The Daily Star
FOUNDER EDITOR: **LATE S. M. ALI**

Rivers are not dumping grounds

Buriganga, Dhaleshwari's conditions a cautionary tale of mismanagement

IT seems like there is no end to the plight of Buriganga and Dhaleshwari rivers, their fates unimaginably entwined. Buriganga had long been the site used exclusively for dumping of toxic substances from tanneries processing rawhide. That is until 2017, when 170 of the 210 rawhide processing units in Hazaribagh, Dhaka were moved to Hemayetpur, Savar. It was expected that the relocation of tanneries from the bank of Buriganga to that of Dhaleshwari would rid the former of its largest source of pollution and, with proper planning and execution, soften the blow on the latter. But a study by a team of researchers now shows that, far from aligning these goals, the move has rather backfired.

The study, conducted by researchers from Jahangirnagar University, Stamford University and Waterkeepers, Bangladesh, finds that even though the tanneries are no longer near the Buriganga, pollution from rawhide processing continues to deteriorate its water quality. The tannery estate in Hemayetpur is upstream of the Dhaleshwari, and the resultant pollution in the river also streams into the Buriganga, meaning the latter is still affected. This wasn't meant to be. Before 2017, the relocation was promoted as the answer to our river pollution problem, what with the central Effluent Treatment Plant (ETP) that was supposed to treat all waste from the tanneries, leaving the Dhaleshwari unscathed. But even after all these years, the central ETP remains incomplete, and toxic waste continues to be dumped into the river.

Make no mistake, waste flown from the Dhaleshwari is not the only reason for the plight of the Buriganga. There are still dozens of micro-level rawhide processing units operating in Hazaribagh. More importantly, the plying of thousands of vessels, the presence of dyeing factories at Shyampur, and raw sewage from other factories and households continue to afflict its water. But in trying to save one river we've condemned another to a slow but certain death. The study team gave a statistical face to the gravity of the situation, with Dhaleshwari scoring 27.06 and Buriganga 39.39 on the six indicators based on which the river data was analysed. The Dhaleshwari is now in the same category of river health as the Buriganga.

This is a totally unacceptable situation, a cautionary tale of what happens when we let poor planning, mismanagement and lack of accountability get in the way of much-needed reforms. Not only have the authorities totally failed to uproot major sources of pollution from the Buriganga's bank, they have also made the situation worse for Dhaleshwari by failing to complete the central ETP in Savar and not holding the polluters responsible for their actions. The recommendation, as made by the parliamentary standing committee on the environment ministry, to shut down the Hemayetpur estate for its lack of facilities, and the mandatory environmental clearance, will not help the situation. The government must bring all heads together to devise a workable plan and eradicate all sources of pollution to save our rivers.

A hospital amid garbage!

How can it ensure good health?

IF an open dumpster is allowed to exist near the very entrance of a hospital, and if it emanates foul stench all the time, how can you trust that hospital to ensure the good health of its patients? This is precisely what a visitor to the Khulna General Hospital will notice these days. Beside the dumpster, the entire vicinity of the hospital is littered with waste material, including organic waste that rot fast. It needs no emphasising that the stench makes breathing an ordeal for the patients, hospital visitors, passers-by, and even residents in the surrounding areas.

A report by this daily on January 12 depicts this sordid picture of a Khulna City Corporation dumpster placed right on the opposite of the main gate of the hospital, where all sorts of garbage and organic waste are dumped on a regular basis. These not only emit foul odour, but also provide a perfect feeding and breeding ground for disease-carrying insects like cockroaches, flies and mosquitoes, as well as rats. Hospital staff and local people invariably dump waste in the container. Often, they throw garbage from a distance, and as a result, half of it falls outside the dumpster.

More alarmingly, besides kitchen waste from nearby residences, untreated medical waste is also thrown into the bin, to be scattered away by scavengers like crows, cats, and dogs. Hundreds of people, including little children, who go there to get tested, vaccinated or treated for serious ailments, are forced to breathe in the toxic air as long as they are in the hospital.

This is particularly disturbing. At a time when health experts and even government authorities are urging people to observe certain hygiene practices to stay safe from Covid-19, a hospital—a public one, no less—is encouraging or rather forcing people to do the opposite. In fact, the garbage bin is situated near the waiting area of the hospital's Covid-19 unit, where hundreds of people come every day to get tested, treated or vaccinated. Even the local administration, which has a duty to ensure that no such things happen, has been equally silent about this macabre spectacle.

