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Post-Covid development must incorporate preservation of nature

Stop the destruction of forests and rivers

YESTERDAY was World Environment Day, the theme was, “Time for Nature”, which entails saving our natural resources. But reports in the media and by environmentalists give us a grim picture of how we have made ourselves more vulnerable by our disregard for conservation and preservation of one of our most precious natural resources—our forests. For Bangladesh we must also add our rivers as part of the national treasure.

According to a report in this paper, Bangladesh has lost around five lakh acres of forestland or 10 percent of forests since independence and the loss continues due to illegal forest grabbing. Forrester department records show that over the years, the government has allocated 1.60 lakh acres of forestland to various government and non-government agencies for infrastructure construction. Meanwhile district administrations have leased out around 50,000 acres of forest, and vested quarters have grabbed 2.87 lakh acres of forestland across the country. There is no question that development has to take priority for a country like ours but it cannot be at the cost of our natural resources.

So while we are trying to combat a deadly pandemic we cannot forget about our need to address such man-made environmental degradation. Environmental experts have repeatedly reminded us how important it is to minimise the negative impacts of cyclone, storms, floods, river erosion and landslides intensified by climate change. We have already seen how the Sundarbans took the brunt of Cyclone Amphan that would have had far more devastating effects and taken many more lives had it not been for our mangrove forest. An expert in an opinion piece has emphasised the need to enhance nature-based management initiatives using modern approaches to manage disasters. These are sustainable solutions that make sure that both nature and livelihoods are protected. The Sundarbans absorb the shocks of storms and cyclones and erosion while providing livelihoods to the communities living there and providing habitats for precious wildlife and plant-life. Forested slopes reduce the risk of mudslides and absorb the toxic carbon. The need to preserve whatever forest area is left cannot be emphasised enough.

Then we have our rivers and water bodies—the lifelines of our country. This paper has relentlessly campaigned for protection of our rivers as have environmentalists and citizens groups. Even the High Court has declared rivers as living beings that must be protected. But despite the glaring effects of river encroachment, riverbanks continue to be grabbed and killed with toxic waste, water bodies filled in or dumped with garbage, blocking natural drainage systems, causing floods and stripping away livelihoods.

Such blatant decimation of our natural resources has to stop if we are to survive. While illegal land grabbing and tree cutting can be prosecuted, how do we deal with such activities under the legal banner of developmental activities? It is therefore up to the state to revise development projects and put a stop to those activities that will entail denuding our grossly diminished forest coverage further, kill or maim our rivers and make our other crucial water bodies disappear. Thus all post-Covid-19 development must incorporate protection of the environment.

Poor medical waste management will increase infections

Indiscriminate dumping must be stopped

WE are horrified by the flagrant disregard for proper disposal of medical waste at a time when Covid-19 infections are increasing along with the number of deaths per day. A recent photograph published in this daily shows discarded personal protective equipment (PPE) lying on the ground near Dhaka Medical College and Hospital (DMCH) corona-isolation unit. Another photograph shows gloves, masks and other waste floating in the murky water of the fountain there. Dumping of such hazardous materials on the premises has been a common practice near many hospitals.

Being disposable in nature, gloves, masks, PPEs and nasopharyngeal swabs, etc. are all essential items to tackle the virus, but they are also highly contaminated after use. According to the United Nations Conference on Environment and Development, 5.2 million people (including 4 million children) die due to medical waste related diseases each year. This paper has continuously reported on poor medical waste management even before the pandemic struck. Because of the Covid-19 pandemic, the need for proper medical waste disposal is now more important than ever.

Authorities of hospitals and other healthcare organisations along with city corporations and municipalities must be meticulous about managing medical waste—which needs to be collected, transported, treated, and disposed of in separate containers. While a few hospitals throw their waste into a ditch and burn it in their backyards, most of it seems to end up out in the open or in the landfills. In the absence of state-of-the-art medical waste management systems across the country, the government immediately needs to issue guidelines regarding the matter for the sake of public health safety and strictly ensure that they are being followed.

