



From the air, Bahadur Shah Park looks like an ecological oasis, but once you approach it as a pedestrian, a boisterous cafe drowns out the park's character.

PHOTO: ADNAN ZILLUR MORSHED

We need Park Design 2.0



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ADNAN ZILLUR MORSHED

The other day I went to visit several urban parks in both north and south Dhaka. These parks represented what I would call the first generation of designed urban parks in the city, upgraded between 1990 and 2020. The Dhanmondi Lake Park, Bahadur Shah Park, and Justice Shahabuddin Park are among them. These parks, in many ways, showcased design choices that both reflected and supported the country's neoliberal economic growth since the early 1990s. From cafes to new construction materials, the market economy was allowed to play an important role in the ways the upgraded parks were conceived as public places.

But first things first. What are the key characteristics of these parks? First, they provide some basic urban services like walkways, benches, shades for sitting, and public toilets, while also raising public awareness about the need to preserve city parks. Second, these parks feature non-essential spaces like large, paved areas for public gathering and exercise, stepped areas for sitting and performance or amphitheatres along the water, sports areas, elevated pedestrian promenades and bridges, water fountains, etc. Third, the parks include commercial establishments like cafes, restaurants, and juice bars, reportedly for generating funds for their maintenance and upkeep. Fourth, the parks become places of entertainment and revelry, attracting people from far-flung areas of the metropolis and, thereby, transforming them from a neighbourhood scale to a city scale.

In the past three decades, these parks have served to expand the city's public sphere, altering the nature of neighbourhoods and their urban characters. At the Dhanmondi Lake Park, I have talked to people who came from Old Dhaka or Tongji to have food in some of its waterside restaurants. People came from Mohammadpur and Uttara, among other places, to meet friends in a café at the Justice Shahabuddin Park in Gulshan. The scale and the intended users of the park raise a vexing question about the political economy of urban development.

The first generation upgraded parks are no longer neighbourhood concepts, a phenomenon that sometimes tends to alienate local residents. They are more like multipurpose public spaces, where people come to walk, exercise, jog, bike, meet friends, date, play sports, sweeten their mouth with a café latte, browse books, take selfies, sing songs, and revel. All this is fun, particularly in a city beleaguered by a zillion pathologies like air and noise pollution, excessive heat, and *manusher gadaqadi*. Yet, the mood of these parks is predominantly that of entertainment and pleasure

– *hoi hullor, furti, addabaji, khaao daao* – not necessarily one of feeling harmony with nature, although there are exceptions.

With their tendency to cram too many structures and impervious pavements, the parks feel claustrophobic. In the ones with tall fences, people even feel caged. Shahid Dr Fazle Rabbi Park's super tall glass fence could not be a more haunting symbol of a heat-island city. From the air, Bahadur Shah Park looks like an ecological oasis amid Old Dhaka. But once you approach it as a pedestrian, a boisterous café drowns out the park's intriguing colonial history and overwhelms its character of a natural sanctuary.

Time has come to shift gears in our park design approaches. We need "Park Design 2.0" for Bangladesh. The overbuilt character of Dhaka parks is a solemn reminder for us to reclaim them as the last fortress of city green. Do we need the 24/7 hustle and bustle of Dhaka – the cacophonous dramas of this

The overbuilt character of Dhaka parks is a solemn reminder for us to reclaim them as the last fortress of city green. Do we need the 24/7 hustle and bustle of Dhaka reproduced in its parks too? Shouldn't the parks be our last refuge to be in and with nature, to hear birds chirp and winds blow, and to learn the names of trees and breathe their aromas? We need to protect our parks from false development and discriminatory gentrification, and the tyranny of unnecessary concrete pavements, steel canopies, and restaurants.

sleepless city – reproduced in its parks too? Shouldn't the parks be our last refuge to be in and with nature, to hear birds chirp and winds blow, and to learn the names of trees and breathe their aromas? With the alarming disappearance of green from our cities and daily felling of urban trees, we – design professionals, policymakers, and local government administrators – need to demonstrate an unwavering commitment to understanding urban parks as nature, as green lungs, and as places to find solitude and de-stress. We need to protect our parks from false development and discriminatory gentrification. We need to save them from the tyranny of unnecessary concrete pavements, steel canopies, and restaurants.

