

The Daily Star

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This recurring road carnage has to stop Innovative solutions and political will key to curbing crash fatalities

Yet another harrowing set of statistics on deaths caused by road crashes was revealed in the Road Safety Foundation's April 2026 report. In 463 crashes across the country, according to the report, 404 people were killed and 709 were injured. Although both the number of incidents and the death toll in April are lower than those in March, there is no justifying complacency. We celebrated Eid-ul-Fitr in March this year, a time when many travel to see their loved ones. As a result, traffic increases, and so does the number of crashes.

However, while reflecting on the lives already lost on our roads this year, we must take stock of our preparations regarding road safety for the upcoming Eid-ul-Azha, which is only about two and a half weeks away. The measures taken during Eid-ul-Fitr, including increased presence of law enforcers and enhanced monitoring of highways (where most crashes occur), are good but not enough to drastically reduce road crashes. Even scheduling specialised trains to address the Eid rush does not reduce road fatalities. The major causes are unfit vehicles, unskilled drivers, long working hours for drivers without mandatory rest, disregard for traffic laws, and reckless driving, and these concerns remain unaddressed. Motorbike crashes alone constituted 30.66 percent of total collisions in April, and more than one-third of the total road crash fatalities were motorbike riders. Even falls from these two-wheelers—when riders lose control—can turn fatal for riders and passengers. This is how a 17-year-old met his death on Wednesday night in Dhaka's Demra area when riding a motorbike with his friend.

The causes and solutions of road crashes in Bangladesh have long been known. Experts and road safety advocates have, *ad nauseam*, suggested changes to policy and regulation to mitigate collisions on our roads, but no government, whether political or non-political, could implement those. A powerful nexus of transport owners, associations, political actors, and an obdurate bureaucracy continues to reign over our roads, where around 66 people die untimely deaths and countless are maimed daily. Ad hoc solutions to road safety did not work in the past; they won't work in the future.

Also, taking lessons from the recent fuel crisis, innovative solutions must be sought to reduce our dependency on road transportation. Experts point to railways as an alternative. This mass transit is not only fuel efficient but has the potential to reduce both congestion and unhealthy competition on our roads, forcing bus owners to improve the quality of service. The government's mulling of private investment in railways gives us hope. However, a strong institutional presence is required for such a transition to work. What is required most is a strong political will to bring down road crash deaths.

Address urea supply concerns urgently Shortfalls expected to disrupt upcoming Aman season

It is concerning to learn that Bangladesh may face a urea shortfall of around one lakh tonnes for the upcoming Aman season if the government fails to secure fresh import commitments, after two consecutive international tenders reportedly failed to attract adequate supply. The agriculture ministry currently holds 3.54 lakh tonnes of urea. Even with domestic plants resuming production in May (following gas-related closures), total availability by the end of June is projected at around 5.5 lakh tonnes against an estimated requirement of 6.65 lakh tonnes for the Aman season. The resulting gap of roughly one lakh tonnes can have a disruptive impact when farmers begin preparing seedbeds in July.

Bangladesh usually sources a large portion of its imported urea from Gulf producers under government-to-government (G2G) arrangements, rather than through open tender. The recent departure from the usual practice was due to the crisis in the Middle East, but open bidding has also failed to elicit adequate response from suppliers amid concerns over shipping risks and market volatility. As per a report by this daily, the government floated two tenders on March 25 and April 1, seeking a total of four lakh tonnes of urea. Officials say one tender drew no bids, while the other received only a partial offer of 50,000 tonnes. A fresh re-tender was issued on April 27. Even if things move as expected this time, we have to remember that fertiliser procurement is a slow process, often taking up to 180 days from contracting to distribution at the farm level.

The importance of early stocking cannot be overstated. The Aman season, which runs from July to November, is the second-largest rice-growing cycle after the Boro season. It accounts for nearly 40 percent of the country's annual rice output, and timely availability of fertiliser, particularly urea, is key to sustaining yields. Any disruption in supply can result in lower production, with broader implications for our food security and rice stocks. While the wider impact of the Middle East crisis—both on supply chains and prices—is undeniable, the government must work around prevailing bottlenecks to ensure adequate stocks in time.

