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Police officer’s death reveals horrific abuse of patients in mental hospital

Authorities must ensure patients are not humiliated, beaten, killed

CITV footage from the Mind Aid Psychiatry and De-Addiction Hospital in the capital’s Adabor, where Senior Assistant Superintendent of Police Anisul Karim met an untimely death on Monday, paints quite a clear picture of what the Teigaon Division Deputy Commissioner has called an “obvious murder”—it shows Anisul being wrestled to the ground by five to six people, who tie his hands behind his back and push him into a small room. During this attack, he becomes increasingly motionless. Later, a woman in an apron enters the room, locks the door and performs CPR, but to no avail.

An investigation by this daily revealed that this room was used to deal with “angry patients”; one member of the hospital staff called it a “soundproof torture cell.” The police have also revealed that the hospital authorities could not show a valid license or any of the legal documents required to run a mental hospital. This is hardly a shock—in July this year, *The Daily Star* reported that two-thirds of the country’s over 15,000 private clinics and diagnostic centres have been running without a valid licence since 2018, facing almost no consequences. What is hugely disappointing, however, is that the DGHS and health ministry are still failing to deliver on their responsibilities, despite the public outcry over unlicensed hospitals and their unlawful and unethical practices during the pandemic.

However, Anisul’s death does not just tell us of the blatant mismanagement and lack of accountability of certain private hospitals that act with impunity in the absence of any regulation from the relevant authorities. It shines a spotlight on the reprehensible treatment of patients suffering from mental health issues in Bangladesh. Anisul’s family denied that his behaviour was aggressive on the day but even then, what gives hospitals the authority to manhandle “aggressive” patients so violently that they die from it? On what grounds are staffers, ward boys and cleaners allowed to deal with sensitive patients with psychological problems, with no medical personnel involved? Despite the Mental Health Act 2018 replacing the 106-year-old Lunacy Act 1912 to ensure the safety and dignity of mental health patients in Bangladesh, why are they still being treated like they have no agency and no rights?

If a police officer with mental health complications can be beaten, abused and ultimately killed in this way, we dread to think how ordinary citizens, especially those with more severe issues that could lead to aggressive behaviour, are mistreated by healthcare providers. The DGHS and health ministry must fulfil their responsibilities and ensure that all mental health hospitals and service providers are regularly monitored and held accountable. We urge the authorities to also take speedy legal action against the persons and hospital authorities responsible for Anisul’s death.

Corruption, political bias hampered govt’s cash assistance programme

Correct the beneficiaries’ list and support those left out

A recent survey by Transparency International Bangladesh (TIB) has revealed a shocking picture of the government’s cash incentive programme which was initiated at the beginning of the pandemic to provide financial assistance to 50 lakh poor families—those who lost their livelihoods and were worst affected by Covid-19. TIB took interviews of 1,050 beneficiaries of the programme and found that 69 percent of them were yet to receive anything, while 18.9 percent bribed to be included in the list and around 10 percent had to prove their political identity to be enlisted. The anti-graft watchdog held another survey on the government’s OMS (open market sales) programmes and found that 36.8 percent of OMS cardholders got less rice than they were supposed to, while 92 people said they never managed to get any rice even after having the cards. According to the TIB findings, 79.2 percent of the people eligible for cash assistance and 65.7 percent of the OMS cardholders said they faced corrupt practices from the local parliamentarians, chairmen, Union Parishad members, councillors or mayors.

The government’s cash assistance programme faced many challenges from the very beginning. It was reported in this daily that many of the beneficiaries’ national identification (NID) numbers did not match the ones on the Election Commission’s database, and several other gross anomalies were also found when the finance ministry cross-checked the names of the beneficiaries. There were names of government officials, pensioners, and beneficiaries of other social safety net schemes on the list. Names of people who owned Tk 5 lakh in savings certificates were also on the list, while around three lakh names were included more than once.

We expressed our concerns during that time over the NID mishap and other anomalies in making the list, and urged the government to solve the problem immediately and disburse the funds to people who were starving. During that time, TIB also demanded exemplary punishment for those involved in irregularities in preparing lists of beneficiaries. However, as it seems now, no amount of criticism could change the situation on the ground. According to the finance ministry sources, the project was stopped after funds were handed to 35 lakh beneficiaries, whereas the TIB survey found that 69 percent of people surveyed did not receive anything. So how many people actually benefitted from the scheme?

We think the government should immediately work out a plan to verify details of the beneficiaries who could not be given any cash support and provide them with the promised assistance. At the same time, the lists of all beneficiaries of social safety net programmes must be made public and published in the government websites, as recommended by TIB. The inefficiency and corruption in carrying out the social safety net programmes have exposed the many administrative challenges currently facing the government. We hope the authorities will address these issues urgently.

