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

Is Biman beyond accountability?

Audit exposes its violation of procurement rules, other anomalies in a new deal

Despite critical scrutiny following reports on safety violations, poor performance and a host of scandals involving exams and recruitments in Biman, the latter just can't seem to stay above board. Most recently, as per the findings of the Office of the Comptroller and Auditor General of Bangladesh (CAG), the national airline has violated procurement rules to hire a vendor for its online ticket sales and reservation services, which will cause it to lose over Tk 1,000 crore in 10 years.

After the previous service provider notified in October 2019 that it would discontinue its services, Biman invited proposals from firms interested in providing a passenger service system (PSS), a departure control system (DCS), e-commerce and other related services. The CAG found that Biman granted the contract to a firm despite there being only three bidders, which violates the Public Procurement Rules 2008 that states that there must be at least four. Moreover, cost estimates presented by Sabre GLBL Inc – the firm awarded the contract – against its offered services were "under-represented" in the financial evaluation report. The audit also found that Biman's contract with Sabre has many elements that were not mentioned in the proposal. Additionally, many of the clauses of the deal that allowed Sabre to demand compensation are questionable.

For some reason, all the proposed costs were estimated taking into account the minimum number of passengers. Since the company is charging Biman for services either per passenger or as a percentage of total passengers boarded, these costs ballooned when the system went live. During negotiation meetings held in July 2021, the tender evaluation committee had flagged the issue of taking the minimum number of passengers instead of the actual estimated number of passengers who would use the service when it came to pricing. Yet, instead of clarifying this matter, the contract was signed with the minimum threshold number.

It seems that from Biman's side, the contract was signed despite knowing – one would hope Biman officials were not incompetent enough to not know – about these issues, and in a way that could potentially keep financial evaluators in the dark. This clearly indicates that there was foul play involved, which would unduly benefit the contracted firm and Biman colluders at the expense of taxpayers. This is totally unacceptable. We urge the government to investigate these anomalies and hold those involved in them responsible.

A clarion call for healthcare reform

Deaths of newborn and mother expose ingrained rot in hospitals

It is hard to process the tragedy that has unfolded since that botched C-section operation at the capital's Central Hospital on June 10. Its first victim, as most people know by now, was the newborn baby, and then, eight days later, the mother, Mahbuba Akter Akhi, too passed away, as a consequence of that surgical aberration. Our heart goes out to the family that has suffered this horrible tragedy under circumstances that seemed downright criminal, including how the hospital staff reportedly lied about the presence of Akhi's gynaecologist in the operating theatre.

On June 14, her husband filed a case accusing doctors and hospital authorities of wrong treatment and falsehood. So far, two of the doctors have been arrested. Meanwhile, the Directorate General of Health Services shut down the hospital's surgery and ICU services. Given the magnitude of what happened, this sequence of events is rather predictable. While we hope that those responsible for the tragedy will be held accountable following the laws of the land, one important aspect that needs critical scrutiny is how expectant mothers are often encouraged or rather misled to undergo C-section in Bangladesh. According to one report, Akhi had gone to the hospital in the hopes of having a normal delivery. Instead, she had to under surgery due to "complications" – which is increasingly a go-to excuse for many hospitals pushing unnecessary, expensive C-sections.

Presently, such surgeries, which are only supposed to be performed under certain circumstances, account for 45 percent of all deliveries, and 84 percent of them are performed at private hospitals. Given this reality, can we be certain that Akhi really needed a C-section? If the hospital staff could lie about her gynaecologist, could they also have lied about a normal delivery not being an option?

The whole development serves as yet another reminder of how mismanaged and poorly regulated our health sector is – a fact we are reminded of through the sufferings of patients every day. The Central Hospital saga is a clarion call for a much-needed overhaul of our health sector.

Vital yet vulnerable

Unmet healthcare needs of our migrant workers

ON THE SHORES OF (IN) JUSTICE

Dr CR Abrar
is an academic and the executive director of Refugee and Migratory Movements Research Unit (RMMRU).

CR ABRAR

ILLUSTRATION: **REHNUMA PROSHOON**

Iqbal of Cumilla sadar sustained a severe spinal injury after falling from a two-storey construction site in Bahrain. He was taken to the hospital and provided with emergency care. After 10 days, he was sent back home, his critical injury hardly treated. Though Iqbal had insurance coverage and his employer had promised to bear all his expenses, he has not received a penny in the last three years since he has been back. With his dream shattered, Iqbal is now a burden on his family.

