

Level crossings are veritable death traps

Latest tragedy shows the sheer mismanagement of crossing authorities

IT'S alarming that despite huge investments being made in the development of highways and railways, modern infrastructure hasn't translated into safer journey. On Friday, we were served up with the latest proof when 11 individuals were killed in a level-crossing crash in Mirsharai, Chattogram. Six others were also critically injured. Reportedly, the victims – mostly SSC/HSC students along with some teachers of a coaching centre – were on their way back from a picnic when a Chattogram-bound train rammed into their microbus. It dragged it for about a kilometre before pulling to a stop, leaving behind a messy trail of shattered vehicular parts, torn clothes, shoes and bags, and uprooted tracks.

We lack words to describe how helpless yet angry it makes us feel seeing such meaningless deaths, of young adults no less, who were robbed of their life even before it could begin to flourish. The railway authorities claim that a guard was present at the crossing and signalled the microbus to stop. But witnesses say that there was no one there. The truth may come out after investigation, but if the outcome of past probe reports is any indication, nothing beyond that will happen. Level crossings will continue to be a veritable death trap, while citizens will pay the price for the mismanagement of agencies involved in building and managing such crossings.

So far this year, at least 35 people were killed in level crossing accidents across the country. According to the Accident Research Institute of Buet, at least 173 people were killed in the six years till 2021, and 739 people in the 13 years till last year. Unfortunately, many of the crossings are unauthorised, and most, authorised or not, are either unmanned or thinly manned, significantly raising the risks of accidents. Currently, there are 1,412 authorised crossings – 964 of them unmanned – and 1,149 unauthorised ones with no gatemen at all. The sheer mismanagement at the railway is perhaps best exemplified by the fact that the unauthorised ones were built by government agencies themselves – at least nine of them – with the LGED having constructed the highest 516.

In the absence of any coordination among them, unprotected crossings continue to throw up dead bodies every now and then. Reportedly, the authorities at an inter-ministerial meeting, in January last year, had decided to construct speed breakers on both sides of level crossings, reduce the number of illegal level crossings, build overpasses or underpasses in future projects, etc. Evidently, nothing at all has been done even after a year and a half. This is totally unacceptable.

We urge the government to make all involved agencies, especially Bangladesh Railway, work in collaboration to improve the safety of level crossings. It must hold them accountable, properly staff all crossings, and build sufficient barriers and speed breakers to prevent tragedies. We must not normalise such deaths.

Elderly citizens need sustained care

They're entitled to specialised healthcare and financial support

IT should be acknowledged that the 2022 population census has caused both optimism and pessimism, depending on how you approach it. Despite the fear that the ever-growing population in this small country would go beyond our control causing all sorts of calamities, the census rather indicates that the rate of population growth has slowed over the past four decades, coming down to 1.22 percent from 1.46 percent in 2011. This is quite an achievement, thanks to rigorous family planning programmes.

One of the findings of the census is the growing population of older adults. People aged over 60 now form 9.28 percent of the total population – which was 7.47 as per the 2011 census – in yet another nod to the rising life expectancy in the country. In numbers, this means they are over 15 million now. But as more people enjoy prolonged life, the vulnerabilities facing them are also rising. This calls for an urgent policy reform in addressing population ageing. And it must be done by incorporating rights-based ageing policies and systems into our national development plans.

Today, the elderly people suffer from various kinds of short- and long-term problems including ailments that need to be attended to in time. Given the existing social realities, what they need most is free, specialised and permanent healthcare for them. We have heard many times about building such facilities, but haven't seen much progress. It should be noted that the ruling party is pledge-bound to offer free and specialised treatment to citizens above 65 years.

Often, with age taking over, elderly citizens become economically inactive and dependent on other family members for their care. But because of many socio-economic factors, they do not get timely treatment or proper attention. Many live in abject conditions. In such circumstances, specialised healthcare is essential for them. The reality of ageing is not unique to Bangladesh, however. People in many countries are reaching old age with grace because of advancement in healthcare, nutrition, timely medical intervention, massive vaccination, and improved lifestyle. This is not a one-time shot; it needs to be sustained with better investment and monitoring.