First transgender madrasa: Let it be the spark for a social revolution

OF MAGIC & MADNESS



BADIUZZAMAN BAY

ON Friday, November 6, the first madrasa for transgender Muslims in Bangladesh was opened in Dhaka through a private initiative. Until now, there has been no madrasa (or even school) exclusively dedicated to the transgender people in the country. This makes it a historic moment for this long-marginalised community, perhaps no less significant than the 2013 official recognition of a “hijra sex”, the 2019 granting of full voting rights through the creation of a “third gender” category on the national voters list, or the 2020 decision to include them in the national census to be carried out in January 2021.

According to media reports, the madrasa, named Dawatul Quran Third Gender Madrasa, has been set up in a three-storey building near Lohar bridge in the Kamrangirchar area of Dhaka. Up to 150 students can study in the non-residential seminary. There is no age limit for enrolment, no fee for education. Besides traditional Islamic teachings, the madrasa authorities plan to provide lessons in Bengali, English, maths and some vocational training which will give them the opportunity to pursue better work opportunities and even more formal education in the future, if they so desire.

While talking to journalists at the inauguration ceremony, Abdur Rahman Azad, secretary general of the madrasa, explained what drove him to take this initiative. “For too long, they (transgender people) have been living a miserable life. They can’t go to schools, madrasas or mosques. They have been victims of discrimination. We, society and the state, are to blame for this,” he said. He added: “We want to end this discrimination. Allah does not discriminate between people. Islam treats everyone as a human being. Hijras should enjoy all rights like any other human being.”

To those following the event, it was a truly uplifting moment—coming as it did on the eve of the global Transgender Awareness Week—and the first step, as the clerics called it, towards integrating the minority group into the wider social network.

You don’t normally put the words “transgender” and “madrasa” together in the same sentence. School, maybe. But not madrasa, not in a country increasingly plagued by militant intolerance and more doctrinaire forms of Islam where the transgender community, commonly known as hijras, are often viewed as deviant or “sinners”. The madrasa is thus a statement, a potent symbol of pluralism, a way to bring these people from the edge of society to the

centre of Islam, thereby the centre of life in Bangladesh. Equally, and perhaps more strikingly, it also challenges common assumptions about where the progressive ideas of pluralism and tolerance come from. Normally, we associate such ideas with secular activists and individuals, who we expect to lead movements for the rights and dignity of traditionally marginalised groups. Seldom do we expect to see *mawlanas* at the forefront of such a movement. The founders of the transgender madrasa have thus shown that the clerics, if properly motivated, can be a powerful driver of positive social change because of the influence religion holds over this country.

Education is of course an important

official recognition and other favourable decrees. Today, the hijras continue to endure transphobic slurs and attacks. They are still cast away by their own family, and forced to choose a life of dependence. They remain deprived of their inheritance as the inheritance law only recognises males and females. They are also not considered for jobs and other rights and services which are taken for granted by most people, people who have little idea about their gender-nonconforming counterparts but continue to hold sway over their life anyway.

How entrenched our biases are, and how dangerous our ignorance about them is, can be understood



Members of the hijra community read the holy Quran inside the newly-formed Dawatul Quran Third Gender Madrasa in Dhaka, on November 6, 2020.

PHOTO: AFP/MUNIR UZ ZAMAN

means to that end. And going forward, we need to make sure more such citizen-led institutions are formed, while the authorities begin a process of reintegrating students from the hijra and other marginalised communities into the mainstream education system. The objective should be to empower them so they can start fighting for their own rights, rather than being dependent on others to do so. Education has historically played a crucial role in empowering minority groups. An uneducated group can neither speak for themselves nor help those who want to help them, prolonging their crisis in the process.

But the magic of education is unlikely to work in this case unless we, the state and society in general, also go through a process of (re)educating ourselves. While we talk about their education and social reintegration, we must also remind ourselves to cleanse our minds of anti-hijra biases and prejudices, which are precisely why this community has had little change in their luck despite the

from the government’s first attempt to implement the “hijra” category through an employment scheme, following the 2013 recognition. A report by the Human Rights Watch thus describes the incident: “In December 2014, the Ministry of Social Welfare invited hijras to apply for government employment—a major boon for a population usually consigned to begging, ritual performances at ceremonies, and sex work, and who invariably rely on hijra leaders (or *gurus*) for protection. At first welcoming this potentially empowering development, hijras seeking government jobs lined up for the initial interview.”