We need to preserve the organic conditions of our parks, rather than seeing them as opportunities for gifting business to cronies, securing inflated design consultancy fees, and playgrounds for using new building materials. Dhaka, which used to be a city of mosques, is now a city of restaurants, creating an unhelpful

impression that we are a nation of insatiable hunger. We don't need another restaurant or cafe in our parks. We have them aplenty on our streets and in our marketplaces.

In fact, given the vast social and economic asymmetries of Dhaka and other cities, placing a restaurant or a café – selling pricey food and coffee – in the public park would be a form of social injustice. These restaurants in a public park create an exclusionary culture of passive discrimination: if you can't afford a Tk 400 coffee, you don't fit in here. Given the lack of greenery and quiet spaces in our cities, our parks should be where people are able to walk, run, forest-bathe, and be class-free, not be sedentary in expensive café chairs. There are cafes in the parks of New York City or Paris. But these cities also feature 100 percent natural green parks.

The myth of "maintenance from earnings" as the basis of park upkeep should be questioned. There is no research, nor proof, that shows that the rent and profit from park restaurants and other commercial establishments are reinvested in park maintenance and improvement.

Instead of the highly commercialising model of income-generating businesses, we should consider community-based maintenance of parks. Such a model creates a strong participatory

culture of local engagement and ownership – one of the central mantras of sustainable urbanism today. In exchange for a healthy, safe, and accessible park in their midst, local people are willing to pay a small monthly fee to create a co-management partnership to maintain and upgrade the park. This is the model we should institute for our parks' maintenance.

Instead of creating over-built spaces to meet the consumerist appetite of our rising urban middle class, the next generation of parks in Bangladeshi cities should inspire people to be citizen ecologists in a country that is environmentally vulnerable. We need more trees, not more restaurants, just as we need more footpaths, not more flyovers. This may sound like a simple statement, but it could be an effective development philosophy. Fifty-two years after independence, we should feel confident not to fall into the trap of generic development that doesn't speak to our ecological worldview.

Why more clinicians should join public health



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ABMUDDIN

As the dust has begun to settle on the global fight against Covid-19, new debates around strengthening public health systems are intensifying. Nations are evaluating their responses against the pandemic and delving into lessons learnt to reshape their public health infrastructure. Amid many fervent discussions, a bold and visionary idea is starting to emerge: more clinicians joining public health can fortify defence against future health emergencies.

Clinical health and public health are distinct yet overlap in many areas. Clinical health revolves around one-on-one patient care in the structured confines of hospitals and care settings, with healthcare

show that Covid-like phenomena are barely a hindsight. The Centers for Disease Control and Prevention in the United States has documented a multitude of outbreaks across the globe in recent years, indicating that more of these episodes are very likely. One analysis by the BBC concludes that contagious diseases will become the new normal for the world.

Given many predictions and dire warnings, nations across the world must prepare and bolster their public healthcare systems. And medical practitioners can play a vital role in accomplishing that goal.

First, by joining public health work, clinicians can strengthen the first line of defence against

these factors impact their lives and overall well-being. This puts them in an enviable place to tackle many socioeconomic drivers of health, which are at the core of promoting health equity.

Because of the importance of health justice and the pressing need for individuals that have direct knowledge of the patients' underlying social conditions, many public health agencies, government organisations, research firms, community health advocacy organisations, and non-profits in the US actively seek out healthcare professionals to join their ranks. Caregivers are seizing this opportunity to reshape the nation's healthcare landscape and promote equitable care for all, improving lives at all levels.

