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A farce of a lockdown

Authorities must come up with a clearer strategy to stop Covid-19 spread

THE ongoing restrictions to contain the surge of Covid-19 infections seem to be failing badly. According to a report by this daily on Thursday, people are still coming out in large numbers to buy commodities from shops or to have refreshments at tea stalls in their neighbourhoods. Many people are also going to their workplaces by rickshaws or other forms of transport. In Dhaka, people in large numbers are seen moving around freely on a daily basis. On top of that, demonstrations by traders and shop owners have led to large public gatherings at kitchen markets and their nearby areas. Bowing to their pressure, the government has now decided to allow keeping shops and shopping malls open for eight hours every day.

Meanwhile, on Wednesday, the country reported 7,626 Covid-19 infections, the highest in a single day, as well as 63 people dying from the virus within a span of 24 hours. Amidst such a huge spike in the number of new infections and deaths, the lack of concern being shown by the authorities, as evidenced by the absence of any attempt to strictly enforce the “lockdown”, is shocking.

This has alarmed experts who questioned the effectiveness of the restrictions that have been put in place. According to them, such relaxed measures will not yield any results, more so because some of the restrictions laid out in the government’s 11-point directive were not rational, while others were contradictory. Furthermore, a lack of coordination, community involvement and the absence of supportive actions for the possible sufferers due to the restrictions have made it difficult to implement most of the measures.

Given that the current restrictions are not at all working to curb the spread of the virus, it is time for the government to go back to the drawing board and come up with a better, more comprehensive strategy, by involving the experts this time. The authorities cannot just expect to let things run their course and hope that the virus will disappear on its own.

If we continue along our current trajectory, the number of people infected will keep on rising every day. Thus, the authorities must come up with stricter measures to try and contain the virus. In that regard, deploying army personnel to ensure enforcement of the health safety guidelines is something that the authorities should start considering. They should also consider launching a new and expanded stimulus package for the poor people and small traders to cushion the economic fallout of such measures.

Set up more ICU beds urgently

Why do patients have to die waiting for a hospital bed?

AS the Covid-19 situation in the country worsens every day, it seems one thing that has a high supply deficiency is also the thing which is most desperately needed: an ICU bed. Across the capital, relatives of patients in critical conditions are running from one hospital to another, looking for an empty ICU bed. According to a report published in this daily yesterday, the ICUs of public hospitals such as Dhaka Medical College Hospital and Kurmitola General Hospital have not had more than one empty bed in the last week, with the exception of DMCH having six empty beds on April 2. What is more depressing is, those who are on the lengthy waitlists for these beds are having to wait for the current occupants to die (or recover swiftly), so that they can get an empty ICU bed. Why is a full and proper recovery not the expected outcome for patients in Dhaka’s public hospital ICUs?

On April 5, the Directorate General of Health Services (DGHS) announced that it was working to double the number of ICU beds in the capital within the next seven to ten days. The following day, the health minister announced that work is underway to put 200 ICU beds and 1,000 isolation ones (all with “ICU facilities”) in the makeshift Covid-19 hospital in Mohakhali within the next two weeks. But where is the guarantee that these promises will be fulfilled? After all, according to a report in *The Daily Star*, the DGHS has not yet completed the prime minister’s order in last June to set up ICUs in every district hospital. Until these ICU beds in public hospitals are added or built, are people supposed to just keep dying or be waiting for someone else to die so that they can take up that space? Is this supposed to be the quality of healthcare provided in a soon-to-be developing nation that is facing exponentially higher Covid-19 infection numbers every day?

The government’s decision to build the specialised Covid-19 hospital in Mohakhali—and to add hundreds of ICU beds to existing healthcare facilities—is certainly a commendable one. However, we urge the government and concerned authorities of both public and private hospitals to join hands in order to bring this decision to speedy fruition, so that people do not have to die before they can get the care they need.

