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## Do workers' lives and safety really matter to the govt?

### *Decision-makers should be held responsible for creating this mess*

WITH the government suddenly announcing on Friday that export-oriented factories will operate per normal starting August 1—despite the DGHS warning that it will likely lead to a spike in Covid-19 infections—tens of thousands of workers from different parts of the country have endured untold sufferings while returning to their workplaces. Since the transport ban is still in place, workers had to travel by bikes, trucks, pick-ups, three-wheelers and anything else they could find—and in some cases even walk towards Dhaka—paying three to four times more.

It was not until 8pm on Saturday that the authorities suddenly changed their minds again, deciding to resume transport services for 16 hours till Sunday afternoon. However, top officials of both the Bangladesh Road Transport Authority and Bangladesh Railway remained uninformed about the decision until 9pm, and were initially informed about the matter only verbally. Consequently, BR could not get any of its trains operating, as it was impossible to resume train operations for such a short time and then shut it down again. Given that many bus staffers had returned home for the lockdown, very few buses were actually able to operate as well. This also led to ferry terminals being overpacked as, according to a report published by this newspaper on Monday, around one lakh people were waiting at Banglabazar ferry terminal on Saturday evening to cross the Padma River.

Due to this huge onrush of people towards Dhaka and other industrial centres such as Narayanganj and Gazipur, roads and highways witnessed massive tailbacks. Social distancing and other health guidelines flew out the window, and one worker, 22-year-old Md Abu Hasan, was run over and killed while trying to board a moving bus. Who will take responsibility for his death? And who will take responsibility for the massive suffering that the workers had to endure, and the possibility of them contracting the virus and eventually passing it onto others?

The constant government flip-flops—from deciding that factories will remain closed on July 27 and then opting to reopen them no less than three days later—not only illustrate a lack of organisation, but also how little the government really cares about the lives of workers who form the backbone of our economy. And this fact was even more obvious when it came to the decision to continue the ban on transport operations, and then suddenly changing it a day after it was decided that workers had to return to work. The saddest thing about all this is that no one in the government will likely be held accountable for this disaster, even though they ought to be held responsible. The decision-makers have not only made a mess of the entire situation, but they have done so in the worst possible way—by forcing workers to endure all kinds of sufferings.

With the DGHS warning this could lead to another spike in infections—and with daily infections already hovering around the 15,000 mark—the government should begin preparations to handle more patients coming into the hospitals. The number of hospital beds should urgently be increased and prepped to treat Covid-19 patients.

## Without a collective Covid response, we're just running in circles

### *Govt must engage communities, NGOs for wider impact*

AT almost every step of its response to the Covid-19 pandemic, Bangladesh has suffered from a number of recurring setbacks—prominent among them a failure to put experts rather than bureaucrats in the driver's seat, lack of coordination among the implementing agencies, lack of public engagement, etc. Add that to the systemic challenges associated with the execution of any government plan/scheme: corruption, incompetence and lack of transparency. The cumulative effect of these hurdles is that we're still no better at containing the virus than we were in the initial stages of the pandemic, when any policy failure could be attributed to a lack of experience. What's our excuse now?

From forcing RMG workers to take biblical journeys to their factories in the middle of nationwide lockdowns to arbitrarily rolling out or withdrawing those lockdowns to botching up Covid-19 treatment, testing and vaccination schemes—the administration has made similar mistakes all too often, at great cost every time. So even after nearly a year and a half, we remain caught up in a vicious cycle in which we are either doing too little or too late, owing to the monopolisation of the Covid response by the government. Experts in a recent virtual event, therefore, have stressed on the need for joint, coordinated efforts to tackle the pandemic with the involvement of civil society and local communities. At the centre of this call is a realisation that collective and coordinated efforts of the public and private sectors can have a better and wider impact, as an informed, willing and empowered populace can hugely bolster the efforts of their government.

