

When kitchen markets are ticking time bombs

The Krishi Market fire won’t be the last if we don’t take urgent action

In a devastating incident that unfolded in the early hours of Thursday, a fire engulfed Mohammadpur Krishi Market and reduced over 200 shops to ashes, causing colossal financial losses to the shop owners and staff. It has become painfully clear that our kitchen markets remain, despite repeated warnings, hotbeds of fire hazards. Following closely on the heels of the fires at Bangabazar and New Super Market, yet another kitchen market fire underscores the urgent need for concerted action to address the glaring risks posed by these structures before another catastrophe strikes.

The Mohammadpur Krishi Market, a one-storey structure with a corrugated iron roof, was already on the list of risky kitchen markets in Dhaka, according to firefighters. The shop owners had apparently been notified multiple times about the impending danger, but those warnings went unheeded. The fire, suspected to have been triggered by either a faulty electric wire or a mosquito coil, spread with alarming speed, in the absence of necessary fire safety equipment on the premises. The market’s narrow alleys, blocked by piles of goods, prevented easy access for first responders.

With no nearby water body to tap into, firefighters had to rely partially on water provided by external sources, which delayed the process. Yet the authorities seem least concerned about the alarming speed at which the much-needed water bodies in the city are being occupied and filled up in our greed for development.

Over the past year, similar massive fires have struck numerous markets and commercial areas in Dhaka. It is an alarming pattern that calls for immediate intervention and reform. It is obvious that simply “warning” the shopkeepers is not enough. We need proactive and constructive measures from the authorities to ensure that our kitchen markets have the necessary fire safety infrastructure, and that shop owners as well as city authorities are educated and held accountable for maintaining fire safety standards. The city corporations, in particular, must take decisive action to prevent future tragedies.

Public awareness campaigns should also be intensified to educate citizens about fire safety and the importance of adhering to safety regulations. It is imperative that we create safer city amenities for our citizens and protect their livelihoods from the devastating impact of fires like the one witnessed at Krishi Market.

Rangpur Medical in perpetual crisis

Health ministry must take action against syndicates

The Rangpur Medical College Hospital is in a crisis, with the authorities seemingly nonplussed about the dysfunctional state of the hospital. A recent report from a major national daily has revealed that 537 medical devices, including both of the two CT scan machines, the only angiogram machine, 46 cardiac monitors, and pulse oximeters, are all out of order at the hospital. According to another report, three of the 10 ICU beds are frequently out of service, and the ICU department lacks essential facilities such as echocardiogram, ultrasonography, portable X-ray machine, and artificial blood gas analysis.

The problems at Rangpur Medical run deep and have been persistent for years, exacerbated by corruption, syndicates, and a severe shortage of medical facilities and manpower. Reports suggest that many of the hospital’s heavy equipment was purchased from a single vendor, Lexicon Merchandise, in FY2011-12 and FY2012-13 for more than Tk 100 crore. Most of the equipment became dysfunctional within a year. Currently, another syndicate known as “*char khalifa*” is reportedly controlling most of the requisition deals. Allegedly, the hospital management does not want to fix the existing equipment, but prefers to buy new equipment instead. There are even allegations that some syndicates deliberately break machines in order to force patients to go to private hospitals, which are much more expensive.

Rangpur Medical serves an average of 2,000 patients every day and is the central medical support system for more than 20 million inhabitants of the northernmost division of the country. But mismanagement and greed are costing people their hard-earned money and, in the worst case scenario, their lives. Moreover, many service-seekers have reported being extorted by the medical staff at every step of the process. The health minister has acknowledged the problem, and the Anti-Corruption Commission (ACC) has taken action against some of the perpetrators. Still, the problems at the hospital persist.

We don’t want to believe that the syndicates at Rangpur Medical are so powerful that even the higher authorities can’t intervene and improve its condition. We urge the health ministry to thoroughly investigate the systemic crisis at this crucial healthcare facility, take immediate steps to resolve the issues, and alleviate the suffering of the patients.