The elderly people, based on whose wisdom a society is built, need rest and care. We, therefore, must acknowledge the vulnerabilities, financial and medical, facing them today and take proper measures. We urge the government and private sector to address the changing demographic shifts in the country with a shift in mindset, and work collaboratively to build robust support systems for the elderly.

Where death follows too closely



NO STRINGS
ATTACHED

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PHOTO: MOHAMMAD SUMAN

The grisly story of mangled bodies and vehicles goes on repeat.

horrible accident taking place any moment.

As we go on this heart-stopping roller coaster ride, all I can think of are the chilling reports I have been reading in the paper every single day for the last few days.

I think of the eight-month pregnant mother giving birth to her baby girl when a truck ran over her, her husband and her other daughter, killing them all, as they were crossing the road on the Dhaka-Mymensingh Highway. The grim thought that this baby who miraculously survived will grow up without her family members, and later find out the horrific circumstances of her birth, keeps clouding my mind.

I think of the six people whose lives were snapped short when a bus rammed into an autorickshaw in Bakerganj. Among them was one-and-a-half-year-old Farhana who died along with her mother (only 22-years-old) and her 30-year-old aunt. The irony of ironies is that it was a Bangladesh Road Transport Corporation (BRTC) bus driving on the wrong side of the road that hit the autorickshaw.

What happens to all the families who must go on with their loved ones

in 319 crashes over the 15 days before and after Eid. I think of the thousands of people jamming themselves into packed buses, taking auto rickshaws or getting onto motorbikes just to get a few days of the love, affection and fresh air that only their hometown or village can provide. Which 398 of those ended up in funeral shrouds?

I am momentarily brought back to the present as I spot two little school girls walking along the highway nonchalantly chatting away while the motorised monsters almost graze their thin frames, blowing dust into their faces. Only a few minutes ago while discussing the reckless behaviour on the roads with our driver, hoping it would stop him from performing sudden stunts, he informed us that, a few days ago, his cousin's little daughter and her friend were walking home from school when a truck just "flattened" the friend and sped away.

So, this is the price one may have to pay for any kind of movement on the roads. Many of the accidents are blamed on the easybikes, battery-operated contraptions that can carry five or six passengers, or more, if one is innovative enough. On the highways,

you can see hundreds of them trying to outpace larger vehicles as if just having a battery can overcome the flimsiness of their thin carriages. As if to prove this point, we are forced to stop as people run to the scene of an accident. An old man on a bicycle has been hit by an easybike, leaving him bleeding profusely. I can't help but look at his face, his forehead and nose bleeding, his eyes closed as if in sleep. Locals lift him up and take him to the side of the road. Someone pours water on his head.

It's true, the presence of easy bikes and motorbikes on the highway has resulted in an increase in accidents – especially during Eid. Transport leaders have recently called for restrictions on the movement of motorbikes especially on the highways, saying this would reduce the number of accidents significantly. But what about the thousands of reckless drivers of buses and trucks and microbuses – many of them in derelict condition – killing people every day with total impunity? Why are transport leaders still trying to dilute the culpability of these individuals, most of whom know how to "disappear into the crowds" after each road crash?

Experts and road safety activists scream themselves hoarse calling for the basics – proper fitness tests of buses and trucks, ensuring the drivers have valid licences and are not overworked with too many trips a day, that they are not under the influence of alcohol or drugs, having road dividers on highways, zebra crossing near schools and hospitals, more footbridges and of course having highway police to stop speeding, racing, risky overtaking, driving on the wrong side and other violations. The Road Transport Act 2018 includes many of these demands, yet, for unfathomable reasons, is not enforced.

