

Rohingya repatriation has reached a stalemate

Only international action can solve the crisis

IT is evident that the repatriation process of Rohingya refugees has reached a stalemate not for any fault of Bangladesh, but because of Myanmar's failure to convince them that it is safe to return. Although Myanmar has tried to blame Bangladesh for the failure, the truth is that Bangladesh has been sincere and patient in trying to facilitate the repatriation process. It has submitted a verified list to the Myanmar authorities, but this has not resulted in anything positive, mainly because Myanmar has not been able to provide assurance to the Rohingya refugees that the conditions in Myanmar have changed in any way. Hence, when the UNHCR interviewed over a thousand refugees, they all expressed their unwillingness to go back without the guarantee of their security, status or the return of their homes and property. In such circumstances only the international community can step up efforts to pressurise Myanmar to create a conducive environment for the refugees to return without fear or uncertainty.

This would mean, first of all, exerting pressure on Myanmar to allow UN and aid workers as well as representatives of the Rohingya refugees to go to Rakhine and assess the situation. So far, such access has been denied. Since China seems to have significant influence on Myanmar, it should make efforts to make sure such conditions for safe, voluntary repatriation are created. We hope the trilateral meeting China is reported to be arranging with Bangladesh, Myanmar and itself will happen soon and help make some headway in this crisis.

The international community has generously helped Bangladesh to host around a million Rohingya refugees, although Bangladesh has received only a little over one third of the funds required for this year so far. Despite all the efforts of the host country and the international community to provide humanitarian assistance to the refugees in the camps, the situation is becoming increasingly untenable. Gang violence, drug and human trafficking involving criminal elements among the Rohingya are causing insecurity among both locals and refugees, adding to the hardship of living in a refugee camp.

The situation therefore demands immediate and effective measures by the international community, to bring about an end to this crisis. The world cannot turn its back on the Rohingya.

If a hospital has no doctors, is it even a hospital?

Govt should address staff crisis and lack of equipment in hospitals

WE are dismayed by the poor state of affairs at the Kalia Upazila Health Complex in Narail where, according to a report by *The Daily Star*, 15 out of the 21 posts for medical staff are lying vacant. There are only six doctors, and only three of them are currently at work, making up barely one-seventh of its required manpower. As a result, the hospital is struggling to provide health care for the sick and infirm who rely on it on a daily basis. What makes it worse is the lack of essential equipment such as X-ray and ultrasound machines. These problems have combined to cripple the hospital's emergency, outdoor and indoor services—the three important areas of service vital to the functioning of a healthcare facility—to the predicament of ordinary patients. This, unfortunately, represents a crisis that is not unique to this health complex. It's one shared by most public hospitals and health complexes outside Dhaka.

The scarcity of doctors and other medical staff in these facilities is best explained by its self-perpetuating nature: it's a failure both of the recruiting authorities (the government) and doctors, who are unwilling to be posted to hospitals away from major cities. And the problem has refused to go away despite pledges and stern warnings from the highest level of the government. We have often said in this column that unless these facilities are provided with adequate manpower and equipment, the flight of desperate, Dhaka-bound patients will not stop. A failure to do so has proved to be costly on many occasions in the past. We think each upazila and district should be able to provide proper clinical and nursing care on their own, and the government should inject more money into recruiting doctors and enforce discipline to make sure the hospitals are self-sufficient. We are talking about the life of citizens here—and nothing less than absolute honesty and professionalism will do.

LETTERS TO THE EDITOR

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How long will this go on?

Once again, an innocent pedestrian had to lose her leg for the recklessness of two bus drivers. This situation is not very uncommon in our country—it has garnered huge criticism, instigated country-wide protests and legal backlash in the past. Yet, incidences like these keep repeating for which passers-by have to pay with their wellbeing and even their lives.

The 55-year-old BIWTA employee, Krishna, the breadwinner of a family of three, had to experience what she used to fear the most: being crippled. It is appalling that such bus drivers do not even think about how their detestable act of competing with each other can cost someone their life.

The bus ploughed through the footpath and hit Krishna. The family has already turned down an offer of TK 2 lakh because they are looking for justice, not monetary compensation. It is high time that the law enforcers take these cases seriously and mete out exemplary punishments to the culprits.

Mustavi Khan, by email.