Expediting tendering and strengthening G2G negotiations are, of course, immediate priorities under the current circumstances. But it is equally important to address the structural vulnerability in fertiliser sourcing. Since much of the country's imported urea transits through the Strait of Hormuz, the government should consider diversifying supply sources instead of relying heavily on Gulf nations. Strengthening diplomatic engagement, including maintaining functional ties with key regional actors, is also necessary to help ensure an uninterrupted flow of fertiliser shipments through the Hormuz strait.

THIS DAY IN HISTORY

Allied nations celebrate VE Day

On this day in 1945, Great Britain, the United States, and other Allied countries celebrated Victory in Europe Day. Cities in the US, UK and Western Europe, along with those in the Soviet Union, Canada and Australia put out flags and banners, rejoicing the defeat of the Nazi war machine during World War II.

Why is the judiciary failing to check arbitrary detention?



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When we speak about arbitrary arrest and detention, the discussion usually focuses on holding law enforcement agencies, especially the police, accountable. Unlawful arrests, politically motivated cases, misuse of remand, custodial torture, forced confessions, and the culture of impunity in law enforcement are seen as the main problems. In every political crisis, every mass arrest, and every claim of custodial abuse, the conversation almost always finds one issue: the need to reform the police.

However, we must acknowledge that the police do not act alone in sustaining the culture of arbitrary arrests and detention. They may arrest a person, produce an accused before court, seek remand, and prepare the narrative. But in a constitutional system, police action is not supposed to become lawful merely because the police say so. There is in fact a judicial body placed between the citizen and the coercive power of the state. That body is supposed to ask questions: was the arrest lawful? Was the accused produced before a court within the required time? Are there reasonable grounds for detention? Is remand truly necessary? Has the accused been subjected to torture, threats, coercion, or intimidation? Is detention being used to aid investigation, or has it already become punishment before trial?

In Bangladesh, public conversation rarely asks whether the judiciary performs its constitutional role with adequate seriousness. We criticise the police, often rightly so. We criticise the executive, also rightly. But we rarely examine the judicial conduct that allows unlawful or excessive police action to continue. And this silence has consequences. In many cases, the first appearance of the accused before a magistrate becomes a procedural ritual rather than a meaningful exercise of judicial scrutiny. Remand prayers are allowed with limited scrutiny. Bail is refused without sufficient reasoning. Police narratives are accepted as facts. Allegations of torture or coercion are

not always dealt with urgently. Vague accusations, particularly in politically sensitive cases, are allowed to be used to justify detention. Often the accused stands before the court, but the court does not always insulate the accused from the state.

That is where the real problem lies: the police may initiate arbitrary detention, but the judiciary often gives it legal life. This is neither to suggest that every judge or magistrate acts improperly, nor to deny the structural pressures within which the lower judiciary operates.

Courts are overburdened and

inconvenient for any political party.

In the political sphere, arrests are often made during periods of protest, opposition mobilisation, labour unrest, student movements, or wider political crises. In these times, the criminal justice system is often used not only to investigate or prosecute for crime but also to control dissent, intimidate communities, and create fear. The police may be the visible arm of that process, but the courts are where it is either checked or validated.

When bail is denied without meaningful reasoning, the process is itself a punishment. Where charges of custodial abuse are not challenged, impunity for police intensifies. When the judiciary bypasses tough questions in politically sensitive cases, constitutional protection becomes selective. And selective liberty is not liberty at all.