It is absolutely essential to prevent the spread of infection. Every worker who manages medical waste needs to be provided with safety gear. Special incineration plants can be set up. Halting the recycling of all waste materials during the pandemic may also be needed. In the meantime, the government must initiate construction of modern medical waste management systems nationwide.

Breathe, Breathe in the Air

BLOWN' IN THE WIND



SHAMSAD MORTUZA

THE Amazon rainforest, spread over 2.1 million square miles, is dubbed as the “lungs of the planet” as it produces 20 percent of the oxygen in our planet’s atmosphere. In August 2019, thousands of fiery infernos raged through the forest, and the resultant fuming smokes blocked the sun. Even from Sao Paolo, a city that was 2,000 miles away from the forest fire, the sun could not be seen. The lungs of the world was on fire, and the earth was being suffocated by the carbon-dioxide it produced.

In December, China reported the outbreak of a pneumonia with unknown cause to the World Health Organization. The clinical signs and symptoms include patients having breathing difficulty, with their chest radiographs showing invasive lesions of both lungs. The breathing problem became a global phenomenon, and morphed into a pandemic that is being experienced by 213 countries and territories of the world. The populace of the world are suffocating and gasping for breath. One possible cause for the outbreak is human encroachment on nature, making wild animals come in contact with humans. We are being exposed to diseases of the animal kingdom against which we have no immunity.

But there is one silver lining. The lockdown and immobility due to coronavirus pandemic has stopped the world from consuming fossil fuel and reduced the amount of CO2 emissions. As a result the ozone layer above Antarctica has started showing signs of recovery. Mother earth has her own way of healing. The jet streams in the southern hemisphere are patching up the ozone hole. Science Alert reports, “Before the turn of the century, ozone depletion had been driving the southern jet stream further south than usual. This ended up changing rainfall patterns, and potentially ocean currents as well.”

Now we are waking up to a wound of a different kind. A wound that makes us grasp for breath. A wound that has caused others to breathe to suggest that they are alive.

On May 25, a white police officer in Minnesota pressed his knee to a detainee George Floyd’s neck for almost nine minutes. Floyd was allegedly guilty of handing in a fake USD 20 bill in a store. Police made him lie face down with his hands handcuffed, with one officer mounting pressure on his neck that eventually strangled him to death. Floyd’s last words were, “I can’t breathe!” America is burning in protest, reverberating, “Black Lives Matter.” The protesters are highlighting one vital sign of the living: breathing.

The suffocation of George Floyd is a stark reminder of the 2014 killing of Eric Garner. A NYPD officer used a banned technique of chokehold while detaining Garner for selling loose cigarettes. An asthmatic Garner died, and his last words were, “I can’t breathe.”

Thousands of protesters have taken to the streets, amid the fear of Covid-19 contamination, to protest the killing of a

man whose death unfolded before their eyes. “I can’t breathe” has once again become a rallying cry of protest. It seems the Civil Rights movement participated in by all marginalised racial groups is an unfinished project.

The Black Power movement in the 1960s was inspired by the Algerian French intellectual Franz Fanon (1925-1961), whose *The Wretched of the Earth* became a revolutionary bible for them. Fanon has suddenly become more relevant than ever. He wrote in *Black Skin, White Mask*, “When we revolt it’s not for a particular culture. We revolt simply because, for many reasons, we can no longer breathe.”

George Floyd and Eric Garner’s last words find strange echoes in Fanon’s conception of revolution’s causal connection with breathing. Their dying words, on the surface, appear to be a literal plea for help as they struggled for their last breaths with the police on their back. At

independence of persons on the other. It is the country as a whole, its history, its daily pulsation that are contested, disfigured, in the hope of a final destruction. Under these conditions, the individual’s breathing is an observed, an occupied breathing. It is a combat breathing. From this point on, the real values of the occupied quickly tend to acquire a clandestine form of existence. In the presence of the occupier, the occupied learns to dissemble, to resort to trickery.”