Unfortunately, the problem of unregulated waste dumping is one shared by many other hospitals and health centres in our country. We have no way of scientifically assessing their impact, but experts have repeatedly warned against such irresponsible conduct. There are many modern technologies for collection and destruction of household or hospital waste in a safe and hygienic way. The Khulna General Hospital authorities should invest more time and money in finding the best way to keep their premises clean. A general hospital should ideally be located in a hygienic and well-maintained area, and proper waste disposal should be a priority at the very outset.

When will our health system put patients before profits?

Naznin Tithi
is a member of the editorial team at The Daily Star.

NAZNIN TITHI

THE recently reported cruel act of a hospital—that removed oxygen tubes from six-month-old twins because their mother couldn't pay the hospital bills—speaks volumes about the state of our healthcare sector. According to a report by the daily *Prothom Alo* on January 8, 2022, Ayesha Akter admitted her twin sons with breathing difficulty and fever to a private hospital in Dhaka. Diagnosed with pneumonia, both the babies were given oxygen support. After five days of their stay at the hospital, the authorities handed her a bill of Tk 1.26 lakh. As the poverty-stricken woman could not pay the amount, the hospital owner directed the staff to remove the oxygen tubes from the twins' mouths, and the staff complied. An hour later, one of the twins succumbed to his illness.

While this may be an extreme example of cruelty and medical malpractice by a particular private healthcare provider, news of patients being driven out of hospitals for not being able to pay medical bills is not uncommon in Bangladesh. Patients are often handed exorbitant medical bills by these hospitals and clinics, as well as given unnecessary diagnostic tests and medicines. While many patients sell their land and other properties to pay for better treatment, those with no money or properties are left with no options but to seek over-the-counter (OTC) treatment, or worse, stop seeking treatment at all.

A number of studies carried out by government and private agencies last year revealed how malpractices by our private healthcare providers led to this high medical expenditure, pushing poor patients and their families into further poverty. One such study, conducted by the Health Economics Unit (HEU) under the health ministry last year, found that Bangladesh's out-of-pocket (OOP) health expenditure was the highest in South Asia. OOP expenditure refers to the expenses that a patient or their family has to pay directly to the healthcare provider, where the state or an insurer does not give any financial support.

According to the HEU study, Bangladesh's OOP treatment cost was 68.5 percent in 2020 when the global average was only 32 percent. One of the main reasons for such high health expenditure has been identified as the high cost of medicines: 64 percent of our OOP expenditure goes into buying medicine, whereas it is only 28 percent in India. This is because our doctors prescribe excessive and costly medicines which are in many cases unnecessary, the study found.

People are forced to seek treatment at private hospitals because of poor management in our public hospitals. Reportedly, in many of our upazila hospitals, it is often difficult to find doctors and staff for help, as well as the necessary medical equipment to run tests. In other facilities, high-quality equipment such as X-Ray machines are lying idle because there are no trained staff to operate them.

Our budgetary allocation for the health sector is also not sufficient—while an ideal health allocation should be 15 percent of the total budget, according to the World Health Organization (WHO), our budgetary allocation for health is only 5.42 percent in the 2021-22 fiscal year. And whatever little money the government does allocate to the health sector is not properly utilised either. Furthermore, this sector is riddled with lack of good governance and rampant corruption, which has been widely reported in the media recently.

As more people seek treatment at private facilities, they are faced with a number of problems. The high diagnosis and medicine costs are two of them. Reportedly, the expenses in private hospitals are hardly monitored by the authorities concerned. In 2020, the High Court directed private hospitals, clinics and diagnostic centres to submit their price charts for medical tests and also directed the authorities concerned to formulate guidelines to monitor these facilities under the Medical Practice and Private Clinics and Laboratories (Regulation) Ordinance, 1982. Sadly, we don't know if any progress has been made in this regard.

Regulating our private healthcare providers and improving the overall management of the public ones are all the more necessary now, as the country is at the outset of another Covid-19 onslaught. In the last two years of the pandemic, patients suffered a lot due to the extremely high treatment costs at private hospitals and the inefficiency of public healthcare facilities. A study conducted during that time revealed that Covid-19 treatment cost was unusually higher in private hospitals compared to the public ones; while the government hospitals spent, on an average, Tk 1.28 lakh for a Covid patient in general bed, in private hospitals, the cost was around Tk 2.42 lakh—almost double. This was mainly due to the differences in diagnosis and medicine costs. However, only a few public hospitals were properly equipped to handle Covid patients.

Therefore, unless the ridiculously high health bills in private hospitals and clinics can be brought down by formulating a set of guidelines and implementing them, and public hospitals and health complexes are operated efficiently, ensuring everyone's access to healthcare will remain a far-fetched dream.

Access to healthcare is a basic human right, but for a significant segment of our population, it remains a luxury.