There are already local examples that the government can draw inspiration from—like the Coronavirus Resilient Villages (CRV) initiative initiated last year in about 1,200 villages in the country, which has shown promising results. This initiative, undertaken by The Hunger Project, has been built around the proven notion that public engagement, including through effective communication, is vital, and that only individual safety of each person can ensure the collective safety of everyone. Experts, therefore, suggest that such a model should be implemented at the upazila level at first, reviving the Coronavirus Prevention Committees in Unions and aligning them with other such community-led platforms and initiatives. NGOs can play a big role in this. Lessons from this example can then be used to implement collective efforts across the country.

The important thing to understand here is that the government must allow experts and citizens to be a part of its planning and implementing apparatus, rather than letting bureaucratic deadweight come in the way of essential services. There have been too many mistakes and too much suffering already, and too many lives have been lost, largely because the government refused to loosen its grip on Covid-19 management by including experts in the process. It's time it saw the error of its ways.

# Workers treated as cogs in a system that only sees profit

SHUPROVA TASNEEM

"THOUSANDS of garment workers yesterday returned to work in industrial belts in Dhaka and elsewhere amid the nationwide shutdown, raising fears of a rapid spread of the novel coronavirus…"—this was the first sentence in a report in *The Daily Star* that was printed, not today, yesterday or the day before, but on April 30, 2020. This mass movement was sparked by the decision to reopen apparel factories on a limited scale, coupled with a statement from the home minister on how no one would be allowed to enter the capital from outside for work. The relevant authorities were roundly condemned for creating panic amongst workers, who flouted all social distancing protocols and returned to the capital in crowds, despite the high costs of travel (public transport was suspended at the time) and risks to their health. On April 30, 2020, the positivity rate in Bangladesh was 11 percent (for context, yesterday, it was 29.91 percent).

Still, the events referred to here were in the early days of the pandemic, when excuses could perhaps be made for the authorities being under-prepared. At the time, we didn't know that 3.57 lakh jobs would be wiped out in the RMG industry during the pandemic. We didn't know that 72.4 percent of furloughed workers would not get their due salary and 80.4 percent of laid-off workers would not get their severance pay (as data from the Centre for Global Workers' Rights now shows us).

We didn't know that RMG workers would suffer a 35 percent pay cut during lockdown periods, despite factory owners receiving a Tk 8,000 crore government stimulus package to pay salaries during the pandemic, and that a study by Transparency International Bangladesh would reveal that the stimulus didn't actually reach 42 percent of RMG workers. And we definitely didn't know that, despite RMG factories being allowed to operate during lockdowns (since global markets began opening up after widespread vaccination programmes), RMG workers would still have to take to the streets to demand salary arrears in the second quarter of 2021, all the while at risk of falling into pandemic-induced debt in their struggle to stay afloat.

**RMG workers walk to work on Sunday morning at Hemayetpur of Savar.** PHOTO: **PRABIR DAS**

However, now that we are armed with all of this information on the pandemic's catastrophic impact on workers, not just in the RMG sector but across all Bangladeshi industries, what exactly have we learnt from it? If the events of the past few days are anything to go by—the answer might be, absolutely nothing at all. Despite being well-aware of just how difficult it is to travel back to Dhaka during lockdowns, despite witnessing time and again the mad Eid rush and how dangerous such crowds can be in terms of Covid-19 transmission, and despite knowing that the precariousness of their situations means that workers will have no choice but to rush back to their workplaces when asked—it truly beggars belief that they were not given more than 24 hours' notice to travel back during a nationwide "strict" lockdown. That too at a time when Covid-19 cases have gone up by 58 percent in a week and hospitals across the country are struggling to deal with this crisis.

On July 27, the home minister told reporters that "Although the factory owners pleaded for the reopening, we can't accept their request." Yet on July 30, a government circular was issued saying export industries, including garment factories, will be out of the ongoing 14-day lockdown's purview from August 1. While we acknowledge that the "lives vs livelihoods" dilemma has been a constant thorn for the government during the pandemic, and difficult decisions have had to be taken, the fact that the workers themselves were kept in the dark during these discussions shows just how little thought is given to them by their employers and the authorities.

