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Frightening Unicef predictions of possible child deaths

Govt needs to strengthen its immunisation and nutrition programmes to save their lives

We are alarmed to learn from a Unicef report that Bangladesh could see additional deaths of 28,000 children in the next six months in a worst-case scenario due to the disruption in immunisation, nutrition and other vital health services. The Unicef report revealed the figure quoting a recent study of Johns Hopkins Bloomberg School of Public Health. According to the report, the school crisis during the closure and fear of Covid-19 transmission at health centres are major reasons behind the falling immunisation coverage in Bangladesh. The report also mentioned that being deprived of vital health services due to the Covid-19 pandemic, lives of about 4.59 lakh children and mothers of South Asian countries are in danger while 600 million children in these countries will face the immediate and longer-term consequences of the pandemic.

Bangladesh had an outstanding achievement in conducting regular vaccination programmes and increasing its coverage over the years, which was globally acknowledged. Just last September, Prime Minister Sheikh Hasina received the prestigious Vaccine Hero award in recognition of Bangladesh's success in immunising children. The prime minister at that time expressed hope that the target of "vaccines for all" in the country would be reached well ahead of 2030.

However, the Covid-19 pandemic is wreaking havoc on our public health services as the government struggles to provide basic and essential maternal, new-born, and child health services. The government's immunisation and nutrition programmes have been interrupted due to a serious lack of preparation by the agencies and the healthcare providers concerned. In April, the number of children receiving routine vaccinations dropped by about 49 percent compared to the previous month. While Bangladesh has been grappling with the pandemic, a measles outbreak in Rangamati killed at least 10 children and infected 300 others last April.

Similarly, the nutrition programmes of the government and non-government organisations have also been interrupted during this crisis. It is said that if a child remains malnourished for the first 1,000 days of their lives, from pregnancy to age two, they can suffer from irreversible damage such as stunting and other conditions. Thus, the long-term consequences of the lack of proper maternal care and nutrition programmes on our children will also be huge.

We call upon the government to take urgent action to continue the immunisation and nutrition programmes in full swing while ensuring health safety of the service providers. Additionally, the government should direct more resources towards social protection schemes, including emergency universal child benefits and school feeding programmes, as suggested by Unicef. Only the government's prompt action in this regard can save the lives of thousands of children across the country.

Malaysia to no longer recruit migrant workers

Govt must protect the Bangladeshi workers still in Malaysia

ON June 22, Malaysian authorities announced that they will no longer recruit foreign workers until at least the end of the year, as they have decided to prioritise jobs for locals amid the economic slowdown caused by the global pandemic.

Although Malaysia is home to some eight lakh Bangladeshi migrants, the country stopped recruiting workers from Bangladesh in September 2018 following allegations of a syndicate that used to charge up to Tk 400,000 each for jobs. Since then, the two governments have been working on measures to make the recruitment system less corrupt and exploitative, and there were hopes that official recruitment would begin again this year. As such, Malaysia's announcement comes as a blow to Bangladesh and its aspirations for future migrant workers.

There has already been an exodus of migrant workers returning to Bangladesh after losing their jobs, especially from the Gulf countries. The Bangladesh government recently announced their plans for supporting these now-unemployed workers, although the plan to re-skill returning workers and help them find overseas employment again requires reconsideration given Malaysia's latest decision. However, while we must ensure that our returning workers do not fall into poverty once they return home, we also urge the government to place equal importance on protecting our workers who are still abroad.

According to the Refugee and Migratory Movements Research Unit (RMMRU), a global campaign against "wage theft" of migrant workers is underway to stop countries from deporting migrant workers without giving them their dues, and Bangladeshi workers are increasingly vulnerable to this. Rights groups have also criticised Malaysia's heavy-handed approach to migrants and refugees during the pandemic, where the authorities rounded up and detained thousands in a series of immigration raids despite the heightened risk of Covid-19 transmission in detention facilities. According to a joint statement by Fortify Rights and the Rohingya Women Development Network (RWDN), Malaysia is continuing these arbitrary arrests and detentions with little concern for the rights of these migrants.

