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Averting ventilator crisis could be a game-changer

Govt should prioritise ventilator import and production

THE New York governor has rightly said that ventilators are to the coronavirus fight what “missiles were to WWII”. Amid criticism of Bangladesh’s response to the epidemic, such nuggets of wisdom are an important reminder of what can be done on a priority basis. So far, Bangladesh has been mostly focused on the expansion of testing and treatment services for coronavirus cases, without notable success. But one important aspect that remains still unaddressed is the lack of ventilators, the machines that help ICU patients with breathing. Covid-19, basically a respiratory illness caused by the virus, attacks the patients’ lungs; ventilators help them breathe when they are no longer able to breathe on their own, thus increasing their chance of survival. Bangladesh has reportedly 1,250 ventilators—500 in public hospitals and 750 in private ones. That is far fewer than the amount required for a country with more than 16 crore people. According to one estimate, we might need at least 25,000 ventilators in the coming days.

We, therefore, fully support the call by experts to expand the ventilator service urgently. One of the options available to Bangladesh is to get the devices brought in from China, where the number of Covid-19 cases have dropped. Another is to make them locally. The government has already enlisted the service of local tech giant Walton to manufacture them with support from Medtronic. This is a welcome step, one that should be followed by more such initiatives. Intrinsically connected to this is the need to have professionals trained to run the devices properly. The private hospitals can be an important ally in this regard, as they can help develop necessary manpower and also expand the ventilator services by procuring and installing them on their own. While talking to *The Daily Star*, one expert said the government could provide Tk 500 crore in interest-free loans to private hospitals to install around 10,000 ventilators in two months. Such proposals deserve consideration. We need to remember that the coming months are going to be crucial, given the growing threat of a wider communal spread of the coronavirus, and we should encourage such initiatives since the private sector can play a huge role in this fight, as it has done in countries most affected by the virus.

Launch anti-Covid campaign in Rohingya camps

Not doing so carries grave risks

IT is surprising that the Rohingyas have so far been left out of the ambit of effective campaigns against coronavirus. In this context, we fully endorse the call by journalists and NGOs to launch coronavirus awareness campaigns in the Rohingya refugee camps. At this point in time, to have nearly a million people outside the government’s virus prevention campaign is strange. While an effective way of preventing the spread of the virus is by maintaining social distance, given the condition of the camps, where the refugees are living in cramped conditions, other measures, like making face masks, soap and water widely available, along with restricted movement, should be implemented.

Another aspect of the effort to contain the spread of the virus is a robust campaign. But unfortunately, given the limited television access because of poor and irregular electric supply, the essential messages of the government campaign are not reaching the Rohingyas. It is essential that the dos and don’ts and vital information regarding coronavirus symptoms, and necessary instructions on prevention of the spread of the virus, get to the Rohingyas. Also, what cannot be overlooked is that, notwithstanding the security needs, the ban on mobile internet facilities also adversely affect the performance of aid workers and other agencies in their coordination and quick response efforts. This situation, we fear, has the potential to affect the lives of refugees, the local communities, and healthcare workers.

And for this, it is essential for the ban on the use of internet in the refugee camps be lifted immediately. Understandably, the ban was imposed with security in mind in September last year, but at a time like this, when the country is addressing the scourge of Covid-19, the situation as it occurs today with regard to the Rohingyas, carries the risk of compounding the problems, both of security and health.

LETTERS TO THE EDITOR

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Villages still at high risk

While we are observing on the news and social media how the law enforcement agencies across the nation are monitoring the streets and asking people to stay indoors, it is indeed shocking that many villages, including mine, are least aware about the pandemic. With total disregard for social distancing, the residents, many of whom have returned from the capital and abroad, are spending time as if they are on vacation here. And I have received similar updates from my peers in their villages as well. Nobody seems to be abiding by the rules set out by IEDCR and the government, and when I try to explain the seriousness of the situation to the villagers, they pay no heed. It is shameful that they are behaving in this manner. I am extremely worried about the risky situation here and elsewhere. I believe only with strict military intervention can this be managed. I urge the authorities to pay attention to such vulnerable villages and help curb the carelessness that prevails.

Abdus Salam, Nilphamari



MANZOOR AHMED

PRIME Minister Sheikh Hasina has struck a bold and inspirational note, as the leader of the nation must, in her impromptu remarks on March 29 while receiving contributions to the Prime Minister’s Relief Fund to support the fight against the covid-19 pandemic. She listed quite an agenda for a wide range of actions. She had spoken in the same vein in her television speech to the nation on March 25. But are all in her administration, and society at large, hearing her message and gearing themselves up to respond?