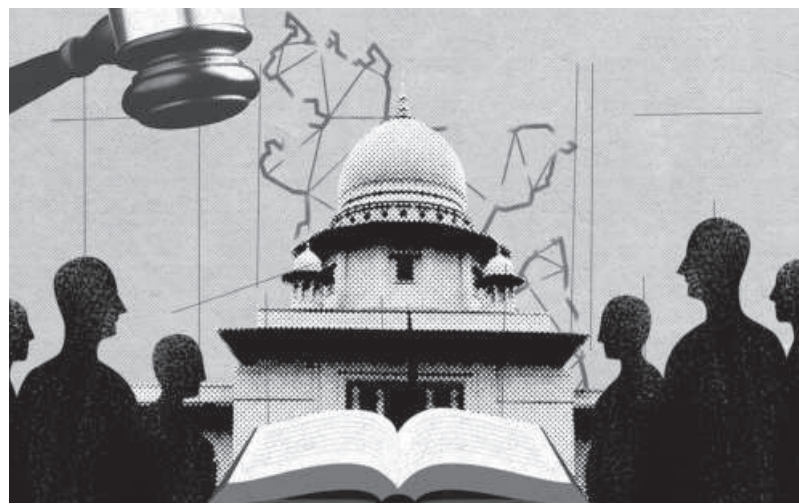
That is why judicial accountability must enter the conversation. This, of course, does not mean undermining judicial independence, which

decisions, particularly in politically sensitive or mass arrest cases, must reflect individualised judicial assessment. The accused should not be treated as part of a crowd merely because the police case is drafted that way. Third, any allegation of torture, coercion, unlawful arrest, or procedural violation must trigger judicial inquiry. Courts should not wait for the accused to prove abuse from a position of custody and fear. Fourth, data on remand, bail, and pre-trial detention should be made more transparent. If particular categories of cases consistently result in remand or bail refusal, that should be visible and open to scrutiny.

Additionally, the higher judiciary must set clearer standards for magistrates on arrest, remand, bail, and custodial protection, including by activating the Monitoring Committee for Subordinate Courts under Chapter IA of the Supreme Court Rules. This is especially urgent after the Appellate Division's guidelines in *BLAST v Bangladesh* on sections 54 and 167 of the Code of Criminal Procedure (CrPC), and the 2025 CrPC amendment giving statutory force to several safeguards. But these reforms will mean little if magistrate courts continue to approve police action mechanically rather than treating these safeguards as binding constitutional duties.

Finally, the legal community must also reflect on its own silence. Lawyers, civil society actors, academics, and rights organisations often criticise police abuse, but hesitate to speak about judicial failure. Part of that hesitation comes from respect for the institution, but part of it comes from fear of contempt proceedings. There is also the reality that lawyers must continue to appear before the same courts.

Bangladesh does need police accountability urgently, but after more than five decades of repeating the same demand, we must admit that police reform alone cannot end arbitrary detention. The police station is only the first site of abuse. The courtroom can either stop that abuse or formalise it. Too often, the latter transpires. Every remand order, every bail rejection, every silent acceptance of a questionable arrest reveals whether that constitutional promise is alive or merely decorative. We have spent decades asking why the police abuse power. It is time to ask why the courts so often allow that abuse to continue.



VISUAL: ANWAR SOHEL

overcrowded. Magistrates work under enormous pressure. The criminal justice system is under-resourced and, in politically sensitive cases, judicial officers may also have to negotiate with invisible pressures, institutional caution, or fear of consequences. But none of these changes the core principle: when the state seeks to take away a person's liberty, the court's responsibility is at its highest.

A court is not meant to be an administrative extension of the investigation. The judiciary exists to test or resist state power, especially when that power is exercised against individuals who are vulnerable, unpopular, accused, poor, or

itself needs to be protected from institutional privilege through judicial accountability. But we must seek independence from the executive, police narratives, political pressure, and from fear of the public. A judiciary that is accountable to the law is stronger, not weaker.

But what does judicial accountability look like when it comes to arrests and detention? First, remand orders must be reasoned. A person should not be sent to police custody through a few routine lines. The court must explain why remand is necessary, why alternatives are insufficient, and how the rights of the accused will be protected. Second, bail

INTERNATIONAL THALASSAEMIA DAY

We must make thalassaemia treatment widely accessible



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Thousands of families across Bangladesh are quietly battling a lifelong condition known as thalassaemia. This inherited blood disorder prevents the body from producing adequate amounts of healthy red blood cells, leaving patients dependent on regular blood transfusions and continuous medical care. In many parts of the world, thalassaemia is no longer a life-limiting disease. With proper treatment, patients can lead near-normal lives—pursuing education, careers, and even starting families.