LETTERS TO THE EDITOR

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Control unruly bus drivers to improve Dhaka traffic

Dhaka’s traffic is already notoriously bad, and unruly bus drivers make it worse. They stop anywhere to pick up passengers. They also crisscross the roads to block other vehicles and buses from passing to get the passengers waiting at the next stop.

Traffic police often seem to overlook these violations. This results in traffic jams that can last for hours, causing immense inconvenience to commuters.

The authorities need to take serious action against these unruly bus drivers. They should strictly enforce traffic rules and regulations, and punish drivers who violate them.

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No country for women and girls



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It was a small news item on *The Daily Star’s* September 7 issue: a 19-year-old tourist was gang-raped at a tourist cottage in Cox’s Bazar. One suspect is already in police custody, and law enforcers are trying to arrest the others. According to another report on the same incident, two girls went from Dhaka to Cox’s Bazar to participate in a dance programme. Rajan Cottage, where the assault took place, was the site for similar violent sexual assaults in December 2021. On its face, the incident does not warrant a comprehensive analysis, for it does not seem “exceptional,” mostly because of how normalised such violence has become in our daily lives. At least two similar incidents, both in Cox’s Bazar, gripped the nation’s attention at the end of the year 2021. The first was when a gang of young men kidnapped a couple and their child and eventually raped the young woman repeatedly. The other incident was when a college student was picked up, raped, and kept hostage for three days. In response, the Cox’s Bazar deputy commissioner decided to create a 600-feet safety zone for women and girls, only to go back on the decision within 10 hours amid furious reactions from the citizenry.

All three incidents and the since-abandoned “safety zone” plan help build a complex narrative of women’s mobility rights, the conceptual slippage between women’s safety and protection, and the culture of impunity that encircles sexual assault against women and girls.

The Bangladesh Constitution ensures its citizens’ mobility rights and freedom of movement as a fundamental right. According to Act 36 of the 1972 constitution, “Subject to any reasonable restrictions imposed by law in the public interest, every citizen shall have the right to move freely throughout Bangladesh, to reside and settle in any place therein and to leave and re-enter Bangladesh.” At its core, citizenship is a marker of one’s identity; it confirms an individual’s membership in a political community. In theory, citizenship entitles all citizens equal rights and such rights ought to be equally distributed; in practice, however, citizenship rights are often awarded and carried out in a gradational scale where the poor, the marginalised, the women, and the minority often experience difficulty

accessing them. Citizenship, thus, is also a category of differentiation – it operates on the principles of both inclusion and exclusion.

The repeated nature of the incidents compels us to rethink the construct of citizenship along gendered lines. In her essay for the *Economic and Political Weekly*, Anurekha Chari argues, “Women’s oppression is exemplified in the way women experience citizenship rights.” Gendered citizenship as a concept must negotiate the binaries between private and public, cultural and political, and individual and



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collective. In other words, when the constant threat of violence acts as a barrier to women’s economic, social and developmental rights, such threat to violence delimits women’s exercise of citizenship.

Take, for instance, the Narsingdi railway station incident from 2022, and the High Court bench’s placement of blame on the victim. The bench asking “whether anyone wearing such a dress can go to the railway station in a civilised country” makes explicit the link between mobility and restriction – in this case both for clothes as well as movement. The ruling implied that

two conflicting narrative responses. The narrative steadfastly committed to blaming the victim of sexual violence would question why the women travelled alone, what clothes they were wearing, what being a “dancer” says about their “character,” etc. The other narrative would be intent on placing even greater restrictions on women in order to ensure their safety.

But here’s the truth that many still feel uncomfortable to acknowledge or accept: in the name of ensuring safety, women’s freedom to move – one of their fundamental rights as a citizen of this country – is being curtailed.

a different region of the country. From infrastructure to housing to livelihood, restricting women’s right to movement fundamentally impedes their citizenship rights.

Ultimately, sexual violence against women and girls cannot go on unchecked, nor can we attempt to “protect” women in the name of safety and keep them confined to “safe spaces.” We must, without fail, take into consideration the nexus between violence as a barrier for women’s emancipatory participation in public life and the exercise of their rights as the citizens of the state.