LETTERS
TO THE EDITOR

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Depression and its consequences

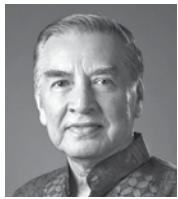
Not long ago, a family of six Texan Bangladeshis were found dead. Of them, two were the sons of the family who killed their parents, one grandmother and one sister before taking their own lives. The sons were suffering from extreme depression, and it ultimately led to this tragedy. Depression is a disease that can no longer be taken lightly. It has led to many such unfortunate occurrences and it is high time we took depression seriously.

Moinuddin Ahmed, Dhaka

Lockdown chaos: Is it because we don’t value human lives?

We should have been far better prepared this time around

THE THIRD VIEW



MAHFUZ ANAM

a few weeks, we seem to have gone right back where we started. The Covid-19 infection rate is galloping, crossing the 7,000-mark in recent days, while the death rate is also rising fast, with April 8 recording 74 deaths, the highest in a single day in Bangladesh—taking the total number of casualties to 9,521. Meanwhile, hospitals are overflowing with patients, struggling with the same old problems of inadequate emergency facilities, dearth of hospital beds, non-availability of ICUs and a general absence of oxygen supply throughout the country.

According to the Directorate General of Health Services (DGHS), there are a total of 2,752 Covid-19 treatment beds and 132 ICUs in the ten dedicated government hospitals in Dhaka. Additionally, there are 3,622 Covid-19 beds and 305 ICU beds in the private hospitals. The government has plans to increase the numbers of ICUs to 200 and general beds to 5,000. The DGHS also talked about a major initiative by Dhaka North City Corporation (DNCC) of making a temporary Covid hospital, the largest of such outfits, having 1,200 beds with a large number equipped with ICU options. Overall, the number of facilities is to double when all government and private hospitals finish their expansion.

There was never any doubt about a second wave of the pandemic. There were plenty of warnings from global and local experts about the impending resurgence in infections, and numerous examples of it happening in other countries. And yet, we kept on going in a business-as-usual manner.

This is precisely the point we want to drive home. Why are these facilities being readied or upgraded only now? Why did we waste the precious time that we had at hand? The signs of Covid-19 resurgence were palpable from the beginning of March, and by the 10th of the month, there were plenty of evidence written everywhere about the danger of a second wave. But we were not willing to see them. We busied ourselves with the anniversary celebrations. We could, and should, have done both: celebrate as well as prepare. This was not an either-or situation. A precious month of preparatory time was lost.

In addition to the lack of facilities, the situation is equally dire in the area

of trained personnel—doctors, nurses, technicians and assistants. A report on the Mugda Hospital on April 7 revealed the desperate situation there created by a “manpower crunch”, where the limited number of doctors, radiologists, nephrologists and nurses contributed to making the life of patients miserable.

Supply of oxygen is another factor to take note of. Mugda Hospital, where our reporter was present, was taking written “promise” from non-Covid-19 patients that they would be admitted only on the condition that they would not demand oxygen. In the emergency wards, oxygen was being provided to Covid-19 patients by turn—for 10 minutes—as more people had to be attended to than they had the capacity for.

So why are we at this stage of preparation for health services? There was no shortage of funds as the government



There was enough time for preparation after the first wave of coronavirus. Why are we then struggling with the same old problems?

PHOTO: ANISUR RAHMAN

gave it the priority it deserved. There was also time at hand after the first wave which we had managed reasonably well. The shortage was of foresight, adequate learning from experience, and consequent forward planning.

However, there is another type of shortage that I want to underscore. It is the shortage of accountability—accountability of how we plan and discharge our responsibilities; accountability of how our policies and actions, or lack thereof, impact on the lives of our citizens.

An appropriate example of the above is the fiasco over the latest “lockdown” imposed for a week from April 5 to April 12. The 11-point directive released on April 4 by the Cabinet Division—on the basis of which the lockdown is to be imposed—is neither well-thought-out nor scientific and, certainly, not implementable.

For example, directive 3 says (after banning all public transport by directive 1) that “all government/non-government/autonomous offices, courts and private offices can facilitate commute of their employees using their own transport on a limited scale. Industries and factories can do the same. Factories under BGMEA and BKMEA have to take measures regarding field hospitals/treatment for their workers.”