> *What will happen to their jobs if they miss a day's work or two? Will they be made redundant? Will that day's wages be deducted from their pay? Or will it be counted as one of their 10 days of casual leave, or 11 days of festival holidays?*

Although it was belatedly announced that public transport would be opened up so workers could return, it is astounding that it did not occur to anyone to plan for this in advance. By then, thousands of workers had already flocked to ferry ghats, and in the absence of public transport, they were forced to ride rickshaw vans, trawlers, goods-laden pickup trucks and even walk on highways with their family members. In interviews carried by different media outlets, many spoke of the high costs of making these journeys. And in almost every single interview, they gave the same reason for going through all this hardship—what will happen to our jobs if we don't go?

It is time for us to redirect this question, away from the workers and onto their employers. What *will* happen to their jobs if they miss a day's work or two? Will they be made redundant? Will that day's wages be deducted from their pay? Or will it be counted as one of their 10 days of casual leave, or 11 days of festival holidays? (By the way, if RMG workers are entitled to 11 days of festival holidays, why did workers have to demonstrate to get time off for Eid in May?).

This week, the WTO released figures showing Bangladesh earned USD 28 billion from apparel shipments in 2020. While this is a decline from past figures (as is expected due to the pandemic), it still begs the question—in a 28-billion-dollar industry, why is the work still so precarious? Why are RMG workers (who, along with migrant workers, are key building blocks of our economy) expected to risk Covid-19 infections and spend their much-needed savings based on what are clearly unplanned, last-minute decisions?

The pandemic has put a spotlight on the very real issue of an unequal distribution of power within the global supply chain, and buyers have faced a lot of criticism for trying to get out of contracts and hang their suppliers in countries like Bangladesh out to dry. As legitimate as these issues are, we cannot shy away from the fact that workers, in most industries in Bangladesh, are also the victims of unequal distributions of power in relation to their employers (i.e. the suppliers).

Every few months or so, the most inhumane expressions of this inequality dominate our headlines—like how little value the owners of Hashem factory attached to the lives of 52 workers who died in the blaze in Narayanganj last month, or the five workers who were killed by police in April for the simple act of demonstrating for payment of arrears and an improvement of their appalling living conditions at an under-construction coal-fired power plant in Banshkhali. While these are the worst case scenarios, they are part of a wider problem—a culture of work that devalues labour, reducing workers to parts in a factory rather than human beings deserving of security and dignity. It is this same culture that prevents employers and relevant authorities from showing the least concern for the hardships workers may face during the pandemic. At a time when they are especially vulnerable, could we not do better?

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# Stop diabetic retinopathy before it starts

### *One to three out of every ten diabetic patients in Bangladesh suffer from this progressive eye disease*

IPSITA SUTRADHAR

WITH around 10 million diagnosed patients, Bangladesh remains at the forefront of the global diabetes epidemic, where one out of every ten adults is diabetic, according to 2017 data from the International Diabetes Federation. Diabetes mellitus is a group of metabolic disorders sharing the common feature of hyperglycaemia or high blood sugar. Long-standing hyperglycaemia, or in other words, uncontrolled diabetes, is associated with multiple organ damage such as eyes, kidneys and nerves, and triggers diseases like diabetic retinopathy, diabetic nephropathy and diabetic neuropathy, respectively.

Diabetic retinopathy is among the earliest complications of uncontrolled diabetes. It is a clinical condition characterised by the damage of the retinal blood vessels due to high blood sugar levels. Its typical features include abnormal blood vessel growth, aneurysm, haemorrhage and accumulation of hard exudates in the retina. Almost all diabetic patients develop retinopathy within five to 15 years of the onset of diabetes; however, individuals with long-standing and uncontrolled diabetes are more likely to develop the disease. Globally, diabetic retinopathy is one of the leading causes of visual impairment and blindness. In 2011, 126.6 million adults worldwide lived with diabetic retinopathy, which will grow to 191.0 million by 2030 if the current trend continues. Remarkably, the burden of both diabetes and diabetic retinopathy is disproportionately high in the developing countries of Asia and Africa.

