

Make emergency helpline service more efficient

Install automatic location identification system, address manpower crisis

WHAT'S the point of having a national emergency helpline if citizens don't have help coming their way on time? According to a report published by this daily, the helpline 999—which allows citizens in trouble to call and ask for help from police, fire service or ambulance service providers in case of any crime, accident or other emergencies—responds to distress calls at a much slower pace than that of the developed countries. While the average response time of the 999 unit in Bangladesh is about 20 minutes, it is only seven minutes in countries such as the US, the UK, and Japan. Many service-seekers even alleged that they had to wait for hours after calling the helpline.

While the helpline unit, which started its operation in December 2017, initially received 8,000 to 12,000 calls every day, now there are around 30,000 calls. And while the unit is expected to have the capacity to attend to at least 500 calls at a time, it can only take 100 calls. This is because it doesn't have sufficient manpower, or the technological/logistical support necessary to cater to the increased number of service-seekers.

The unit, importantly, doesn't have the automatic caller identification and location system, which can locate a caller's exact address instantly and significantly cut down the response time. This system, crucial for any emergency helpline, hasn't been installed even after a decision by the authorities to do so in August 2019. As a result, too much time is lost in trying to identify the locations of service seekers as the callers themselves have to provide all the information that service providers need before the latter can send a team to help them.

Also, everything—from pinpointing their locations to communicating with the various service providers to finally assigning a team to rescue or help them—is currently done manually, which is a time-consuming process. This is another example of the inefficiency of the system.

The authorities must upgrade it according to international standards. In order for the helpline to work efficiently, greater coordination among all the ministries and departments concerned is needed, because getting the required information from all is key to making the system work. In addition, the manpower crisis identified by the relevant officials must be addressed on a priority basis if the people are to get any service from the helpline. Awareness must also be raised about the importance of such an emergency service so that no one abuses the system or the service providers through blank or prank calls. These measures and reforms are vital for the system to do its work.

A real tragedy is unfolding in Sri Lanka

It should serve as an alarming lesson for us in Bangladesh

WE are heartbroken by what is happening in Sri Lanka. Years of mismanagement and nepotism, followed by the Covid-19 pandemic and global economic instability because of the war in Ukraine, have left its economy in shambles. We sympathise with the Sri Lankans, who after years of turmoil due to civil war, have once again been thrust into great difficulty, even though they have no blame for what is currently transpiring in their country.

The island nation of nearly 22 million people has been grappling with rolling blackouts for up to 13 hours a day, as the government scrambles to secure foreign exchange to pay for fuel and other essential imports. Sri Lanka's acute foreign currency shortage has largely been driven by sharp declines in tourism and remittances—its two main sources of foreign currency. Failing to diversify its export basket over the years has pushed Sri Lanka into the worst economic turmoil in the country's history since its independence in 1948. The family-based politics practised in Sri Lanka have also led to years of nepotism and unchecked corruption, and years of poor debt management ultimately overburdened the economy to the point of complete collapse.

According to experts, what's happening in Sri Lanka should serve as a strong lesson for Bangladesh, which suffers from many of the same problems that its government high-ups refuse to even acknowledge, let alone address. And one can only hope that our government officials have the capacity to take heed of it before it's too late. While Sri Lanka is somewhat a victim of Black Swan events, its leaders totally failed to prepare the country's economy to face any unpredictable economic shocks—which somewhat predictably is bound to happen at some point. Similarly, we have also seen government high-ups in Bangladesh come out when things go wrong and claim that there was no way of them predicting the external circumstances, so what happened was not their fault. While the former might be true to some extent, there is no excuse for not establishing strong economic pillars in the country that can automatically absorb most external shocks.

The tragic collapse of the Sri Lankan economy, followed by the civil strife and mass resignation of its cabinet members, should wake us up to the grave danger that we ourselves could face. We must work towards diversifying our exports and securing our macroeconomic stability, and send a strong message to our political class of the danger of them living in their own bubbles, ignoring experts' warnings and people's concerns.



How can we stop migrant workers' deaths abroad?



ON THE SHORES OF (IN)JUSTICE

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SHOBUJ, a young man from Tangail, in his late twenties, was reluctant to comply with his supervisor's instruction to enter a sewage pipe for maintenance work without an oxygen cylinder. He thought it was too risky. He had been in the Middle East for more than a year and, despite fulfilling the stipulated obligations of his work contract, his company was not issuing him the *iqama* (residence card tied to employment). Shobuj was aware that the document was critical to prove his bona fide stay and employment in that land, and failure to show it on demand to the members of law enforcement agencies might entail a prison term for irregular stay. After weighing the pros and cons of not doing the task—that bore the risk of termination and deportation—and his supervisor's reassurance that the matter of his *iqama* would soon be sorted out, Shobuj descended into the unsafe sewage pipe with a couple of his workmates. Soon, they suffered from asphyxiation (presumably from entrapped gas), and Shobuj subsequently succumbed to it.

To this day, Shobuj's family has not received any explanation as to why no appropriate safety equipment was provided to him, nor what precluded the company from issuing him the *iqama* for such a long time. No less important was the absence of any explanation as to why the family would not get any compensation for the death of an employee in an accident while performing a task that was assigned to him.

Shobuj's case is not an isolated one. Each year, thousands of workers from the Asian region die in the countries where they go to earn a livelihood. While a section of these mostly young men and women die due to road accidents and explainable causes, many such deaths cannot, in reality, be attributed to "natural causes" (that are marked in the official records), and are deemed to be "avoidable" if appropriate mitigating measures were taken by the authorities concerned.