MOHAMMAD OMAR FARUK

FOREIGN remittance is the second-biggest-grossing element of the Bangladesh economy after the ready-made garments industry. Bangladesh Bank recorded 14,981.63 and 16,419.63 million US dollars flowing into the country during the 2017-18 and 2018-19 fiscal years, respectively. According to the Bureau of Manpower, Employment and Training (BMET), among the total Bangladeshi employment in 168 countries between 1976 and 2018, the Kingdom of Saudi Arabia (KSA) ranked first; almost 3,650,588 (30.29 percent) people travelled to Saudi Arabia in search of their livelihoods.

As reported by the Bangladesh Association of International Recruiting Agencies (BAIRA), women have contributed significantly to the country's foreign remittance levels as part of the over 860,000 strong female workforce currently employed in various roles, including as household helps in the Middle East. Following a bilateral agreement in 2015, Bangladesh started to send women as domestic workers to Saudi Arabia, with employment numbers rocketing fourfolds from 20,000 in 2015 to 83,000 in 2017, according to BMET.

A factor contributing to this surge is the fact that earning money abroad to send home is a dream come true for many families, to become prosperous and empowered. In the case of Saudi Arabia particularly, the opportunity to visit Mecca and Medina is an added draw for prospective job-seekers. However, not every dream takes place on a bed of roses, with some reported stories revealing horrors, brutality and nightmarish scenarios.

BRAC reported, between 2015 and the middle of 2018, nearly 5,000 female workers returned to Bangladesh having had horrific experiences, involving torture and exploitation by their Saudi sponsors. The repatriation is continuing as several Bangladeshi newspapers including *The Daily Star* and *Prothom Alo* reported 800 female migrants returned home between January and July this year alone. As evidenced by the examination of several cases of returned workers, the horrendous treatment of domestic helps in Saudi Arabia includes physical and mental torture, sexual abuse and the inhuman and violent behaviour of the household members towards domestic workers.

This mentality is somewhat supported by the so-called sponsorship system known as 'iqama' in the Kingdom, with passports being confiscated by workers' sponsors upon arrival. Allegations of mistreatment of domestic workers is not limited to the KSA; it is rather a widespread issue throughout the Middle East. Nevertheless, the focus here is on the KSA and Bangladeshi maids due to the large extent of their employment there, and the existence of recent cases where individuals have claimed to have been

abused by their Saudi sponsors.