The impractical nature of the above directive is almost self-evident. Can courts, non-government and private offices ensure commute of their staff? Do they have the means? Judges may have their own cars, but do the other staff? How can the factory owners arrange to bring thousands of their workers by their own transport? How many buses are required for that purpose? How can we have thousands of buses transporting

particular area go without a kitchen market and, if so, where do the people of that locality do their groceries?

Directive 9 says: “Armed forces will take measures to establish a field hospital in a suitable location in Dhaka”. We know our armed forces are efficient but expecting them to set up a field hospital, that too to treat Covid-19, on such short notice is unrealistic, to say the least.

The directives were made public on April 4 and the lockdown was to be effective from April 5. Where was the time for anybody, including the authorities, to prepare for such a massive undertaking involving all the big cities and the whole population of the country? When a Cabinet Division-level directive is full of such impractical, unimplementable and unthinking suggestions, where can we expect more rational work plans?

Then again, no effort was made to prepare the public for the impending lockdown. So, when the news came out, large numbers of city-dwellers rushed to buy essentials to store up, which destabilised the market and created a mini-panic. The more damaging development was the sudden exodus of the residents of Dhaka, especially from the lower-income groups, who thought that their sources of income would be shut down and they would be better off in their village homes during the period of the lockdown. This resulted in thousands of people quickly gathering at the bus and launch terminals leading to a total collapse of the protocols of social distancing. This one action can end up causing the disease to spread further. If we speculate on the impact of these “possibly infected” people spreading Covid-19 in the villages of their destination, then we have the making of a self-created problem resulting from armchair directive writers.


In fact, instead of helping to curb the spread of the virus, the ill-planned lockdown may, we think, cause to spread it, especially in the areas hitherto unaffected.

The unthinking policies, the unscientific ideas, the irrational proposals and the unimplementable directives all emanate from policy makers who have long since lost touch with the reality, and most importantly, have become so used to the culture of non-accountability for their actions that they just don’t care what they say, what they do, and what they suggest. They know that howsoever wasteful and harmful their plans are and whatever may be the cost of their whims and ignorance—and howsoever many lives may be lost for their mistakes—they will never be held accountable.

This happens when the culture of impunity becomes all-pervasive, and people and their lives account for very little.

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HASEEB MD. IRFANULLAH

linked archaeology with climate change before. Participating in a webinar of the University of Liberal Arts Bangladesh (ULAB) recently, however, left me thinking about their connection.

Till the 1970s, it was mostly geologists and climatologists who talked about the changes in our climate. By the 1990s, it gradually turned into a broader environmental concern. And over the last couple of decades, it has become a development issue, if not an issue of survival of the humanity. In many countries, as in Bangladesh, climate change is still being dealt with by environment ministries. Climate change has recently been re-branded as “climate crisis” or “climate emergency”. Thus, practically, it is no longer the sole responsibility of a specific ministry or agency to act upon.

Bangladesh has mainstreamed climate change superbly. Its 25 ministries and divisions, for example, are now receiving money to take climate actions. In the 2020-2021 budget, despite the Covid-19 pandemic, Bangladesh allocated 7.55 percent of its budget (almost similar to the previous annual budget) to climate-related activities through those 25 agencies. The Ministry of Cultural Affairs or its Department of Archaeology, however, is not one of them.

To keep the earth cooler, we have no other choice but to reduce our carbon emission by shifting to renewable energy options. This shift is called climate-change mitigation. Some countries are doing well in this regard, some are lagging behind. Archaeology, apparently, has nothing to do with it.

But adjusting to the negative impacts of climate change—such as erratic changes in temperature and rainfall patterns, increased flooding, bank

erosions and landslides, increased sediment flow through our rivers, salinity intrusion in our coast—is crucial for our archaeological sites. We need to protect these sites from natural calamities by creating protective barriers around them and by transferring artefacts and legacy collections to museums as adaptive measures.