About 70-80 percent of the 58 million migrant workers who work in the Gulf states of Bahrain, Kuwait, Oman, Qatar, Saudi Arabia and the United Arab Emirates (UAE) are engaged in low paid sectors: domestic work, hospitality or construction. A good section of them work under the open sky—those in construction sites, maintenance tasks, orchards or tending animals. Their exposure to heat, humidity and dust storms is relatively higher than those who work in covered compounds. Despite periodic expressions of concerns by a few international rights bodies and limited reporting in the mainstream media, there is a paucity of organised information, data and research on this important issue. A recent multi-country research and advocacy initiative, named the Vital Signs, produced a report titled "The Deaths of Migrants in Destinations" and helped trigger discussions at the national level in a few countries of origin, including Bangladesh.

The principal focus of this initiative is to gather evidence about the experiences of migrant workers who often work and live in difficult and unsafe conditions that can lead to their deaths. It also attempts to engage with members of the workers' families to understand the

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trauma and uncertainties they endure when often the sole breadwinners in their families meet untimely and unwarranted deaths. The study and the related national consultations of stakeholders that were held in Bangladesh, India and Nepal in March 2022 have noted that the lack of recognition of the migrant workforce's contributions in the economic development of the countries of destination (CoDs) and the absence of a right-based regime for workers increase their vulnerability. The destination states' lack of initiative for protection of low-skilled migrant workers, and their ability to source workers from another country if one country insists on better protection of its nationals, accord them with undue economic and political leverages over the sending countries. In addition, competition among the labour sending countries to secure a share of the Gulf labour market and the perceived benefits of outward migration (most importantly in the form of remittances) have often discouraged those countries to collectively articulate the demand for better protection of their migrant workforce in the regional and global forums and processes.

Over the years, right groups, trade unions, academics and the media have made detailed documentation of serious abuses of workers and the gaping holes in the protection systems of the destination countries. They also underscored the critical gap in research pertaining to how many workers are dying and the reasons for their deaths. Allegations have been rife that the Gulf states have largely avoided structural labour reforms, while the countries of origin (CoOs) have been unable to ensure proper protection for their citizens abroad.

Studies have claimed that none of the Gulf states have laws to adequately mitigate the risks faced by outdoor workers in extremely harsh climates, and have only addressed the issue with rudimentary blanket ban for stipulated hours during summer. Recent findings in medical research have noted that migrant workers engaged in strenuous work in harsh climatic conditions are likely to suffer from chronic kidney disease (CKD). There is also growing evidence that links poor air quality with acute mortality.

All these, compounded by the challenging—if not abusive—working conditions, including excessive working hours, also take toll on the physical and mental well-being of the migrant workers. Feelings of alienation and isolation and the lack of rest and leisure also contribute to their sufferings. Job insecurity, unhygienic living conditions, lack of access to redress mechanisms, and pressure of debt repayment expose migrant workers to long-term chronic psychosocial stress and are likely to have a detrimental impact on their mental and physical health. There is a growing body of evidence that highlights dangers inherent in work and lax occupational health and safety practices in sectors that employ low-skilled migrant workers. Psychiatric experts in the Gulf have noted that the mental health of migrant workers in the region "is underdocumented, underresearched and underreported."

Demanding and long working hours without rest, leisure and weekly or annual holiday, having to serve in more than one establishment, lack of privacy and private space, and lack of freedom to move and communicate with relatives and friends (including over phone) contribute to the alienation and isolation felt by female workers. In some instances, this is further compounded by physical, verbal and sexual abuse by their employers, followed

by distrust and mental torture inflicted by their partners residing in their home countries. All these take a toll on female workers' mental and physical well-being.

The condition of workers with irregular status is particularly dire. Their insecurity of job and poor working and living conditions harm their mental health. The constant worry of being apprehended, incarcerated and subsequently deported precludes them from accessing healthcare services when they fall sick. It may be noted that in many instances, irregularity in status of migrant workers is not a matter of choice for the concerned workers.

The Covid pandemic has further exacerbated the pre-existing fissures in the healthcare services for low-skilled migrant workers in the CoDs. In view of the fresh evidence generated by the multi-country study on the deaths of migrant workers, both CoOs and CoDs need to take measures to mitigate the health and safety problems that contribute to the untimely and unfortunate deaths of a section of low-skilled migrant workers.

The CoDs need to establish specialised teams of inspectors and medical examiners to ensure that all deaths of migrant workers are investigated and certified in accordance with best international practices. They should commission independent investigations into the causes of migrant workers' deaths, and examine the possible role played by heat and humidity, overwork, air pollution, psychosocial stress, and the workers' ability to access healthcare. There is also the need to take account of circumstances and contexts where invasive autopsies are not possible, and introduce non-invasive and verbal autopsy procedures after consultation with experts.

The CoOs should pass legislation to address the occupational risk of heat stress and ensure mandatory break times. They should also conduct widespread screening and treatment programmes for hypertension and institute studies to find the prevalence of CKD or early-stage kidney disease among low-paid migrant workers.

Destination countries should make primary and emergency healthcare for low-paid migrant workers free of charge, irrespective of their immigration status, and ensure that they have access to mental as well as physical healthcare. CoDs also need to improve the quality of available data on mortality statistics for migrants disaggregated by age, gender, occupation, nationality, date of death, and underlying cause of death—for example, when they are certified without further context or explanation to "natural causes," "cardiac arrest," "acute heart failure" or "acute respiratory failure"—they should be attributed to the ICD code that refers to "ill-defined or unknown cause of mortality" in government records.

The CoOs need to strengthen the capacity of their embassies to deal with death cases and ensure that families can secure compensation when they are entitled to it. The countries of origin should ensure that the issues of investigation into their migrant workers' deaths, protection from risks to migrant workers' health, and migrant workers' access to healthcare are on the agenda of regional processes such as the Abu Dhabi Dialogue and the Colombo Process.