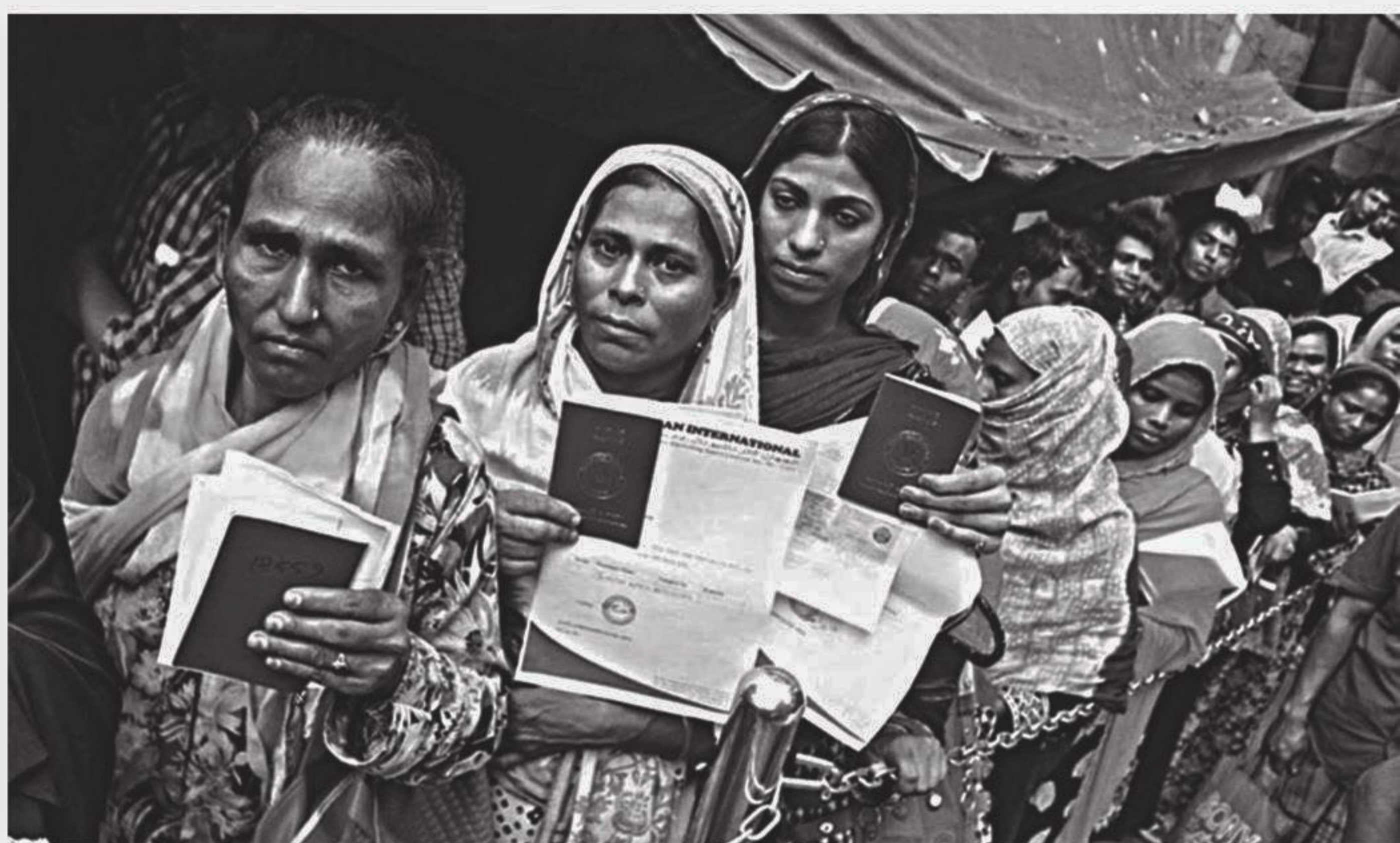
Many instances of maids returning home have been detailed in print, electronic and new media over the years, uncovering the fact that rules regarding their recruitment are exploited, not only by sponsors, but also by numerous exploitative employment agencies in Bangladesh and the KSA. These recruitment agencies start their searches in rural areas and target the vulnerable, trying to attract prospective maids by giving them the false hope of a lucrative job and lifestyle. In reality, no formal contract is signed between the sponsor and the maid. Evidence from many cases shows that the workers' illusions start to break down as a result of racial discrimination, sexual exploitation,

employees by Saudi sponsors is a longstanding and disturbing problem for the Saudi government. Citing a number of cases since 2010, Amnesty International and Human Rights Watch have called on the Saudi Arabian authorities to protect these workers from abuse by means of systemic reform. Human rights agencies should continue their pressure on Saudi authorities as long as the exploitation of migrant domestic employees persists.

These reforms could include a change in the sponsorship rules, with particular attention paid to giving equal rights to sponsors and employees, monitoring sponsors' conduct and setting a standard employment contract. The contract might be comprised of information, such as a job title and description, the place

In order to solve the problems between domestic workers and sponsors, firstly the Bangladesh government must transform its large population into an abundance of resources. To make them ready for the culturally diverse workplace, the authorities should place emphasis on designing and providing cross-cultural communication training, including improving general interpersonal and foreign language skills, and encourage citizens to learn about the world around them. This training and development can also help women migrant workers to understand different customs, beliefs and communication strategies.

Secondly, the government should identify the recruitment agencies who are corrupting the system and targeting



Female migrant workers are at greater risk of facing multidimensional issues in the destination countries which include low pay and sexual violence.

PHOTO: STAR

symbolic forms of prejudice against them, working 14 to 20-hour shifts, experiencing problems in getting paid, having to withstand poor working conditions, working alone, receiving low wages, there being a lack of safety and security and little emphasis on employee health and wellbeing.

On the other hand, sponsors get frustrated with maids for a number of reasons. Cultural differences pose a big challenge for both parties. Saudi culture has its own language, foods, and values, which differ from those in Bangladesh. Consequently, one of the more obvious difficulties that sponsors and maids face is the language barrier, with domestic workers often speaking neither Arabic nor English.

The maltreatment of domestic

of work, the hours of work, the salary, holidays, provisions for sickness and could detail a grievance and complaints procedure. It could also provide the particulars of any penalties that can be faced should either party breach the terms of employment.

