

## A disturbing tragedy at Chattogram court

### Govt must thoroughly investigate clashes, hold to account those responsible

We are disturbed by the clashes that erupted on the Chattogram court premises on Tuesday, culminating in the brutal murder of Assistant Public Prosecutor Saiful Islam. Given the timing of these incidents—amid heightened tensions over recent attacks on media houses and violent disruptions by college students—it is not unreasonable to think that a sinister force is pulling the strings to destabilise the country through orchestrated chaos, making it all the more important that we remain careful and act responsibly at all times.

On Tuesday, violence broke out outside the Chattogram Court Building when Chinmoy Krishna Das Brahmachari, a controversial former ISKCON leader facing sedition charges for allegedly disrespecting the national flag, was denied bail. Reportedly, his followers confronted security officers and lawyers as he was about to be sent to jail, halting the prison van. Despite efforts to clear them, the protests persisted, and by late afternoon, law enforcement used stun grenades and batons to disperse the crowd. The situation quickly escalated into violent confrontations, leading to at least 37 individuals being injured, including 10 police officers. During the chaos, Saiful was fatally struck by lethal weapons. Several cars, motorcycles, and a lawyer's chamber were also vandalised.

It goes without saying that these developments have profound communal implications if left unaddressed. For a country that prides itself on a hard-won interfaith harmony, despite occasional provocations, these incidents represent a troubling rise in tensions that cannot be attributed solely to the fallen regime. Other vested interest groups maybe at play, as evidenced by reports about sections of the Indian media circulating false and inflammatory narratives—such as the erroneous claim that the slain advocate was Chinmoy's lawyer. Such misinformation, coupled with exaggerated claims about police handling of Hindu supporters, is clearly designed to deepen divisions. While it is reassuring that the public has largely resisted falling into communal traps so far, the need to be circumspect has never been more urgent.

The government's response to the crisis has been measured so far. Chief Adviser Professor Muhammad Yunus condemned Saiful's murder and promised a thorough investigation. Local Government Adviser Asif Mahmud Sajib Bhuiyan earlier clarified that Chinmoy's arrest was based on allegations of sedition, not his religious identity. Such clarity is essential in countering misinformation. Six suspects have been reportedly identified through video footage and arrested, while 21 others were detained for vandalism and assaulting police officers during the unrest. Notably, Reuters reported that among those arrested were six members of Awami League, who police said were found in possession of improvised explosives.

As investigations continue, it is crucial to separate fact from fiction. Baseless allegations and communal scapegoating will only serve to exacerbate tensions. The interim government, along with political and religious leaders, must demonstrate their commitment to peace, reconciliation, and rule of law, ensuring that those responsible for Tuesday's violence, including provocateurs, are held accountable. Only through collective resolve and vigilance can we prevent divisive forces from derailing post-uprising Bangladesh.

## Give returnees the help they need

### Migrant workers who return home with trauma need long-term state support

When it comes to economic statistics—such as GDP growth or foreign reserves—we often shower our migrant workers with praise. Yet our gratitude often falls short when it comes to providing returnees with the material and psychological support they need.

A report published recently highlights the physical and mental trauma many migrants face abroad. It cites the case of 24-year-old Layek Mia, who left for Oman in good health but returned home after five years so incapacitated that he now cannot move without assistance. Over the last five years, Brac has helped about 105 such returnees, but experts estimate the actual number is four to five times higher. Alarminglly, women make up nearly 80 percent of the migrant workers returning home with physical, mental, financial, or sexual trauma. In fact, the Business & Human Rights Resource Centre, a UK-based non-profit, reports that just in the first half of this year, there were 30 allegations of abuse against Bangladeshi migrant workers by renowned companies, mostly headquartered in the US, UK, and Saudi Arabia. Often, foreign employers send migrants back home empty-handed, as mere shadows of their former selves.

Unfortunately, the support returnee migrants receive from the state is negligible or often nonexistent. Families of migrant workers who die abroad receive a one-time disbursement from the Wage Earners' Welfare Board fund. However, families of returnee migrants—especially those suffering from mental abuse or physical ailments that leave them unable to work—are left without any support. Many are not even aware of how to access the fund or apply for assistance. In fact, the whole journey of a migrant worker remains fraught with challenges from start to finish.

