

How to prevent the free fall of remittances

Why this shortage of manpower?

Diagnostic service absent at night

ALTHOUGH the emergency department of the Shaheed Suhrawardy Medical College Hospital (SSMCH) was recently modernised with modern medical instruments that basically upgraded the clinical pathology, radiology and imaging departments, authorities have failed to recruit requisite manpower to man the machines. The end result is that the 250 or so emergency patients who arrive at the hospital fail to get their tests done there and are forced to cough up extra money to get them done in private diagnostic clinics elsewhere in the city. This is hardly what is expected of a major public hospital and despite the media coverage of the issue for the past many-months, nothing much has been done to resolve the issue.

A report in this paper has found the situation to be quite dire in the hospital. Patients have complained that there is no one to attend to their needs during the night. Indeed, we understand that there are only six staff members manning the radiology and imaging departments, and that too during morning and afternoon shifts. With only one person designated to cover the night shift, precisely what sort of service are patients expected to get here if they have an emergency?

The continued apathy of hospital authorities and indeed the ministry is unacceptable. With some 2,500 patients visiting SSMCH daily (and a tenth of those in critical condition), precisely what excuse is there for not recruiting the necessary manpower to man the newly purchased machines? It is not as though we have a shortage of doctors and technicians in the country; rather it is a lack of planning for human resources that is to blame. We can only hope that relevant authorities will take steps to address the shortfall in personnel so that public health needs are met.

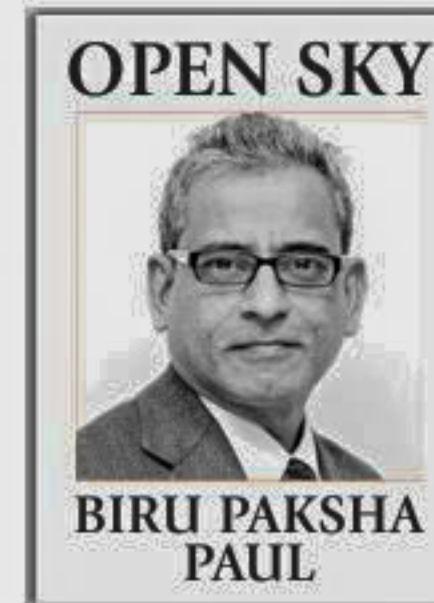
Death of Raudha Athif

Investigation must address bereaved family's concerns

WE would like to express our heartfelt condolences to the family of Raudha Athif from the Maldives who was a second year student at the Islami Bank Medical College in Rajshahi. On March 29, Raudha was found dead in her dorm room. The circumstances surrounding her death, followed by the autopsy, had led the police to term the death a suicide, which her parents have contested.

Raudha's parents have pointed towards anomalies which they think refute that she took her own life. Now, the Detective Branch (DB) of the police as well as the Maldivian authorities are part of the investigations. And although evidence has been collected, the parent's claim there is still some discrepancies. Her mother says that even though their daughter went to talk to a doctor at the university's hospital since she was feeling sick, they were not allowed to see the prescriptions. They also claimed that they have been told that Raudha had not gone to the hospital, despite eyewitnesses saying she had.

It is sad that a bright, young mind as Raudha's who wanted to be a doctor and had chosen our country as her place of education had to meet such a tragic end. What could have been a luminous career in medicine has been cut short. All we can do is hope that the investigation by the DB will provide closure for the bereaved parents. What is needed is a thorough investigation to allay their concerns that their daughter was murdered. It is too early, without being aware of all the facts, to take a definitive position. We urge that the authorities take heed of the issues that Raudha's family has raised and after looking into those, disclose their findings.



BIRU PAKSHA PAUL

OPEN SKY
 ON the sidelines of an investment summit in Singapore in 2015, I wanted to act like Caliph Haroon and make a foray into the illegal remittance market to find out why people prefer *hundi* (used as a form of remittance instrument to transfer money from place to place, as a form of credit instrument or IOU to borrow money and as a bill of exchange in trade transactions) over legal channels. I met the dealer near Serangoon Road, next to the famous Mustafa Centre. Initially, he was hesitant to speak, but he thought I was a factory worker because of how I had dressed, and gave me a quote for the Singaporean dollar - a rate slightly higher than what I could have gotten from the bank. I also found that better rates were not the prime attraction of the *hundi*. Rather, the remitter-friendly, swift services attracted people to *hundi* economics.