During this period of recovery, the Malaysian government must ensure that migrant workers within their borders are protected, with access to food, accommodation, healthcare and their due wages. We urge the Bangladesh government to immediately take up the cause of our migrant workers, in Malaysia and other countries, and engage in all levels of diplomacy with the host countries to ensure Bangladeshi workers are not being deprived of their rights.

How about leaving some space for ordinary patients?

Preferential treatment for professional bodies at private hospitals is the tip of an iceberg of healthcare disparities in Bangladesh.



IN 1883, the American poet Emma Lazarus wrote a sonnet about the virtues of diversity and inclusion. The poem, written to raise money for the construction of a pedestal for the Statue of Liberty, ends with a powerful message: "Give me your tired, your poor, your huddled masses yearning to breathe free, the wretched refuse of your teeming shore... I lift my lamp beside the golden door!" Fast forward to 2020, and in the middle of a pandemic in Bangladesh, a revision of these iconic lines in line with the present reality is in order. Seeing how some hospitals are profiting off people's misery and providing "special" treatment to the rich and powerful, their motto can be summarised in the following: "Give me your affluent, your noble-born, your finest and strongest... I welcome them with open arms."

At least, this is the message we get from a tell-all report by *The Daily Star* about the exclusionary policy being adopted by some private hospitals that gives preferential treatment to powerful individuals and professional bodies while discriminating against other patients—ordinary folks who are suffering as much but have neither the political clout nor the backing of a professional body to get them the care they deserve.

According to the report, a number of professional bodies have secured beds for their members and families at several private hospitals in Dhaka. On June 11, Bangladesh Judicial Service Association signed a deal with the Universal Medical College Hospital Ltd to provide treatment to lower court judges suffering from Covid-19 and other diseases. The deal was signed at the law ministry. Not to be outdone, Bangladesh Police on May 5 "hired" an entire hospital (Impulse Hospital) for two and a half months for treating its members. Besides, the Directorate General of Health Services (DGHS), in a letter signed by the DGHS director (hospital) and sent out on June 18, asked three private hospitals—Holy Family Red Crescent Medical College Hospital, Anwar Khan Modern Medical College Hospital and Japan East West Hospital—to provide treatment to the members of the Supreme Court Bar Association who are infected with the coronavirus.

Most recently, on June 20, Bangladesh Medical Association (BMA) sought similar services from the health ministry. In a strongly-worded letter, the association

urged the health minister to dedicate Bangabandhu Sheikh Mujib Medical University (BSMMU) or any other hospital for treating doctors infected with the virus. It gave the ministry three days to do so, or else the latter would be responsible for "any situation that may arise". Among other instances is a government move to improve healthcare facilities at Sarkari Karmachari Hospital for the treatment of public officials. Every ministry has by now formed a quick response team to provide assistance to their infected staffers. General public hospitals are also not immune to such attempts by powerful, well-connected individuals.

These initiatives and decisions have sparked some unsettling questions. Since when is it okay to "book" entire hospitals

The question, therefore, is not if they deserve treatment—they most certainly do—the question is if they deserve more, and in a manner consistent with institutional discrimination. And the fact that such behaviour has been condoned, even promoted, by the highest echelons of power in Bangladesh lays bare not just vulnerabilities in its hospital system, but also gaping healthcare disparities facing ordinary people.

These disparities, confounded by Covid-19, have been well-documented. Since March 8, when the country confirmed its first coronavirus case, there have been multiple reports of ordinary people desperately moving from one hospital to another without getting treatment. They are more likely to be turned away. They are more likely to

But to be fair to those now seeking preferential treatment, their intervention is not the only reason shrinking the space for ordinary patients. The crisis is also reducible to a number of pre-existing factors including the for-profit mentality of private hospitals, expensive treatment, corruption and mismanagement in public hospitals, spheres of influence within hospitals affecting admission decisions, a general lack of ICU beds and other facilities, lack of timely and adequate interventions from the health authorities, etc.