From lead poisoning to cardiac deaths



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Lead pollution is a pervasive global problem impacting millions of people worldwide. According to a recent joint report of *The Lancet*, World Bank and Center for Global Development (CGD), individuals in 208 countries and territories are currently exposed to the risks of lead pollution. This exposure has far-reaching consequences, affecting people’s health, economic well-being, and access to education. Unfortunately, this threat disproportionately affects the marginalised populations of low- and middle-income countries (LMIC) in Asia and Africa.

The report, published in *The Lancet*, presents a striking statistic: out of the 5.5 million global cardiovascular deaths attributed to lead exposure, a staggering 90 percent occur among LMIC populations in Asia and Africa. This death toll surpasses those caused by unsafe drinking water, inadequate sanitation and hand washing (waterborne diseases), and even the impacts of climate change. Remarkably, it exceeds the mortality rates associated with cholesterol-related coronary heart disease and air pollution (both outdoor PM 2.5 and

indoor air pollution). These findings are a resounding call to action, emphasising that lead poisoning cannot be disregarded any longer as a major public health issue. Mitigating this risk is paramount to achieving Sustainable Development Goals (SDGs).

Given that lead pollution detrimentally affects health and education, both of which are intricately linked to poverty, these sectors must work collaboratively in a well-coordinated manner to address this crisis. The report underscores the variability in how lead affects individuals, but it is crucial to note that the damage caused to organ systems is irreversible and lifelong. To combat this crisis effectively, all countries worldwide, particularly LMICs, must address the “3Ws”: i) who is exposed to lead; ii) why individuals have elevated blood lead levels; and iii) what solutions are available to prevent and manage lead poisoning. Establishing effective programmes to tackle these issues is imperative.

Cardiovascular diseases and related deaths are increasingly pressing public health concerns in Bangladesh.

Estimates suggest that lead poisoning contributes to approximately 60,000 annual cardiac deaths, a number that could potentially reach as high as 138,054. This equates to an alarming rate of approximately 85 deaths per 100,000 people due to lead exposure in Bangladesh, costing us \$17,736 million – 5.86 percent of the country’s GDP.

If left unaddressed, lead poisoning will substantially strain Bangladesh’s already challenged healthcare system, which is grappling with a significant burden of cardiovascular diseases. As such, cardiovascular health should remain a top priority in healthcare policy and practice.

There is no known safe blood lead concentration. Globally, approximately 600 million children under the age of five have blood lead levels exceeding five micrograms per deciliter. Shockingly, in Bangladesh, 60 percent of all children, or 35.5 million, have levels exceeding this amount, ranking the country as the fourth worst affected globally. As lead poisoning is responsible for one in four cardiac deaths in Bangladesh, clinical cardiac practitioners should consider routine lead screening alongside lipid profiles and other risk factors. A simple blood test can assess lead concentration with a minor finger prick or a small blood sample.

The rapid economic development in Bangladesh has led to a surge in the use of battery-powered vehicles, particularly in urban areas. Most of these vehicles rely on lead-acid

batteries, which require frequent replacement – every six to twelve months. Consequently, this has given rise to a significant informal recycling industry across cities like Dhaka, Chattogram and Rajshahi. The process of breaking down these batteries releases toxic lead particles into the environment, and young children are often employed to pick apart these batteries. Additionally, household aluminium cookware frequently contains high levels of lead as it is often manufactured using recycled car batteries or ship parts.

Effectively combating this situation demands further research into identifying and addressing pollution sources. Furthermore, we need to implement appropriate regulations and ensure rigorous enforcement, and raise community awareness. These measures represent cost-effective and impactful solutions to mitigate lead poisoning.

Given the substantial number of deaths attributed to lead poisoning, there must be a heightened global focus on reducing morbidity and mortality. This environmental crisis warrants comprehensive attention from both the public and the scientific community worldwide. Governments and stakeholders should collaborate to develop viable technologies to create lead-free environments. Funded research is essential to identify ways to reduce lead usage and environmental exposure. The establishment of lead-free environments is an urgent priority to preserve and promote global health.