After enduring a lot of abuse at the hands of her Saudi employer, domestic worker Meher Nigar (of Birganj, Dinajpur) became very ill and was admitted to hospital. However, instead of continuing with the treatment, without any prior consultation she was put on a flight back home, for which she was made to pay from her savings.

For the sake of her children's future, Zakia (of Savar) endured wage theft and abusive work conditions for more than a year. Her Saudi employer refused to take any action when she reported that there was a lump in her breast causing pain. When her condition aggravated, Zakia's employer transferred her to the placement agency. She was finally sent back home only after her family arranged to pay for her return air ticket.

The narratives collected from the returnee Bangladeshi migrants by the RMMRU provide important insights on their health vulnerability in destination countries, and also shine a light on the gaping holes in the migrant protection and service structures of those countries.

Though Imdad (of Natore) was placed in construction instead of pipe-fitting work, his six-year stint in Qatar was largely successful. One day, he was apprehended by the authorities along with two other undocumented migrants. A migrant with regular status, Imdad demanded the reason for his detention only to suffer severe assault by members of the law enforcement agency. He was in severe pain and was subsequently taken into custody. Initially, he was denied any treatment, but when other detainees intervened, he was taken to a medical facility and a plaster was put on his broken leg. Within days, Imdad was deported home. His mobile phone was confiscated by the authorities. He was not even allowed to contact his employer to claim his outstanding benefits and other entitlements.

The above narratives collected from the returnee Bangladeshi migrants by the Refugee and Migratory Movements Research Unit (RMMRU) provide important insights on their health vulnerability in destination countries, including those in the Gulf. The case studies also shine a light on the gaping holes in the migrant protection and service structures of those countries.

Over the last two years, a five-country Vital Signs study has garnered important evidence and insights about the health vulnerability of low-skilled migrant workers who are subjected to a wide range of cumulative risks to their physical and mental health. The study finds that those risks originate from their workplace, living conditions and the environment, and include heat and humidity, pollution, abusive working conditions, excessive working hours and heavy physical workloads, lax occupational health and safety (OHS) practices, exposure to long-term chronic psychosocial stress, and, in the case of female domestic workers, acute vulnerability to physical, psychological and sexual abuse.

RMMRU findings in Bangladesh bring to the fore the challenges that migrant workers face during their medical check-up during the pre-departure phase. Included among those are high costs for a limited number of tests, monopoly of several dozens of diagnostic centres, wrong diagnostic reports, lack of health-related information during pre-departure orientation training, lack of knowledge of healthcare entitlements, vague terms on health issues in contract documents, etc.

The Vital Signs report informs that "the GCC states' healthcare services are generally not tailored to the specific needs of this population." The major obstacles that low-skilled workers face in accessing healthcare services are the lack of documentation and affordability. The practice of confiscating passports by employers works as a major impediment for those who are fortunate to qualify for healthcare services. Employers failing to issue or renew work permits and health cards also work as barriers. Though emergency healthcare is provided free of charge to all, the undocumented workers refrain from accessing it even under life-threatening conditions as the medical staff are required to report such cases to the authorities. Low-paid workers face major hurdles in accessing non-emergency healthcare services. In such a scenario, untreated preventable conditions often aggravate into serious life-threatening conditions. Domestic workers endure distinct barriers. Restriction on their mobility contributes to their inability to independently leave their employers' houses to see a doctor when they are ill, or even to procure basic medicine and sanitary supplies.

The Gulf states' shift to mandatory private health insurance for all, including low-paid workers, has created fresh hurdles to healthcare access. The non-citizens are no longer eligible for free non-emergency care and require private health insurance or government-issued health cards to access healthcare in government hospitals and private clinics. Often, employers fail to adhere to the contract and buy or renew insurance for the workers. In instances in which they do so, those are not of quality and have limited acceptance, and thus do not cover the workers' needs. "Good insurance isn't cheap and cheap insurance isn't good," as the saying goes.

The migrants' informal access to healthcare services has been further restricted by the introduction of modern technology to record and monitor patients' treatment and conduct surveillance over medical facilities. Pervasive use of technology has further eroded the little scope that existed earlier for compassionate staff members of such facilities who even conducted tests and procedures on patients who were otherwise not entitled to secure such services.

Near absence of an affordable and accessible healthcare arrangement in the Gulf states has led many workers to rely on self-medication, often consuming expired medicines brought from home by themselves and their peers. Health professionals warn that rampant and non-prescribed use of painkillers, antibiotics and other medicines exacerbates the workers' conditions, rather than bring them relief.