To send money through the official channel, a Bangladeshi worker has to go to the bank during office hours, accept whatever rate they offer, fill out a form, and pay an additional fee of USD 5. In contrast, if the worker approaches a *hundi guru*, he enjoys additional services in all respect: the *hundi* expert has no limited office hours, no forms with tedious details to fill out, no extra fees, and eventually a slightly better exchange rate. We cannot expect the ordinary worker to care about business ethics in a society where millionaires flout laws, nor will they be concerned about current account deficits. Therefore, they enjoy sending money through *hundis*, emboldening the parallel black economy.

Unfortunately, the typical remittance services of the official banking channel cannot ensure even a tiny bit of the convenience experienced by workers who use *hundis*. The reason why a migrant worker prefers *hundi* over the official channel is the same as to why a customer prefers a private mobile service to a government one. *Hundi* has always maintained a cutting edge in both price incentives and unique services that economists recommend to maximise.

Should we then surrender to the growing threat of this illegal market? Obviously not. *Hundis* are the parallel conduit of money laundering. Recently, the UNDP warned that developing countries lose more money than they earn from overseas. And Bangladesh will not be an exception, because its money laundering seems to be twenty times

higher than Pakistan as reported by the Global Financial Integrity.

The question that arises thus is: how does a *hundi* work to further facilitate money laundering? Say, a Bangladeshi tycoon wants to buy real estate in Singapore. The central bank will not allow him to take his huge amount of foreign currency overseas. The tycoon contacts a *hundi* lord who will finance buying of the property in Singapore. In exchange, the tycoon will pay the equivalent taka to the domestic agents the *hundi* lord nominates.

The other side of money laundering is the growing symptom of bank defaults, which have increased by more than Tk.10,000 crore in the last one year without any convincing reason when considering that the economy is

sitting overseas. Some part of it is entering the economy and is reflected in consumption and saving — both of which went up in recent years. A recent study finds that despite a continuous drop in the interest rate, deposits have steadily edged up, enabling our national saving rate to exceed the investment rate. But that consolation is not enough to justify the growing culture of *hundi* economics, which must be reigned in for a healthy level of international reserves whose growth rate is gradually falling through the erosion of current account balance.

Since debilitating conditions in some remittance-originating countries is not the main reason for the falling rate of remittance, there is no alternative to remodelling and strengthening the

service across the nation. This idea is similar to having universal ATMs that dispense money to anyone having bank balance in other banks. Remittance accounts should have unique numbers across the nation so that a migrant worker's wife can draw money from different places in the country. All remittance accounts should have an automatic line of credit based on average remittance inflow over the last six months. This will provide huge flexibility and comfort to the beneficiary families, creating comparative advantage for the legal channel, which typical *hundi* agents will not deliver. The bank can take a slim margin in the exchange rate, but remitters are reluctant to pay any additional fee, so this issue could be dropped.



performing at a commendable 7 percent growth rate. Corrupt businessmen previously used the trade channels for trafficking national assets by over-invoicing for exports and under-invoicing for imports. They are now clever enough to use the remittance channel to fulfil their unethical agendas of asset stripping from Bangladesh. There is no conceivable reason to believe that remittance should fall by 18 percent given the figures of the first nine months of the running fiscal when we got 9 billion dollars only. Of course, the economic debility of the Middle East is a reason, but that started almost three years ago, and migration to those nations even went up in most cases.

Not the full part of *hundi* remittance is

official channel. Chasing *hundi* agents would be impractical and impossible. When even Singaporean police officers look at the market without feeling any urge to arrest illicit moneychangers, our efforts to do so from a thousand miles away will be doomed to fail. The only way to defuse the *hundi* system is to outperform them by ensuring four things: 1) a countrywide network; 2) market based exchange rates; 3) swift services; and 4) social advocacy for using the official channels.

Given the reality, the central bank has to brainstorm on this and redefine the remittance service. Remodelling the remittance programme should first pursue a strategic alliance between all banks and post offices to provide the

If we let the free fall in remittances go unchecked, our current account deficit, which is already in the red, will continue to decline and be in the negative. Although capital and financial accounts will help the balance of payment remain positive, it will be lower than it was before. Reserves will begin to deplete. The debt-GDP ratio will also increase significantly, raising our risk and lowering our rating. Rapid decay in remittances must be prevented from worsening before it ruins the macro-stability of our country that took us a long time to achieve.