The protest is a sign of a fissure that lacerates the lungs of America. The protesting bodies are longing for a breathable atmosphere. It is informed by a desire to wiggle out of the knees of the oppressors. It is a protest to remind all that breathing is essential for both the individual body and the collective body. Fanon quotes Aime Cesaire who compares breaths with consciousness to argue for a world where minds are permeable to

you get choked—but you don’t complain. But once light shines on the air, you get to see those particles choking you. Events like the murder of Eric Garner and George Floyd throw light on the invisible dusts that carry the memory of the sweated labour of slavery. The dusts have never settled. Jabbar uses another metaphor of a bus to explain the race issue. People at the back feel the fume and jerks, while others sitting in the front seats have no reason to complain as the bus is wheeling along without any apparent obstacles. The riot has brought the fumes forward, and the country is feeling the burn.

Let me wrap up with an anecdote shared by Taslima Nasrin in one of her earlier books. She once saw her younger brother pinning a lizard with a pencil. The creature was struggling to wrestle away. Her brother said, “Have you seen bubu, the more I press, the more it dances.”

The people who are on the streets are in



Ariel view of protestors gathered near the makeshift memorial in honour of George Floyd marking one week anniversary of his death, on Monday in Minneapolis, Minnesota.

PHOTO: CHANDAN KHANNA/AFP

the same time, they constitute a Fanonian expression of Black experience of racism in the United States. I can’t breathe is a ventilation of the corporeal, systematic and daily violence imposed on Black bodies. And now breathing is being used as a strategic counter response.

In *Black Skin, White Masks* Fanon uses breathing as part of his vision of a new humanism. In this book Fanon talks about the inferiority complex suffered by a racially subjugated group or a colonised entity. To overcome this psychological barrier, colonised subjects must realise that their breath and heart beats “are the same as those of the coloniser.”

Later in his book *A Dying Colonialism*, Fanon furthers the notion of breathing (or, rather, of non-breathing) by devising a new term, “combat breathing.” Fanon writes, “There is not occupation of territory, on the one hand, and

diverse visions of the world: “porous to all the breaths of the world”. The revolt then is a similar call of the living, it is the sign of taking a stand, “quite simply...because it became impossible...to breathe, in more than one sense of the word” (*Black Skin, White Mask*).

It is no surprise that the pro-establishment media is focusing on the looting and the disorder that has ensued. The riot rhetoric has made the president of the US present himself as an avatar of Law and Order against the opportunists and the downtrodden. Instead of getting into the root cause of the riot, the POTUS has added fuel to the fire by reminding his supporters of the second amendments that allows US citizens to take up arms in self-defence.

I was listening to Kareem Abdul Jabbar on CNN recently. The basketball star used an analogy to explain race relations in America. Racism is like dust in the wind;

a combat breathing. They are not dancing, they are expressing their pain and anger. They are saying, enough is enough. The police officer who killed Floyd is a case of a bad tooth; but a single bad tooth is connected to the entire nervous system of a country. If a tooth aches, the whole body aches. If a forest burns, the whole earth gets affected. If a forest is encroached upon, it hits back sending its army of viruses. Nature is revolting, and it will keep on revolting until equilibrium is restored. It is within human nature to seek for the same balance in life. A system that privileges one skin colour over the other is not a fair system. The breath of a white man is the same as the breath of a black or brown man. Black lives matter, because human lives matter.

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The ethnic face of Covid-19 in UK



SELIM JAHAN

SO far, the focus of the Covid-19, commonly known as coronavirus, in every country has rightly been on health issues—expanding testing, tracing the infected, how to deal with infection, and combatting deaths. Issues of disaggregated profiling of its various aspects including the diverse socio-economic impacts were put on the back burner. But as time progresses, those issues are emerging as important concerns, as they have serious implications for future strategies to address the coronavirus. In that context, the United Kingdom has brought a report on the ethnic issues as they related to the virus. Published by Public Health England, the report looks at the disaggregated dimensions, including ethnic aspects of the pandemic, in the United Kingdom.