The paradoxical grim scenario of unmet healthcare needs of low-skilled migrants speaks volume about the neglect of this fundamental right by the Gulf states, most of which take pride in being able to put in place "world-class medical services" for their own nationals. It is time those states paid due attention to the healthcare needs of the millions of workers who ceaselessly contribute to turning the wheels of their economies.

The authorities in the Gulf states must institute meaningful measures to meet the necessary healthcare needs of low-paid migrant workers free of charge at the point of care, irrespective of their immigration status or their possession of passports. They must also repeal any law that requires medical professionals to report undocumented migrant workers to the authorities. Provisions are to be in place for the employers to ensure hygienic living conditions and safe working conditions. The employers must also be obliged to ensure adequate shade and drinking water, and allow workers to take regular breaks – particularly those working outdoors. Likewise, mandatory and regular health check-ups for domestic workers should be introduced.

Largely driven by the urge to harness higher volume of remittances, the origin countries have thus far mostly focused on measures to send increased numbers of workers abroad. Policy and institutional measures are also afoot to raise awareness among the migrant workers, improve their skills, and help them access justice. There has been an active engagement of civil society organisations (CSOs), development partners, and international organisations (IOs) in all such initiatives in Bangladesh. However, the issue of heath needs of low-skilled migrant workers is yet to find meaningful space in the policy agenda of the government or in the programme agenda of CSOs, development partners, and the IOs.

As a country that is highly reliant on remittance flow, Bangladesh should actively engage with this unmet vital need of its migrant workforce. The authorities here should form a task force of stakeholders including public health experts to examine the healthcare needs of this cohort of workers. The task force's recommendations should be the basis for framing transparent and explicit healthcare provisions of all bilateral agreements and MoUs with labour-receiving states. At the multilateral level, Bangladesh should work in coalition with other origin states and outline a detailed position aimed at improving migrant access to healthcare in regional and global forums.

At a recent RMMRU seminar on healthcare needs of Bangladeshi migrants, a Dhaka Medical College Hospital (DMCH) nephrologist shared that the wives of migrant workers often approach DMCH doctors to speak with their migrant husbands overseas over phone to hear the symptoms and prescribe medicines so that they could send such medicines with someone going there. He said for some migrants, medical centres were at distances they could not access; others lacked documents or simply could not afford the services and medicines. Would the authorities take into cognisance such lived reality of our migrant force and begin to work out measures to address their needs?

The author acknowledges the support of RMMRU colleagues Md Shimonuzzaman, Rukaia Parveen Tuba, and Rajib Ghush for collecting and developing the case studies.

LETTERS TO THE EDITOR

Send us your letters to **letters@thedailystar.net**

Provide services ethically

I recently hired a plumber to fix a few things in my house. I had not considered that this interaction would reveal a plumbing company conspiracy to take advantage of both clients' homes and their own employees. The plumber disclosed an astonishing secret while doing the repair. He described how plumbing businesses urge their employees to convince homeowners to replace outdated materials instead of mending them. Both the firm and the homeowners will pay the plumbers more as a result of this suggestion, which also helps the business by securing future business. The plumbers boost their chances of gaining further financial benefits by purposefully avoiding repairs and encouraging replacements.

This way, the homeowners are duped into making unnecessary purchases. In addition to being a more affordable option, repairing the existing items would result in less waste and a smaller environmental impact. This unethical behaviour affects the reputation of the firm and weakens the efforts of honest employees who sincerely want to serve the needs of their clients. Now these are not just happening with one small industry. If we delve deeper, such questionable practices can be found in different types of industries. It is essential for authorities and businesses in Bangladesh to enforce specific guidelines and act ethically within the service sector so as to curb such unethical conduct. Government should also undertake routine inspections and punish individuals responsible for such exploitative activities.

Nushakha Israt
Jahangirnagar University

FILE PHOTO: **ORCHID CHAKMA**

The Daily Star Reg. No. DA 781 | thedailystar.net bangla.thedailystar.net/ | **EDITOR & PUBLISHER: Mahfuz Anam** Printed by him on behalf of Mediaworld Ltd at Transcraft Ltd, 229, Tejgaon Industrial Area, editor@thedailystar.net | **Registered & Head Offices:** The Daily Star Centre 64-65 Kazi Nazrul Islam Avenue, Dhaka-1215 Phone: 09610222222 | **Newsroom:** Fax- 58156306 reporting@thedailystar.net | **Advertisement:** 01711623910 advertisement@thedailystar.net GPO Box: 3257 | **Subscription:** 01711623906