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The grim status of mental healthcare in Bangladesh

MOLLIKA HOSSAIN

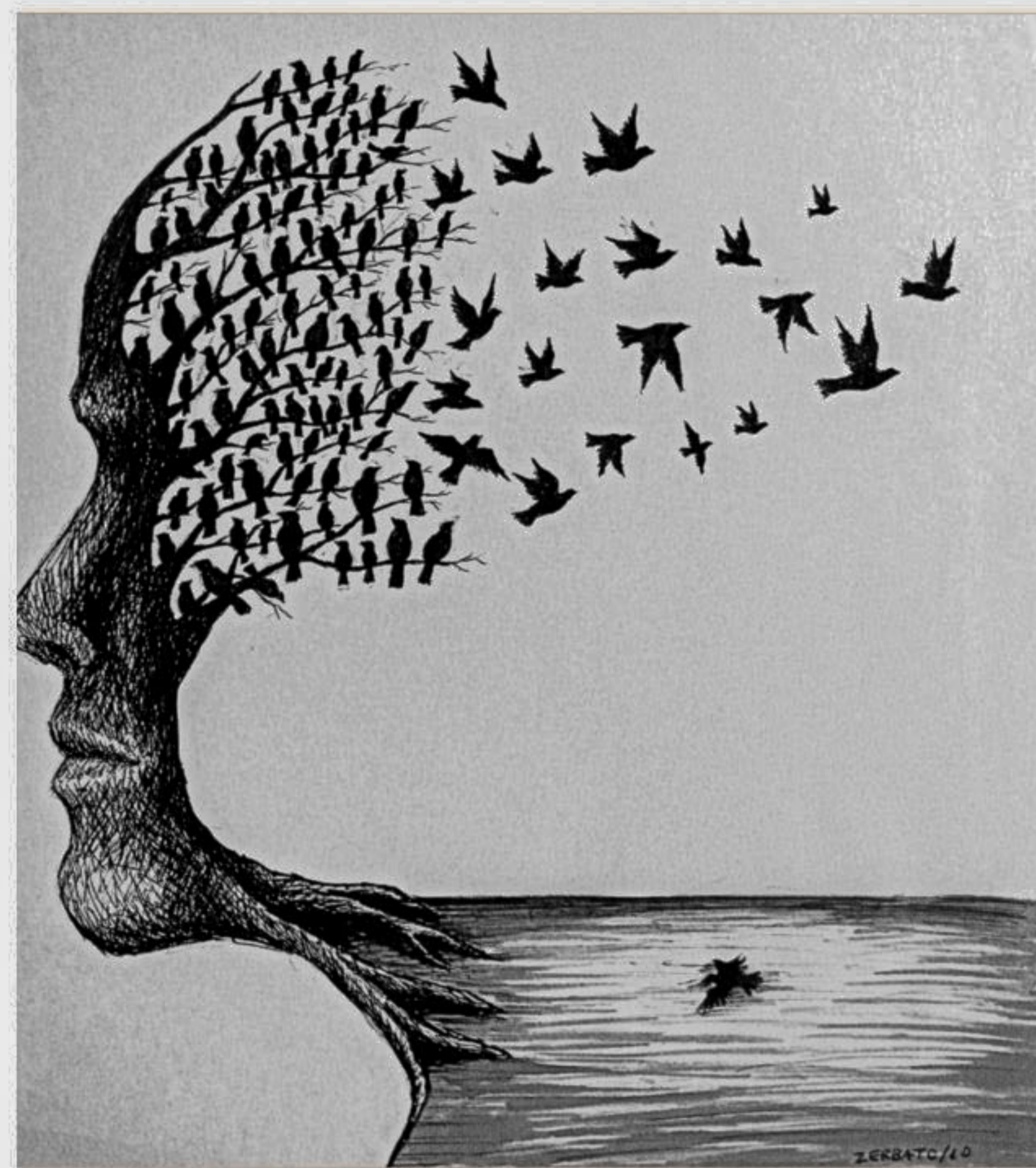
As a Bangladeshi-American medical student planning on pursuing the specialty of psychiatry, it became natural for me to ponder and question the condition of mental health back home in Bangladesh. Needless to say, I didn't have to search long, for there is a lack of documentation and research initiatives when it comes to mental health disorders.