We come home refreshed by our brush with nature – relieved to come back in one piece. But we are greeted with a series of heartbreaking news. A photograph of smiling students and their teachers of a Chittagong coaching centre has gone viral. It has been taken before an excursion to see a waterfall in Mirsharai, only a few hours before 11 of them will be lost forever when the microbus they will be travelling in makes that deadly run through the tracks while a train is approaching.

The grisly story of mangled bodies and vehicles goes on repeat.

What makes Social Determinants of Health important?



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ON July 6, 2022, The Daily Star published an article by Nahaly Nafisa Khan titled "The root of our unhappiness: When the personal becomes political." The eloquently written article looks into socio-economic troubles to explain the 2022 Global Emotions Report, which places Bangladesh seventh "among the world's angriest, saddest, and most stressed nations." The author traced the root of these problems to poverty, unemployment, lack of access to health care, social stigma around mental and behavioural health issues, loneliness, domestic violence, etc.

I couldn't agree more. As a healthcare consultant designing and implementing solutions around these issues in Florida on behalf of the State Government, I am excited to share my own experience.

Social Determinants of Health (SDOH) is a fairly new concept which is increasingly gaining momentum in the West. The World Health Organization (WHO) has defined SDOH as "the conditions in which people are born, grow, live, work and age." The definition includes basic human needs such as food, housing, employment, education, health care, etc.

An increasingly common trend in the healthcare systems in the West is the use of SDOH. They have become the main drivers of healthcare in

the United States (US) in the past few years. A research article published in the American Journal of Preventive Medicine has shown that 80 percent of the US' health care costs are spent on traditional health care even though it impacts only 20 percent of health outcomes. On the other hand, 80 percent of health results depend on unrelated health issues such as food, housing, employment, education, social isolation, and domestic and communal violence. Many other studies also consistently concluded that there is a strong correlation between healthcare and unmet social needs. In fact, traditional health care has proven to be only the tip of the iceberg for an individual's health and wellbeing.

In the US, social programmes have been a focus for many years, but recently and increasingly, the federal and state governments have moved to addressing social issues under the SDOH framework. The goal is to drive better population health outcomes by meeting citizen's needs for food, housing, employment, transportation, etc. The approach costs less to keep the population healthy.

I myself manage two SDOH projects for the State Government of Florida. Until now, only a few states have initiated various forms of SDOH solutions, others are at various stages

of implementation, while most do not even have a SDOH-oriented plan. Those who are behind do have extended social service programmes to help the needy, and sooner or later, they will be onboard the SDOH train as well.

Seeing the value of social services, Florida has been working on a project to design and implement a statewide technological solution which will give all service providers (medical,

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social, behavioural, and mental) the ability to scan their members for basic necessities. For example, the programme will enable a physician to ask some simple questions of a patient – such as, if they have enough food in the house, a safe place to live, or if they suffer from domestic abuse, etc. If a need is identified, the patient will be officially referred to the specific service provider(s). The referring physician

will be able to track whether or not the person has received the service(s), making sure that it does take place. Of course, the patient/member has to consent to receiving the service. The solution will allow states in the US to analyse data and identify the services needed in specific communities. Hence, various state programmes at local levels will be able to point out people with needs.

The main cause of most social problems is poverty, which leads to a cascade of issues such as stress and mental illnesses. Social needs have a direct bearing on a person's overall health. Existing SDOH data has proven that provision of social services has significantly improved care coordination of patients, reduced anxiety and anger, increased happiness and thus, decreased healthcare costs and fewer crimes.

Without basic necessities being met, we fail our society. Health care and social organisations should redirect their attention from traditional healthcare to the various social and behavioural needs which exist in our communities.

In Bangladesh, most families who have the ability are prone to saving or building wealth, often neglecting their mental and physical issues. Many families are simply unaware of the importance of personal care, while others do not have the means to live healthy. Mental health issues are almost altogether overlooked or suppressed to avoid perceived social embarrassment. But a healthy society is hard to build without awareness of these issues even if resources are available. Hence, Bangladesh should begin to address social issues more prominently so that proper healthcare can be achieved.