Like other developing countries, Bangladesh is confronting the rising burden of diabetes and its associated complications, including diabetic retinopathy. In 2020, the country was home to around 1.85 million diabetic retinopathy patients, according to the International Agency for the Prevention of Blindness. According to recently published studies, one to three out of every ten diabetic patients in Bangladesh suffer from this progressive eye disease. In spite of being widely prevalent among diabetic patients, diabetic retinopathy is more common in individuals with uncontrolled diabetes, obesity and high blood pressure. This prevalence also increases with increasing age and duration of diabetes. Physical inactivity, tobacco consumption and elevated serum cholesterol further increase the risk of retinopathy among diabetic patients.

PHOTO: **REUTERS/FRANCIS MASCARENHAS**

Diabetic retinopathy is an incurable disease; however, the disease progression can be halted by early diagnosis and treatment. Despite being an important public health concern, diagnosis and management of diabetic retinopathy receive minimal attention from patients in Bangladesh. Here, diabetic patients are advised to perform retinal examination immediately after diagnosing diabetes and then once a year, irrespective of age. However, diabetic patients often fail to comply with this advice and delay in seeking care mainly due to a lack of awareness about the consequences of diabetic retinopathy (sudden onset of bleeding and blindness) and financial constraints. In addition, retinal examination facilities are highly concentrated in urban areas, where patients can avail this service at tertiary level health facilities, private hospitals and private practitioners. However, in rural and remote areas, lack of trained healthcare providers and unavailability of necessary equipment (like fundoscopy machines) contribute to delayed diagnosis.

For chronic disease management, counselling plays a crucial role, particularly in motivating patients to comply with healthcare advice and regular follow-up. Nevertheless, in Bangladesh, physicians often encounter a heavy workload and thus get less time for counselling patients. Inadequate counselling subsequently contributes to delayed care-seeking and irregular follow-up for diabetic retinopathy. As a result, it is diagnosed at an advanced stage for many patients, sometimes when the disease gets far too complicated (macular oedema, haemorrhage, narrow visual field). Poor diabetes control and delayed initiation of treatment also hasten the disease progression, and many patients even visit physicians after the sudden onset of blindness.

As diabetic retinopathy is one of the leading causes of blindness and disability among diabetic patients and could be prevented through early detection, a non-invasive screening tool could play a critical role in this regard, especially in a resource-poor country like Bangladesh, where early detection is hampered due to inadequate human resources and necessary equipment. This kind of tool has been identified as an efficient and cost-effective means of screening diabetes-induced retinopathy in countries like the UK, Iran and China. Keeping this in mind, BRAC James P Grant School of Public Health, in collaboration with The Fred Hollows Foundation in Australia, Diabetic Association of Bangladesh and BIRDEM Hospital, will be developing and validating a simple, questionnaire-based risk stratification tool for diabetic retinopathy screening—the first of its kind in Bangladesh. The expectations arez that the tool will enable Bangladeshi physicians, especially those providing care in rural and remote areas, to identify individuals at high risk of developing diabetic retinopathy at an early stage and thus, prevent the blindness and disability associated with this disease.

While diabetic retinopathy is a progressive disease like cataract and glaucoma, early diagnosis and treatment can halt its progression. As it is an incurable disease and its treatment is expensive, especially in a country like Bangladesh, where universal health coverage has not been achieved and out-of-pocket expenditure is the primary source of healthcare finance, a collaborative approach for prevention, early detection and timely management of diabetic retinopathy is warranted to combat the burden of this overlooked disease in Bangladesh.

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