While this is the scenario in most countries, even in a developed country like America, where mental health is largely ignored by many doctors and scientists, the optimism in me was definitely not expecting such a wide and hideous gap in care in the Bangladeshi mental health system. In fact, when I inquired about the ongoing active mental health research in the psychology department of the prestigious University of Dhaka, I was stunned to know that the elite educational institution simply had none in the works.

Through my own research, I came across a World Health Organisation (WHO) report that utilised the WHO Assessment Instrument for Mental Health Systems published in 2007. This report aimed to give Bangladesh a baseline knowledge with regards to the status of the mental health system in the country. I found some of the findings and statistics to be quite outrageous and unacceptable, but they must be made known to all Bangladeshi citizens.

First of all, while there is a coordinating body known as the National Institute of Mental Health in Dhaka, which promotes public education and awareness, there is no specific mental health authority in the country and mental health services are hardly organised. In addition, no human rights review body exists in the country to inspect mental health facilities, highlighting concerns of human rights abuse and misuse of power over the helpless.

To give you a more in-depth analysis



of the status of mental health in Bangladesh, let me share a few more alarming statistics. According to the WHO report, mental health expenditures from the government health department is very insignificant and equated to less than 0.5 percent of the total national health expenditures in 2005. A national survey conducted in 2003-2005 reported that 16.05 percent of the adult population in Bangladesh are suffering from mental health disorders. I am sure that this number is highly underestimated, considering the stigma associated with reporting mental illness and also perhaps due to the lack

of resources available to reach out to more remote populations in the country.

Furthermore, this WHO report pointed out some of the root problems in medical education. Approximately, a meagre 4 percent of the training for medical doctors in Bangladesh is devoted to mental health. For example, almost no primary healthcare doctors have received any refresher training in mental health. The number of professionals that graduated in 2006 from academic and educational institutions in psychiatry per 100,000 graduates is 0.0036 psychiatrists. Moreover, a large portion of these graduated psychiatrists

emigrate out of the country. To make matters worse, very few primary care doctors actually refer patients to mental health specialists to begin with.

All of these findings from the WHO report highlights how disconnected Bangladeshi doctors are from the mental healthcare needs of their patients. I would go even as far as to state that the country is in a mental healthcare crisis. I understand that my statement will face criticism from people who state that while people are starving in the country, why should resources be allocated to mental health? But, I argue that mental health is tied not only to the wellbeing of Bangladeshi citizens but also to the productivity of the country. I recognise that Bangladesh is a developing country, but there is no excuse for us to not make progress in creating protective mental health policies and foster a learning environment inclusive of mental health.

It is no secret that mental illness is a sensitive topic for many Bangladeshi people, especially because of the discrimination that still strongly exists today. The fear and shame of being labelled a *pagol*, or crazy person, is enough to prevent people from seeking treatment. There is even stigma towards doctors pursuing an interest in psychiatry, which is not adequately stimulated. But, I think it is time for the educated Bangladeshi youth and citizens to rise up and demonstrate the courage to ignite the change needed desperately in this country with regards to mental health.

It is 2017; the future is here today. Thus, it is time that we as a nation and as a society give mental health the attention and priority that it deserves. We can no longer wait on our past tendencies and inherent biases to detract from the development of the resilient people of beautiful Bangladesh.

The writer is a medical student of the Florida State University College of Medicine, USA.

LETTERS TO THE EDITOR

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Mashrafe, our pride

Mashrafe Bin Mortaza is not only a cricket player but also a hero, a fighter and an ideal leader. His captaincy has driven Bangladesh cricket to new destinations. He has been struggling against injury since the beginning of his cricket career but he never sank into oblivion - he has shown us how to defeat misfortune. His sudden retirement from International T20 comes as a shock to the country. Though he has said farewell to T20, we, the cricket fans, will never forget him. We are really proud of you, Mash. Sayek Ahmed Sajib Sharonkhola, Bagerehat

Hosting international conferences at Cox's Bazaar

Bangladesh has successfully hosted the 136th IPU conference in Dhaka with attendance from delegates of 131 countries. We are happy and thankful that such a large programme was carried out so smoothly. However, we could have earned additional benefits by placing the meeting near the shores of the Cox's Bazaar sea beach with adequate security. Our tourism sector could have gained international attention.

I am therefore requesting the concerned sections of our government to focus on our touristic attractions while hosting such international conferences, so as to avail maximum benefits through the same level of efforts.

Towfiq Ahamed University of Dhaka