The Prime Minister spoke of supporting the vulnerable members of society during this time, referring to social welfare programmes at the district, upazila, union and ward levels to ensure the supply of food and other essential items. She also stressed on the importance of maintaining social distance, while acknowledging the dilemma this creates in terms of livelihoods and food shortages in the absence of employment.

Do we really know where we stand today in respect of the pandemic’s incidence of infection, recovery and number of deaths? What can we say about its trajectory, and the time it may take to reach its peak? Does one develop immunity against the disease by being infected, and how long does this last? When and how can the lockdown, social distancing and isolation be eased or further extended and expanded?

It is in the nature of a virulent and new viral zoonosis (diseases passed from animals to humans) that no definitive answers can be given to these questions. Countries with much greater technical capabilities and resources than ours are debating the answers.

Statistics 101 tells us that the numbers given in daily briefings every day by the Institute of Epidemiology, Disease Control and Research (IEDCR) are only numbers, which do not provide any epidemiological insight. Since there is no widespread testing based on representative population samples, the number of cases of infection detected and deaths recorded are numbers which cannot be compared to a denominator, the number of potential vulnerable cases, to derive percentages or proportions.

We simply do not have the epidemiological data for infection rates in the population and other rates, such as caseload, morbidity and mortality. Many wealthier countries, notably USA, seem to be in the same boat. In the absence of the epidemiological estimates, the health experts can only speculate about the trajectory and pattern of the curve of the disease, its peak, and the wind-down.

Suggestions have been floated in international media that “herd

immunity”—enough people being exposed to the disease, developing immunity and breaking the cycle of infection—may be the answer. Herd immunity is an epidemiological concept that describes the state where a sufficient number in a population is immune through vaccination or acquiring natural immunity, and the vulnerable minority is then protected.

Experts regard this untenable as a preventive strategy because there is no vaccine yet, and it is not known yet if immunity is developed naturally against Covid-19, and if so, for how long. If immunity is acquired against the virus (a big “if”), it is estimated that at least 70 percent of a population have to be exposed to achieve herd immunity, given its person-to-person transmission



An aerial view of the congested Korail slum. With millions living in such slums across the city, a coronavirus outbreak could easily have severe impacts at the community level here.

STAR FILE PHOTO

rate. That is 125 million people for Bangladesh. Imagine the resulting numbers of deaths and sickness.

It is clearly both a health and economic pandemic, as the Prime Minister implied. The consequences of either can be equally devastating and the effects, unfortunately, feed on each other. The ongoing lockdown in Bangladesh has been extended by a week and may have to be extended again.

India, with its 1.3 billion people, has gone into a strict nationwide lockdown for three weeks from March 25, and in all probability this will have to be extended. USA has extended its federal lockdown to the end of April. Prime Minister Shinzo Abe of Japan said over the weekend that Japan was now at risk of an explosion of cases, with a spike in new cases in Tokyo, and a state of emergency may be in the offing. Spanish officials said that they have to impose more rigorous restrictions on residents’ movements, leading to a

these bodies are needed at least in the following areas.

Medical and health service response: guidelines and rules for medical facilities, public and private, throughout the country, have to be provided in order to serve people in need of care—whether they are affected by covid-19 or other ailments. Medical personnel have to be mobilised, supported and protected and given clear ground rules. Procurement, production and distribution of supplies and protective gear have to be arranged.

Surveillance and testing: there need to be guidelines and rules for testing for diagnosis and surveillance so that reliable epidemiology can be built up. Could the Gonoshasthaya Kendra test, cheap and quick, be supported and used widely, including for national sample surveys? This can help future surveillance and containment strategies that will be needed.

Economic support and relief: lists have to be prepared in each union

surely the virus cannot jump out of the grave to infect people. More has to be done on an awareness and re-assurance campaign.

A major revision of the 2019-20 budget is in order, to redirect allocations and provide economic relief and support targeting of the most vulnerable. Many countries have designed stimulus and relief packages committing 10 percent or more of GDP. The next budget for 2020-21, in addition to a focus on restart and recovery of the economy, must have a contingency plan to continue support and relief, if elements of the crisis persist.

Control rooms have to be set up under the cabinet office and at the district levels. There has to be daily authoritative briefings for the public from the cabinet taskforce, as has been seen in many other countries. We are in a war, which must be won.

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Domestic violence during the time of corona

Let’s not forget the victims



ARPEETA SHAMS MIZAN

THE Covid-19 pandemic has opened our eyes to many vulnerabilities. With home quarantine proving to be a successful strategy, we are finally catching up and practicing it. Bangladeshi narratives about home quarantine now discuss how home is the safest place to ensure sanitisation, hygiene and disinfection.

But what if home is where you are most unsafe? While we feel safer with home quarantine, there is one group of people who may suffer very differently and much severely from this social distancing—the victims/survivors of domestic violence and child sexual abuse.

