

We would do well to remember that this pressing problem goes beyond the health sector. It is estimated that half of the tonnage of antimicrobial production in North America and Europe is used in food-producing animals and poultry, largely for prophylaxis and growth promotion. This creates a "selection environment" for microbes, and is a further reason why rational use must be practiced everywhere and by everyone, from the livestock producer to the individual patient.

Preservation of the efficacy of the life-saving and precious resource of antibiotics cannot be taken lightly and left to a few individuals or experts. It is a global issue that requires global efforts. The time for sustained action is now, since we are slowly but surely moving towards a reversion to the dreadful pre-antibiotic era. If that happens, unacceptable mortality and morbidity due to untreatable infectious diseases will become the biggest obstacle to poverty alleviation, development, and global efforts to make the world a better and healthier place.

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## THIS DAY IN HISTORY

April 7

- 1939**  
World War II: Italy invades Albania.
- 1943**  
Holocaust: In Terebovlia, Ukraine, Germans order 1,100 Jews to undress to their underwear and march through the city of Terebovlia to the nearby village of Plebanivka where they are shot dead and buried in ditches.
- 1945**  
World War II: The Japanese battleship Yamato, the largest battleship ever constructed, is sunk by American planes 200 miles north of Okinawa.
- 1948**  
The World Health Organization is established by the United Nations.
- 1994**  
Rwandan Genocide: Massacres of Tutsis begin in Kigali, Rwanda.
- 2003**  
U.S. troops capture Baghdad; Saddam Hussein's regime falls two days later.