For most thalassaemia patients, regular blood transfusion is a lifeline. But in Bangladesh, this lifeline is often uncertain. Voluntary blood donation rates remain low. While almost all blood requirement is fulfilled by voluntary donations in developed countries, only around 30 percent of blood supply results from voluntary donations in Bangladesh. Therefore, patients and families are frequently forced to arrange donors on their own.

Finding blood that is compatible is also not easy as even blood of the same group from a donor may be incompatible with the patient's blood. Additionally, screening standards

and storage facilities are inconsistent, particularly outside major urban centres. This increases the risk of infections, transfusion reactions, and other complications. As a result, many patients live with chronically low haemoglobin levels—far below what is necessary for appropriate growth and a decent quality of life.

However, repeated transfusions can also lead to a buildup of iron in the body. Over time, the excess iron damages vital organs—including the heart, liver, and endocrine system. To counter this, patients require iron chelation therapy—that is, medication used to remove excess iron. But these drugs are expensive, and some require prolonged injections, making adherence difficult. Thus, many patients are unable to continue treatment regularly.

In many countries, thalidomide is increasingly being used to raise haemoglobin levels, including in Bangladesh. Although this drug has allowed many transfusion-dependent patients to reach a transfusion-free state, its safety has not been confirmed by studies and it is therefore not approved for treating thalassaemia in the West. Additionally, unrestricted

and indiscriminate use of thalidomide is fraught with several dangerous side effects. As a result, most patients continue to rely on older, less effective options with variable outcomes.

On the other hand, effective management of thalassaemia depends on regular monitoring—tracking iron levels, organ function, and blood parameters. In reality, many patients do not have consistent access to such testing. Advanced investigations, such as MRI for iron assessment, are limited. Without proper monitoring, complications are often detected late, thus reducing the effectiveness of the treatment.

Another issue is that specialised thalassaemia care in Bangladesh is concentrated in major cities. Patients from rural areas have to travel long distances to receive treatment. Many centres provide transfusion services but no comprehensive care involving specialists such as haematologists, cardiologists, and endocrinologists. This fragmented approach leads to gaps in care and poor long-term outcomes. Thalassaemia treatment is long-term and expensive. Blood, medications, tests, and transportation require patients to bear substantial monthly costs. For comprehensive treatment, including monthly blood transfusions, a thalassaemia patient on average spends Tk 10,000 to Tk 15,000 per month. In some cases, the expenses increase further. Thus, due to financial constraints, the majority of the thalassaemia patients in the country are unable to continue proper treatment.

Time and again it is emphasised that

thalassaemia is largely preventable. Carrier screening before marriage or during pregnancy can help identify at-risk couples and prevent the birth of affected children. However, in our country, awareness of this nature and facilities for thalassaemia testing are still limited. As a result, every year new children are being born with thalassaemia. According to government data, around 10,000 children are born with thalassaemia in Bangladesh each year.

Thalassaemia patients often face challenges in education, employment, and social acceptance. Stigma and misconceptions can further isolate affected individuals and families. However, it is important to understand that thalassaemia patients and carriers are different. Thalassaemia patients are always unwell and require regular blood transfusions along with medication. In contrast, thalassaemia carriers remain healthy, with no obvious symptoms. They do not require blood transfusions. When both husband and wife are thalassaemia carriers, their children face a risk of being born with thalassaemia. However, a thalassaemia carrier can easily marry a healthy person. In such cases, their next generation will be completely healthy.

Meaningful change is possible—but only through collective action spearheaded by the government. Increasing voluntary blood donation, ensuring affordable access to treatment, expanding thalassaemia screening facilities, and developing coordinated national policies are essential.