Last but not least, a public health system is inherently a multijurisdictional approach that promotes collective efforts from diverse disciplines such as epidemiology, biostatistics, social science, social work, and even medical science. Traditionally, medical graduates gravitate towards



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professionals like doctors, nurses, and allied health workers at the forefront. In contrast, public health work involves tackling various underlying causes of diseases and focuses on a wide range of determinants of health in defined population cohorts to eradicate illnesses from communities. Public health acts as the first line of defence against widespread outbreaks and prioritises prevention over cure. Public health graduates and professionals dominate the workforce.

Studies show that a robust public health system neutralises a large-scale outbreak and reduces mortality rates. According to an analysis, countries like China and New Zealand boast of significantly lower rates of morbidity and mortality against Covid because of their strong public health infrastructure. The two countries experienced only 3.21 and 10.14 deaths per million, respectively. New Zealand's 1956 Health Act required health practitioners to report cases that posed a threat to the public, serving as one of the country's best measures to defeat the pandemic.

However, many countries also underperformed dimly. Peru and Bulgaria experienced a staggering number of losses with 6,133 and 4,766 deaths per million, respectively. These countries lacked adequate systems and guidelines. Bulgaria's healthcare system was seriously strained by the lack of staffing. Unfortunately, evidence and data

health emergencies. Public health work inherently involves creating awareness, providing health education, promoting healthy lifestyles, and organising vaccination campaigns, thereby eliminating root causes of diseases fast in communities. Hands-on experience of doctors and nurses in triage and treatment in emergency rooms, with their knowledge of chronic and acute care, can help public health agencies to mitigate the impact of health emergencies and natural disasters.

With profound knowledge of individualised care, medical professionals can bring invaluable insights into outreach and education programmes to fundamentally improve public health methodologies and practices. Rather than treating one patient at a time, they can have a population-level impact, improving even millions of lives. Dr Tom Frieden, who is a luminary in this field, explains why he has chosen public health over clinical practice, "I loved clinical practice, but in public health, you can impact more than one person at a time. The whole society is your patient."

Second, by working in public health, healthcare professionals can also enjoy a paramount opportunity to drive health equity deep into a nation's healthcare. As the first points of contact with patients in hospitals and care settings, physicians and nurses have intimate access to the patients' various social and economic needs, and an understanding of how

clinical care, highlighting a profound lack of medical knowledge in public health systems. In fact, with their first-hand training in patient care, healthcare professionals can vastly improve many critical public health tools such as surveillance, disease tracking, early intervention, disease reporting, and so forth.

Public health also offers healthcare providers a variety of personal and professional growth opportunities. They can enjoy the privilege to work alongside traditional public health professionals in a wide range of leadership and critical thinking domains such as research, programme management, policy development, promoting regulations and legislations, etc. Many physicians in the US work as health information technology specialists, research leads, and even data scientists. This directly exposes public health to medical experiences so critically needed in this sector.

In the post-Covid reality, medical practitioners should think more seriously about joining public health to better serve the bottom line of healthcare. They must break free from the confines of clinical settings to meet the challenges of the rapidly changing healthcare dynamics. The traditional approach to improving healthcare is akin to living in a bygone era that is divorced from reality. Keeping our eyes on the ball requires shifting our attention to where it is needed most.

CROSSWORD BY THOMAS JOSEPH

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Downs

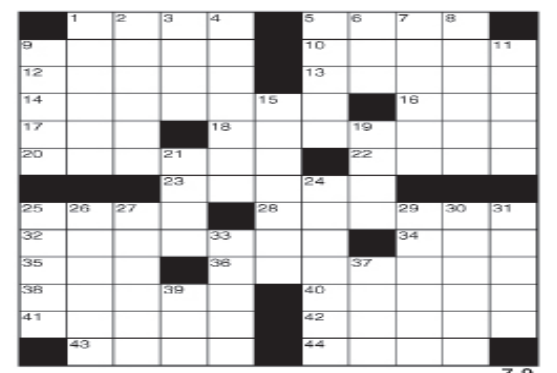
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