As a result, ordinary Covid-19 patients are not the only ones being elbowed out of crucial hospital services. Think of patients needing routine treatment. This constitutes what I call Bangladesh's second public health emergency: the crisis that is quietly threatening lives alongside the coronavirus. Many hospitals, overwhelmed by Covid-19 patients or simply fearing infections, are refusing to provide treatment for other diseases and life-threatening conditions. The situation has reached a point where people are simply afraid to have anything to do with sickness lest they needed to confront the challenges of hospitalisation.

The practice of denying treatment by hospitals, both private and public, has continued despite repeated instructions and warnings from the government. Some hospitals demand Covid-19 clearance certificates before hospitalisation, ignoring the fact that it takes days, even weeks sometimes, to get test results. Is there a disconnect between the messages given by the authorities and that received by the hospitals? What emboldens the latter to rubbish official instructions like they are garbage? Who is in control of our health sector, really? The long-term consequences of the chaos caused by the unequal access to healthcare are symptomatic of an unexploded bomb, slowly waiting to go off.

It is time the top brass of the DGHS and health ministry were brought to account for their continued failure in providing direction, reigning in the disruptive influences in hospital management, and establishing an equitable system in healthcare. And the hospitals—all hospitals—must stop granting preferential treatment to a fortunate few, leaving out the vast majority of the people. This is not just unethical; it sets a dangerous precedent for the future also. We are already saddled with too many problems and loopholes in our response to the pandemic. We don't need another to add to our misery.

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Elbowed out of the healthcare system?

PHOTO: AMRAN HOSSAIN

or hospital beds for certain people? Since when is healthcare the privilege of a few and not a basic right for all? Are we to witness more of such colonisation efforts in the health sector in the coming days? Should we accept this as the new normal where access to treatment for the common people will be contingent on availability of beds left by the influentials?

There is no disputing the truth that members of these associations and institutions have as much right to healthcare as any member of the public. Some of these groups, particularly doctors and police officers, have been at the forefront of our fight against Covid-19 and continue to provide crucial services. Until June 20, 30 members of the police reportedly died from the virus and at least 8,544 others got infected. According to an estimate by the BMA, around 3,500 health workers including over 1,100 doctors have been infected with the virus, while 44 doctors died from infections.

be disproportionately affected in terms of access to testing facilities. They are more likely to die or suffer from hunger, impoverishment and other associated risks. One recent incident saw the nurse of a private hospital in Dhaka dying after being denied treatment by the very hospital she worked at. Another saw a five-year-old boy from Chattogram, who was hit by a three-wheeler, travelling a distance of around 24 kilometres in the hopes of getting treatment. His family tried, unsuccessfully, to get him admitted in four hospitals before he was pronounced dead. As Shuprova Tasneem of *The Daily Star* rightly asked: "Was it the accident that killed him, or that desperate 24 kilometres his family travelled in the hopes of keeping Shaon alive?"

A common thread running through these heartbreaking episodes is the victims' "ordinariness", their having no power or connections that could qualify them for treatment.

From Bolshevik Revolution to Cold War: Partition in a different light

ALI AHMED ZIAUDDIN

JUST as the French Revolution had sent shivers across all the monarchies of Europe, a century and a quarter later the Bolshevik Revolution too rattled all the colonial powers to their core. And they didn't wait to respond. Even before the First World War formally ended, Anglo-French, American and Japanese forces were dispatched to nip the revolution in its bud. But this typically arrogant imperial intervention failed as the Bolsheviks remained steadfast. However, the colonial powers didn't give up; they bided their time and adopted a policy of slander, squeezing and, when possible, confronting the Soviet Union. And the rise of Stalin provided them with ample ammunition to actively pursue this policy. So, contrary to popular belief, the Cold War didn't start in the aftermath of the Second World War—but much earlier—it remained a key policy of the imperial camp till the war's outbreak.