While addressing hurdles in the recruitment process is critical, it is equally important to ensure that our workers are treated with fairness and respect in their host countries. The government must prioritise the rights of our migrants and work to hold abusive employers accountable through foreign authorities. Establishing shelter homes or safe spaces at foreign missions, with support from affluent Bangladeshi communities abroad, could be a meaningful step.

However, the rehabilitation of returnees coming home with physical and mental trauma is even more crucial. The Wage Earners' Welfare Board fund could be used to improve services at the airport to better assist these migrants and guide them to the help they need. It could also support trauma survivors and their families in meaningful ways.

The interim government has received unequivocal support from migrant workers, and taken several positive steps so far. However, much more remains to be done. We urge it to establish a permanent mechanism to aid returnees in the long term.

# Priorities for Bangladesh's health sector

## A healthcare reform roadmap for the interim government



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The interim government has set a reform agenda for itself. In early September, six commissions were established to address reforms in various cross-cutting areas, including the constitution, electoral system, judiciary, anti-corruption, public administration, and police. The heads and other members of each commission were also named. In mid-October, four more commissions on health, media, labour, and women were formed. The formation of these commissions has been widely welcomed, with expectations that they will lead to meaningful and lasting changes in their respective areas.

The interim government has recently completed 100 days. As expected, the demand for a “roadmap” for the transfer of power through parliamentary elections is gaining momentum. There is no concrete announcement from the government yet, but some have suggested that elections could possibly be held by December 2025. This leaves about 400 days from now. Within this short timeframe, only a few substantive reforms can be carried out. A myriad of reforms is needed, but which ones will be prioritised? In my opinion, the commissions should focus on areas that are impactful and can be meaningfully completed within the government's tenure.

One important sector requiring urgent reform is health. Public health experts have been voicing their concerns and frustrations about the state of this sector. With the new opportunities created through the July movement, there is hope for significant changes in the health sector as well. I am confident that the relevant commission will thoroughly examine the issues paralysing this sector and propose impactful reforms. Below, I outline a few ideas which, if implemented, could help the country progress towards the national goal of universal health coverage (UHC).

### Investing more in health

The government spends only 0.7 percent of GDP on health which is the second lowest globally. This is circumscribed by the government's inability to spend even this meagre amount. Good health cannot be achieved without good investment and optimum spending. The commission should recommend more money for the



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health sector, but more importantly, how to spend the additional money for achieving UHC.

### Creating accountability

There is a demand for establishing an independent National Health Security Office (NHSO), which would enhance accountability by separating the service delivery function of the Ministry of Health and Family Welfare (MoHFW) from its purchasing function.

### Free drugs for all

Bangladesh has one of the highest rates of out-of-pocket (OOP) expenses in healthcare, most of which are for drugs. Despite the country's near self-sufficiency in medicines due to a thriving pharmaceutical industry and government production, free drugs and contraceptives provided through community clinics are often in short supply. Introducing free drugs within a specified timeframe could significantly reduce OOP expenses and health inequities.

### Restructuring healthcare administration

The current administration under the MoHFW is divided into several directorates (DGs), many of which

directorates general for PHC would be beneficial. Additional DGs could be created for tertiary hospitals, medical education and research, drug administration, and other areas.

### Strengthening community participation through youth engagement

The July movement demonstrated the value and potential of involving youth in development. Community engagement is a critical health system building block. Management committees exist for almost every facility, from district hospitals to community clinics, with civil society members included, at least on paper. Unfortunately, most of these committees are dysfunctional and have not met in years. Introducing youth representatives could revitalise these committees. Similarly, regulatory bodies like the Bangladesh Medical and Dental Council (BMDC) could benefit from youth participation.

### Regulating the private healthcare sector

The private sector now caters to over half of the population's health needs but remains largely unregulated. Since the ordinance on private healthcare was promulgated in 1982,

is complete, it would be prudent for the interim government to establish a high-powered, independent, and permanent health commission. This body would create a national health vision, tackle corruption, and plan and monitor progress towards UHC. One important task of the permanent commission could be revisiting the health policy recommendations made by Dr Zafarullah Chowdhury and colleagues in 1990, which emphasised decentralisation and remain highly relevant for Bangladesh.