According to the World Health Organization (WHO), one out of three women in the world experience physical or sexual violence in their lifetime, making domestic violence “the most widespread but least reported human rights abuse”. With covid-19, the risk of abuse has increased. Newsweek reported that America is seeing a rise in child-abuse related injuries, often resulting from children spending more time at home with abusive parents. According to the Deputy Executive Director of United Nations Women, “the very technique we are using to protect people from the virus can perversely impact victims of domestic violence.”

The situation is no different in Bangladesh. According to Bangladesh National Women Lawyers’ Association (BNWLA), February 2020 saw a sharp rise in rape. It is not hard to guess that unreported cases of domestic violence will be no exception. Because domestic violence happens at the hands of people

living under the same roof or sharing the same bed as the victim, it is hard to identify and hardest to prove, and these victims are the least visible in society. In the case of domestic abuse, much of it happens at the hand of family members who can abuse, assault, humiliate and torture women and children. Domestic violence can also be verbal, financial, psychological and sexual.

We now need to think carefully about how covid-19 home quarantine can accelerate these risks. Due to the countrywide lockdown and zero mobility, vulnerable women and children are trapped within the confines of their homes with their abusers 24/7. Earlier, they might have been safe for a limited time while the abusers were away for work. But now they are constantly present, with abusers having a stronger ability to control and terrify their victims.

Added to this is the fact that few Bangladeshi men share the domestic workload. With home quarantine, women are facing increased work pressure. If an exhausted wife dares to refuse husband’s advances at night, she might risk receiving forced intercourse. And thanks to our colonial laws, such forced sex can’t legally be considered marital rape.

Another dangerous effect of long isolation is a mental health crisis. Office going people may face reactive depression from sitting at home, which can lead to stress, frustration and anger. Stressed people often release their frustration on the weaker members of their family—children, wives and elderly parents. Instead of seeking mental health assistance, you create a suffocating environment at home by blaming everyone around you. Victim blaming is a strong weapon of domestic abuse. The abusers may threaten family members by denying necessary amenities or making them feel guilty for falling sick. In the US, cases have been reported where

perpetrators have threatened to throw “disobedient wives” out on the streets so they can catch coronavirus and suffer.

And one can’t emphasise enough the risks of child abuse. Home quarantine means children are more available and closer to family members and in Bangladesh, this can include distant relatives living with them. Stressed parents may physically punish their child unduly. Children may be forced to play with these relatives or live-in domestic helpers who might be potential abusers. These children have nowhere to hide or escape, and their abuse won’t be immediately identified. The psychological trauma these children would face in that situation is irreversible.

But what makes the risk greatest for children and (many) women is that they have little or zero access to information. Firstly, they may not understand that what’s happening to them is domestic violence. Secondly, they may have no money. They may never have taken a rickshaw on their own before. How can they move to safety? An abused victim needing medical support won’t know how to find a hospital.

Our social mindset doesn’t help either. Many Bangladeshis believe domestic violence is a private affair. Even during normal times, police rarely entertain complaints of domestic violence unless it involves fatal physical injury, dowry claims etc. With the covid-19 crisis, people may even think that talking about domestic violence is a luxury. This severely affects the victims. For male victims, there is the additional stigma of *kapurushotto* (cowardice), preventing adolescent boys and adult men from speaking up. And as hospitals, medical professionals and law enforcement agencies are busy with corona detection and isolation, they may be unable/unwilling to help victims of domestic and sexual abuse.

This can make home quarantine a

double-edged sword—home quarantine increases the violence, but it is also the *only way* to contain the spread of virus. In that case, what can we do to protect the potential victims? USA and Canada have actively acknowledged the increased risks of domestic violence during isolation, and are making continuous announcements about helplines and shelter homes. Bangladesh needs to follow suit.

Print and electronic media can play a big role here. BTV and Bangladesh Betar can give announcements to raise awareness and sensitise people about the harmful effects of family abuse, as well as share information on how to contact the police and one-stop crisis centres via hotlines. The police force should be more responsive at the district and sub-district levels, as well as in the metropolitan areas. Government agencies must be careful not to dismiss complaints of abuse. Television channels can put information on scrolls. Rights based organisations and mosques can raise awareness using loudspeakers. These announcements should be in a language understandable to the general people. Telecommunication companies can send informative bulk SMS to its users. Religious leaders and even social media influencers can use digital platforms to talk about domestic violence. Social media posts mocking women or patronising angry men in isolation should be reported immediately.

During these hard times, we are slowly reviving a part of our psyche that has been asleep for quite some time—thinking about the greater good. Let us not leave anyone behind; whether they are the victims of coronavirus or survivors of domestic or child abuse, or anyone else who may become more vulnerable during this self-quarantine period.

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