But in some cases, such adaptation may not work. As the climate-related shocks and stresses are becoming intense,

The climate action plans of Bangladesh, such as the Bangladesh Climate Change Strategy and Action Plan, do not talk about addressing climate change impacts on archaeological and heritage sites.

we might face severe losses and damage. When an archaeological site gets damaged due to a natural calamity, we may restore it following standard protocols. But how to cope with the loss of a heritage site to riverbank or coastal erosions or floods? We may use modern technologies to create a 3D replica, document digitally, use artificial intelligence to model it, or harvest DNA from the biological remains to reconstruct the past. But the loss of such an immovable antiquity is irreplaceable; we have yet to invent an accounting system to calculate it.

There is a discipline in biology (palaeontology) which investigates the past by digging out fossils from the earth crust and sea bed and explains the evolution of plants, animals and microorganisms that took place over the last three billion years. Geologists study rocks and minerals formed hundreds of millions of years ago. Climate scientists also study the past climate by studying ice

cores which trapped gases thousands of years ago.

Archaeologists, as historical scientists, also study the past, but put a human face on it. By discovering, excavating and studying an ancient site, among many other things, they can tell us how the site was affected by environmental changes, like droughts or floods; how people responded to it; and how effective were those responses.

The study of the past connects all these apparently unconnected disciplines—archaeology, biology, climatology, and geology. By strengthening these connections and complementarities, interdisciplinary and transdisciplinary research are possible which can help us understand the past. Based on that, we can draw the future scenarios and get prepared for them.

Our current climate change discussions and actions are dominated by atmospheric science, hydrology, disasters, vulnerability and adaptation, mitigation and energy, climate finance, and policies and strategies to guide our actions. We rarely talk about heritage, culture, and legacy in relation to climate change.

We need to change that. The global efforts for creating knowledge and evidence for climate change should not only be the responsibility of the physical scientists, biologists, geographers, social scientists, economists, physicians, and development practitioners. We need to bring in other relevant scholars, like archaeologists, and build on their expertise to strengthen this collective effort.

This was also suggested in an article published in the *American Antiquity* journal last October. The article further showed that the well-regarded reports published by the Intergovernmental Panel on Climate Change (IPCC) have been considering archaeological and heritage information to a limited extent since the 1990s, which has increased over the last decade. The recent surge in research on archaeology and climate change indicates that in the forthcoming Sixth Assessment Report of the IPCC, which is due this year, there will be a much deeper analysis on this issue. It would be interesting to see if Bangladesh, one of the most climate-vulnerable countries of the world, is mentioned in such an analysis.

The climate action plans of Bangladesh, such as the Bangladesh Climate Change Strategy and Action Plan (BCCSAP, 2009), do not talk about addressing climate change impacts on archaeological and heritage sites. Bangladesh is now preparing its National Adaptation Plan (NAP) with support from the Green Climate Fund (GCF) and the UNDP. We should address cultural and heritage issues in this document as we plan for a resilient future.

Similarly, our archaeology and heritage related policies and legislative instruments need to adopt climate change. The Antiquities Act, 1968 and the Antiquities Preservation Rules, 1986 of Bangladesh as well as other policies on conserving culture, heritage and archaeological issues need to reflect the increasing need to protect vulnerable sites and artefacts from climate change impacts.

Our climate finance should also appreciate the importance of protecting archaeological and heritage sites. In future climate budgets, Bangladesh should include the Department of Archaeology for climate action and allocate funds from relevant sources, including the USD-443-million Bangladesh Climate Change Trust Fund (BCCTF).

Our climate change and archaeological discussions, however, should not only focus on famous and globally important archaeological sites, such as Paharpur in Naogaon, Lalmai-Mainamati in Cumilla or Lalbag Fort in Dhaka. We need to include smaller, vulnerable ones such as Bhitargarh in Panchagarh—remains of a fort that was apparently in use as early as in the 7th century AD—where an ULAB team started excavation in 2008.

Archaeological sites are a precious representation of humanity from the times gone by. But these should not be considered mere victims of destruction caused by climate change. The experiences of simpler, prehistoric societies can teach us about resilience. Archaeology should be a core building block as we build our resilience to climate change in the 21st century.

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