Additionally, the Saudi government can collaborate with the administrations of other countries to introduce a unique monitoring system that regulates domestic working conditions and employees in the industry. A monitoring team could visit maids at least once a month and try to enforce appropriate working conditions for them. Finally, the government should utilise available media to create awareness among sponsors and advertise the benefits of treating workers with kindness.

vulnerable individuals, moving to punish them accordingly. Lastly, the Bangladesh authorities should provide a dedicated phone number for workers of all kinds to ensure the health, safety and security of people working abroad.

Indeed, it is significant for both Bangladesh to export and Saudi Arabia to import required workforce, and imperative for both countries to meet the challenges facing the employment sector. To do so, both governments should share the burden of responsibility.

Human dignity comes first and should be placed above all things.

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The emerging challenge of our health footprint

ZAKARIA KHONDKER

HEALTH footprint is the public health burden we create from day to day activities. When we or our families get sick, in developed countries insurers or state foot the bill for healthcare who then passes the cost on to the public as insurance premium or taxes. Someone is paying, one way or the other. As populations across the globe age, health footprint could become the biggest challenge of the century.

Bangladesh lost about 16 million life-years in 2017 (up from 8 million in 1990) to premature deaths or disabilities from chronic non-communicable diseases, according to Global Health Data Exchange (GHDx), a comprehensive source of health-related data. This could reach 18 million by 2020 and 23 million by 2050, cutting away at least 10% of GDP. Add the cost of healthcare that could be diverted to other productive sectors and investment.

We should start the conversation now asking the simple and imperative question: What makes us sick? The answer is staring us in the face, several times a day: our food. Poor diet causes more than half a million annual deaths in the United States, the leading cause of mortality; the story cannot be better in emerging economies like Bangladesh, where food consumption is also a more significant means of recreation. In the coming decades, as the economy advances and population at large adopt highly processed diets, resulting human and economic costs will lead to ever-rising health care spending, strangle family and public budgets, and diminished workplace competitiveness. Fortunately, we can prevent most of this by cultivating proper dietary behaviour through social changes and policy measures.

Recent advances in diet and health provide a road map for addressing

this global nutrition crisis. The "Food Is Medicine" solution is a win-win, promoting better well-being, lower health footprint, greater sustainability, reduced socioeconomic disparities, improved economic competitiveness and greater national security. The China Study, the most comprehensive public health studies conducted so far, has shown us diet matters. China has the

bone, kidney, eye, and brain diseases. This suggests a strong association between proper diet and risk reduction for those chronic disabling conditions. The study kicked off a new movement in the West, whole plant food.

More and more studies, that are not linked to special interests, suggest lifestyle changes can reverse, delay, moderate or reduce the risk of diseases like



PHOTO: FILE PHOTO

world's largest population with uniform racial composition and ethnic origin; any regional difference in disease related mortality is likely a result of lifestyle choices, largely diet. As you move from east to west, rate of whole plant food consumption goes up, down goes the mortality rate from cancer, heart disease, diabetes, obesity, autoimmune diseases,

cancer, heart disease, diabetes, obesity, autoimmune diseases, bone, kidney, eye, and brain diseases. However, we still face an uphill battle against strongly-held beliefs, food addiction, peer pressure, and misinformation campaign. The cigarette industry once embarked on the misinformation campaigns and kept the public confused. Today smoking is widely

accepted as detrimental to public health. A similar misinformation campaign is sponsored by food industry today. Businesses sponsor research to publish and promote their products and interests, which often conflicts public interests. Look no further than *anti-vaxxers*, the horror misinformation can create. We need to raise awareness about special interest groups who advance their own agenda at the detriment of the public.

The battle can be made fair with policy changes, social awareness, and mass education programs. Taxes can be levied on refined food that loses nutrition content, adds harmful additives like sodium, sugar and trans fat, and animal food with deadly saturated fat and growth hormones (that can help cancer cells multiply rapidly). The money can be diverted to subsidise protective whole plant foods like fruits, nuts, vegetables, mushrooms, beans, and whole grains. Nutrition education can be made mandatory at schools and medical institutions. Hospitals and healthcare providers could update medical training, licensing and continuing education guidelines to put an emphasis on nutrition with the latest research-based knowledge; they can also offer patients medically tailored meals. Social changes, emphasising protective whole plant foods, can bring positive changes among general population in dire need of supplementing junk food with protective food, from social gatherings to household kitchens.

Responsible lifestyle, that extend healthy, productive life, is a form of charity, adding to productivity and cutting societies' healthcare cost. Irresponsible lifestyle increases health footprint, which amounts to passing personal health burden on to someone else.

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