### Leaving a legacy through dengue management

The spread of dengue in Bangladesh is alarming. Despite this, definitive steps to contain this preventable menace are lacking. Kolkata has successfully managed dengue—why not us? Although the interim government is preoccupied with various challenges, focused attention on this issue could save hundreds of lives and alleviate the suffering of millions. The recent focus on treating those injured during the July movement is commendable. Similarly, successful dengue management could be a lasting legacy for the interim government.

# The unseen cost of Dhaka's toxic air



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Imagine, for a moment, walking through the streets of Dhaka on a cold winter morning. The smog hangs thick in the air, wrapping the city in a grey blanket. The sun, struggling to break through, casts a dull light over the buildings. This isn't just an unpleasant sight, it's a sign of a public health emergency. The “State of Global Air 2024” report confirms what many of us already know—Dhaka has one of the worst air quality in the world, consistently ranking among the top cities with hazardous pollution levels. On one particular morning, the Air Quality Index (AQI) in Dhaka was measured at 291—labelled “very unhealthy.” This means that every breath we take in Dhaka carries harmful particles that can damage our lungs, hearts, and even brains.

The problem is not just the occasional bad day—it is a constant, pervasive issue. Every year, more than 230,000 people in Bangladesh die from diseases linked to air pollution, and many of these deaths are avoidable. Perhaps the most heartbreaking fact is that children are bearing the brunt of this pollution.

According to the latest report, air pollution is the second-leading cause of death among children under five, after malnutrition. In 2021, over 19,000 children in Bangladesh died from air pollution-related diseases, such as pneumonia and asthma. These are not just statistics—they represent children who never had the chance to grow up.

In many ways, this situation mirrors the bleak descriptions of industrialised cities found in classic English literature. Take, for example, Charles Dickens' portrayal of Victorian London in *Bleak House*, where the fog was not just a physical phenomenon but a symbol of the social and moral decay of the time. The thick, suffocating fog in Dickens' novel could be seen as a metaphor for the way pollution clouds our judgment today—distorting our understanding of the consequences of our actions and making it difficult to see the full picture of the damage we are causing to the environment and to each other. Just as the poor of Dickens' London suffered most in the industrial age, today it is the poorest communities in Dhaka, along with our children, who are most affected by

the toxic air.

As we look around, it's hard to ignore the fact that the streets of Dhaka, like those of Dickensian London, are filled with people who have little choice but to breathe in the polluted air. But unlike the poor workers of the past, we have the knowledge and resources to act. We know the dangers. The question is: will we take responsibility for the future of our city and its people?

Air pollution, particularly the fine particles known as PM2.5, is the silent killer here. These particles are so small that they can enter our lungs and bloodstream, causing long-term damage. Children are especially vulnerable because their lungs are still developing, and they breathe in more air relative to their body weight than adults do. This means that every breath a child takes in Dhaka could be harmful. In fact, the pollutants in the air can cause lifelong health issues, including asthma, lung diseases, and even brain development problems. As a result, children grow up in a city that doesn't just limit their dreams—it limits their health.

Dhaka's air pollution is not just a human problem, it is a problem that affects the environment as well. Just as a novel's setting shapes the characters, the environment shapes the lives of those who live in it. In Dhaka, the air is no longer something we can take for granted. It is a poisoned gift, one that we have collectively polluted through our choices—choices about how we build, how we commute, and how we use energy.

The dense fog in the streets, the visible haze over the skyline, are not just symptoms of a poorly managed city, they are the result of years of environmental neglect. We have allowed the city to grow without the necessary green spaces, proper waste management, and a public transportation system that reduces the need for countless private cars. The irony is that, despite all the noise, the real crisis is silent. The children suffer in ways that are unseen, and we have become numb to the changes happening around us.

But we do not have to resign ourselves to this fate. There is hope if we choose to act. We can invest in cleaner technologies, such as electric vehicles and green public transport systems. We can clean up our industries and encourage businesses to adopt sustainable practices. We can also work to improve household air quality by providing alternatives to polluting fuels. The government and citizens must work together to find solutions.

The health of our children, the future of Dhaka, and the future of our planet depend on the choices we make today. It is time to change the narrative, take control of our story, and ensure that the air we breathe is not the tragic backdrop to our lives but a source of life, health, and hope for future generations. The thick, suffocating fog we face is not inevitable—it is a challenge we must overcome for the sake of our children and the world they will inherit.