FILE PHOTO: ANISUR RAHMAN

Patients are often handed exorbitant medical bills by these hospitals and clinics, as well as given unnecessary diagnostic tests and medicines.

Saudi, Emirati religious moderation yet to inspire others

Dr James M Dorsey
is an award-winning journalist and a scholar, and a senior fellow at the National University of Singapore's Middle East Institute.

JAMES M DORSEY

SAUDI Arabia and the United Arab Emirates (UAE) have drawn praise for social reforms that have domestically reduced the role of religion in public life. Yet, their efforts to position their countries as the Muslim world's beacons of an autocratic notion of moderate Islam have done little to encourage moderation beyond their borders.

The geographic limits of Saudi and Emirati moderation are evident in the housing projects of France, the Rohingya refugee camp in Bangladesh's Cox Bazar, and in Pakistan. While the rise of Islamophobia in recent years due to indiscriminate and senseless acts of violence, prejudice against migration, and right-wing xenophobic agitation is beyond doubt, equally true is that neither Saudi Arabia nor the UAE can claim total innocence.

"At the risk of simplifying a bit, one could argue that from the mid-1990s onward, the rise of Islamist violence in France that culminated with the terror wave of 2015-2016 was essentially a Salafi undertaking," said Marc Weitzmann. Weitzmann, who blames the Muslim Brotherhood and its Middle Eastern backers alongside the Saudis for France's problem, appeared to implicitly acknowledge that his assessment did not also hold French discriminatory policies and societal attitudes responsible.

The combination of Saudi funding, Islamist agitation, and French policy created a brew in an environment of increasing anti-Muslim and anti-migrant sentiment that allowed the UAE to align its obsessive campaign against political Islam with the domestic and geopolitical aspirations of French President Emmanuel Macron. With an election scheduled for April, Macron has accused the Brotherhood and Salafists of Islamist "separatism" and "supremacy" by allegedly seeking to introduce an Islamic legal code that would supersede French law. The government has in the past year passed legislation that is widely seen as targeting Muslims and has cracked down on various Muslim civil society organisations.

Similarly, militants of the Arakan Rohingya Salvation Army (ARSA) alongside criminal gangs are gaining ground in Bangladesh's Cox's Bazar, home to about a million refugees from Myanmar who have nothing to look forward to. Like their French brethren, little short of practical life-improving solutions will stop Rohingya refugees from finding solace in religious militancy and ultra-conservatism.

To be sure, Saudi Arabia and the UAE have donated millions of dollars for humanitarian aid to the Rohingya. But humanitarian aid alone is unlikely to stop the wound in Cox's Bazar from festering. Yet, Myanmar does not rank among the top recipients of aid in a just published report on Saudi humanitarian and development aid.

Saudi Arabia ranks among the world's top five donors with 60 percent of the funds or USD 40 billion allocated to development in the last 46 years. In contrast to Myanmar, Pakistan ranks among the top five recipients of Saudi largesse in terms of both humanitarian and development aid.

Pakistani Prime Minister Imran Khan emphasises the role of Islam in education and the clamping down on alleged blasphemy, while Saudi Arabia and the UAE have sought to reduce the role religion plays in national identity and public life.

After introducing a singular national education curriculum that substantially increases religious content and creating a body to monitor the curriculum and watch for blasphemous content on social media, Khan last week identified corruption and explicit sexual content on the internet as the main threats facing Pakistani and Muslim youth.

In doing so, he ignored the real issues confronting youth in multiple Muslim-majority countries: a lack of quality education that prepares students for a 21st century labour market, the absence of an intellectual and social environment that truly encourages creative and independent thinking, and a dearth of professional prospects for many young Pakistanis. Khan has long made corruption a signature issue, but recently leaked documents suggest that members of his cabinet and their families as well as some of his financial backers and military officers have parked millions of dollars in secretly owned offshore companies.

In an online meeting last week with Islamic scholars, Khan, focusing on Islam's earliest years, appeared to argue that securing societal ethics and morals were a prerequisite for the fight against corruption.

Neither Saudi Arabia nor the UAE embrace fundamental freedoms, including the freedom of expression. On the contrary, their human rights records are badly tarnished. Nonetheless, demonstrably nudging Pakistan to embrace educational reform and counter law-of-the jungle social militancy, even if only in line with an autocratic definition of religious moderation and helping provide troubled communities with prospects beyond mere survival, would constitute a step forward. Potentially, it would enhance the two Gulf states' competing efforts to be icons of a restrictive form of moderation and leadership of the Muslim world.

While the rise of Islamophobia in recent years due to indiscriminate and senseless acts of violence, prejudice against migration, and right-wing xenophobic agitation is beyond doubt, equally true is that neither Saudi Arabia nor the UAE can claim total innocence.