But it didn’t go as expected. They were humiliated by the ill-informed Social Welfare Department officials who asked them inappropriate questions about their gender identity and sexuality. Twelve of them were finally selected.

Then in January 2015, the health ministry called for a “thorough medical check-up” to identify “authentic hijras” among them. So the 12 finalists reported

Covid-19 Is a Call for Unity

MIA SEPPO and BARDAN JUNG RANA

COVID-19 has swept across the planet like a tsunami. It is up to us how many waves of infection will follow. As we approach the year mark for the worldwide Covid-19 crisis, it is important to reflect on the progress made and on the challenges we must meet to emerge from this stronger than before.

As the United Nations Secretary-General António Guterres remarked at this year’s virtual UN General Assembly, marking the 75th anniversary of the UN, “Covid-19 is not only a wake-up call, it is a dress rehearsal for the world of challenges to come.”

What strengths of the Covid-19 response can we build on?

Collaboration is vital to battle a virus that respects no boundaries and does not discriminate. Although time is never on our side in a swiftly moving pandemic, UN agencies and humanitarian partners worked with the government of Bangladesh to take quick action to support communities in responding to this virus.

Following the first official reports of Covid-19 in Bangladesh in March, frontline workers leapt into action. UN staff have been working alongside them, without interruption, despite restrictions on movement, risks to their health, and even after seeing colleagues lose their lives to Covid-19. The courage of the frontline workers including doctors, nurses, midwives, police officers, and sanitation workers—as they continue supporting those most vulnerable to Covid-19—is an inspiration for us all to do our part to control this virus.

The UN and partners have worked closely with the government in developing the Covid-19 Bangladesh Preparedness and Response Plan (BPRP) which lays out guidance for a response that spans a range of interventions. This includes strengthening the health system, testing capacity, training health workers, and creating guidelines for Covid-19 management which have all been top priorities in support of the government for the World Health Organization (WHO), the leading authority on the new virus.

WHO and the World Food Programme (WFP) are coordinating a UN Supply Chain Task Force to secure and distribute

essential supplies and equipment, including personal protective equipment (PPE), testing kits, and medical devices for treatment of severe cases. Despite disruptions to global supply chains, UN agencies and partners have supported the government’s Covid-19 response by securing more than USD 13 million in medical supplies for Bangladesh, with another USD 30 million of supplies in the pipeline. This support has been made possible through a partnership with the World Bank, FSCO and USAID and other donors, in collaboration with UNICEF, UNFPA, IOM, UNHCR, UNDP and international partners including MSF and

is well-prepared for an immunisation drive.

In a country of 165 million people, Bangladesh has so far kept Covid-19 deaths below 10,000. But despite the relatively low death rate, even one life lost is one too many and the negative impacts of Covid-19 are felt in other ways too. There may be long-term health problems stemming from Covid-19 infections, economic ramifications for years to come, a rise in gender-based violence, rampant misinformation, and the erosion of trust in health systems and government. Surviving a wave of infection is like winning a battle, but the fight is far from over and we must

#MaskUpBangladesh and abide by the “no mask, no service” national policy. This means wearing a mask properly over your nose, mouth, and chin when around other people, and of course, keeping a safe distance from others, minimising potential exposure time in public places, and regularly washing our hands and high-contact surfaces.

Covid-19 can take a serious toll on mental health which calls for investment in socio-economic safety nets and psychological support services. Physical distancing doesn’t have to become socially isolating! We can nurture a culture of kindness where we regularly reach out to our friends, family, and neighbours to check that they are okay. We can extend kindness to strangers and volunteer to help our communities. In this way, we can overcome stigma and discrimination and use Covid-19 as an opportunity to foster greater compassion and solidarity.

Pandemic fatigue has already begun to settle in, but we are seeing the impact of relaxing infection prevention and control measures, as multiple countries experience a surge in cases which is straining their health systems. The solution to pandemic fatigue is not to ease restrictions while transmission is rising, but to invest in stronger risk communication campaigns and community programmes that bolster support to keep up the good fight. Better understanding the different levels of risk in different situations will help people to make informed decisions about their activities.

This year, we have learned many lessons, and keeping an open mind to new evidence will help us learn many more. We have reasons to be hopeful. Concerted action and a willingness to change course in response to changing information will help us catch up and get ahead of this virus.

We must support the strengthening of health systems and ensure universal access to quality health care. This means expanding the number of skilled health workers and building robust health information systems with the capacity for managing large-scale emergencies. As long as this virus is actively circulating in the world, there is a chance of getting infected and a risk of reinfection that isn’t guaranteed to be milder than the first. The safest course of action is to

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