Let us revisit some of the non-ethnic dimensions first. For example, in Britain, people aged 80-years or more are 70 times more likely to die from corona than those under 40. Or, working-age men diagnosed with Covid-19 are twice as likely to die as women. The risk of dying with coronavirus is higher among those living in more deprived parts of the country. People in certain occupations—security guards, taxi or bus drivers, and construction workers and social care staff—are at higher risk.

If the ethnicity lens is used, there is direct evidence, and there is indirect evidence. The indirect evidence is by association. As security guards, taxi or bus drivers, and construction workers and social care staff—are at higher risk, so are BAME people. This is because these are the occupations that a significant number of Asians, black and Caribbean are engaged in.

In terms of direct evidence, so far 200 healthcare workers (e.g. doctors,

nurses, paramedics, etc.) have lost their lives to the coronavirus. Among them, more than 6 out of 10 were from Black, Asian, Minorities and Ethnic (BAME) background. Asian workers account for 34 percent of the death toll and the Black staff 24 percent of deaths.

For the general population, for ethnicity, coronavirus death rates were highest among BAME when compared to white British ethnicity. People from Bangladesh are twice more likely to

economic issues and health concerns, among other things. Bangladeshis in the United Kingdom live as extended families under one roof. In many cases, families live in cramped rooms of houses provided by the Councils. The living conditions of these houses including their sanitation facilities are not good. So the implications are varied: i) the issue of social distancing is neither possible, nor practised; ii) even when someone is infected, isolation becomes difficult.



Commuters wearing protective equipment travel in the morning rush hour on London Jubilee Line underground trains from Canning Town towards central London on May 13, 2020.

PHOTO: DANIEL LEAL-OLIVAS/AFP

die from coronavirus compared to white British ethnicity. Chinese, Indian, Pakistani, other Asian Caribbean and other black ethnicity had between a 10 percent and 50 percent higher risk of death when compared to white British ethnicity. Thus, in United Kingdom, the Bangladeshis have the highest risk of being infected with coronavirus.

Question may be asked as to why the Bangladeshis are more vulnerable. The reasons are related to lifestyle and culture,

The culture is also one of more togetherness, rather than isolation. Social distancing and isolation are not valued. There are issues of personal hygiene. Furthermore, disregard of science is also part of the Bangladeshi culture. All these make Bangladeshis highly vulnerable.

In economic terms, Bangladeshis are also engaged in work where working from home is not an option. They mostly work in shops, run corner groceries, work as security guards and bus drivers. Therefore,

for jobs and economic reasons, they have to go out of their homes almost on a daily basis. As a result, they are more prone to coronavirus infection.

A large number of Bangladeshi men have health conditions, which are reflective of their lifestyles. They smoke a lot, consume betel leaves, do not exercise and eat oily and fatty food including red meats. As a result, they become victims to hypertension and heart problems, diabetes, asthma and other respiratory problems. Under such conditions, if they are infected by the coronavirus, it becomes fatal.

It is also important to indicate that the government is also not sensitive to the needs of ethnic minorities, including Bangladeshis. Provisioning of quality public social services, particularly hospitals and other health services, is still an issue in the localities where ethnic minorities live. Efforts to sensitise and to raise awareness among ethnic minorities are also questionable. The lack of quality public services provided by the state to ethnic minorities is also a reason for higher infection among Bangladeshi people.

The results of the report mentioned above is rather preliminary. Yet, they provide a basis for three things: first, initiating a discussion by the Bangladesh High commission in London vis-à-vis the UK government on the needs of the Bangladeshi community in the country; second, starting a community debate on all these issues and starting a social movement; and lastly, more work and detailed analysis are needed on all these issues. Again, the Bangladesh High Commission in London can initiate such work by reaching out to Bangladeshi researchers and experts working in the United Kingdom. The report is an opportunity to extend the frontiers on all the relevant issues mentioned in this article.

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