Fast forward to the early thirties, Hitler emerged as a key figure and made clear his intense hatred for the Bolsheviks as much as the Jews. And instantly, the Anglo-French ruling elites, with very few exceptions, cheered him as the right answer to Stalinism. They were least bothered about his Jewish persecution because they had pursued a similar policy for nearly two millennia. Between the years of his rise to power and invasion of Poland in September 1939, Britain and France were actively cheering him and assisting his crushing of the German communists while ignoring the plight of the Jews, or his alarming rearmament drive. This obviously got Stalin worried and he hastily made a peace deal with Hitler. Of course, it didn't work out but that's a different story. What is important here is that the Anglo-French hatred of the Bolsheviks and their active support for Hitler were no less responsible for the eventual outbreak of the war. Neither of the two can wash their hands of their

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diabolical role in helping to create a crazy monster. No western mainstream history book would care to mention this, however.

Although the Soviet Union was an allied power in the war, it was never trusted either by the Anglo-French or the Americans. Of course, the feeling was mutual. In the pre-war years, the three had waged first a "hot" and then a Cold War against Russia while it encouraged "red" revolutions in their countries. The war had ravaged the entire European continent. Part of Russia was also

destroyed, but it managed to not only survive but also to repulse the German onslaught that turned the tide of the war. By the end of the war, Russia emerged as the most powerful state in all of Europe. This got all three other powers very worried that Russian influence might help the communists/socialists come to power in all other countries of Europe. America, the emerging superpower, was unwilling to accept such an eventuality because it hated the communists as much as the European colonials. Moreover, it was nurturing its own imperial ambition. But Russia was still technically an ally and, having far more military strength than the Anglo-Americans in Europe, couldn't be forced to withdraw while the Americans remained. A diabolical plan was devised and executed, which still haunts the world and remains a matter of intense debate.

By July 1945, the Manhattan Project successfully detonated the atom bomb. Even after most of the scientists involved in the project warned of its devastating impact, the US leadership had other considerations. It would demonstrate the power of the bomb, bring the Japanese to their knees, while simultaneously making Russia aware that the US imperial ambition was global and was here to stay. Russia was expected to acknowledge that and refrain from challenging it. Thus, the Cold War that was put in the freezer during the war was re-launched. Hiroshima and Nagasaki were its first victims even if many were of the opinion that there was no compelling military necessity. The US leadership, however, couldn't care less if a hundred thousand Japanese civilians were vaporised so as to view the impact of the bomb and establish its hegemony. Yet, this was just the beginning. More would follow.

Now let's shift our attention to the Indian subcontinent. By the end of the war, India was boiling with rage. On the one hand, the chasm between the

two large communities had become deeper, and on the other, Britain could no longer afford to hold on to India indefinitely. It was immersed in huge problems of its own. First, its economy was in a shambles; second, its control over the Indian army—its prime asset—was no longer guaranteed. And third, the huge military presence of Soviet Union in the heart of Europe and just across India's northwest border was enough to scare the British to rush into things and obviously make rash decisions. Their hatred was so intense that Churchill even wanted to nuke Russia. They were also worried that if it got time, it would influence both European and Indian politics and throw the Brits out unceremoniously.

Moreover, American pressure to decolonise was also active. All these concerns combined made them scuttle and run. What would happen to India was no longer their concern. Their view was, if the Indians couldn't settle their differences quickly and peacefully—which were in fact actively encouraged by the Brits—let them go to hell. Such callous indifference was at the heart of the colonial project. It left India drenched in blood, with a partition that could have been avoided.

It may sound odd now but if there were a satellite view of history, it would show one single incident that played the most crucial role in shaping the 20th century: the Bolshevik revolution. It made friends and foes alike, changed global power alignment, and influenced politics, culture and technology. So it may not be an exaggeration to say that India's partition was an unwitting second victim of a protracted Cold War. Yes, there were multiple compelling internal causes but the Cold War dynamics was no less responsible for the vivification in India and the bloodbath that followed.

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