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Book Review

Corona Tale: A Bangladeshi Family's Pen War Against the Pandemic

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The book, *Corona Tale: A Bangladeshi Family's Pen War Against the Pandemic*, is an interesting intellectual journey of a family during one of the most disruptive events in recent history. The Corona virus induced a global pandemic that has shaken the global economy and society as few events have done in history. Despite the spectacular gains in science and technology, the virus has laid bare the extreme vulnerability of human civilization to the vagaries of nature. Although, the miracles of modern science eventually offered an answer with the simultaneous invention of several highly effective vaccines, the social and economic toll is still catastrophic. As of today (August 22, 2021), much of the world including 93.5 percent of the Bangladeshis are yet to be vaccinated. There have been 1.5 million reported infections and 25,000 corona virus-related deaths. The future still looks uncertain, if not dark and foreboding.

The 256-page book (with 19 pages of photographs) features 43 chapters of narrative. A majority of the chapters are op-ed writings of a diverse group of authors. The main author and co-editor is Dr. Mushtaque Chowdhury, formerly a senior leader of BRAC and one of the foremost experts in public health. He has served as the founding dean of the James P. Grant School of Public Health, BRAC University, Dhaka. Besides his work in Bangladesh, he holds an appointment as a Professor of Clinical Population and Family Health at the prestigious Mailman School of Public Health, Columbia University, USA.

Among the chapters, four are based on lectures Professor Chowdhury presented (virtually) at Harvard University, the London School of Economics, the Chatham House in London, and the National Defense College in Dhaka. There are a few chapters in Bengali, but the majority of the materials in the book are in English, and thus accessible to the global reader.

The topics covered range from early concerns by public health officials on how to contain the spread of the disease - the significance of wearing masks, the importance of social distancing, the emphasis on the subdued observance of religious festivals, the vital necessity of implementing a universal health coverage (UHC) program, the need to establish maternity leave coverage during COVID-19, a brief history of vaccines in Bangladesh, and the urgency of introducing big policy reforms in public health care, given the crisis triggered by the pandemic. In these writings, we have the pleasure of listening to the voices of just not scholars, professors, economists, public health experts, but also mothers, children (four and seven years old), working spouses, social activists, and ordinary citizens.

An extensive foreword by noted economist, Professor Qazi Kholiquzzaman Ahmad, sets the tone and adds to the book's significance as an informed chronicle of the times. The introduction by the editor, Dr. Wameq Raza, a member of the Chowdhury family who is a trained economist working at the World Bank office in Bangladesh, further captures the essence of the manuscript.

The subject itself is of global interest and grave significance. It is much more than what the statistics are able to capture – an estimated 207 million infected and 4.3 million dead in 222 nations. According to a vaccine tracker by Reuters, the statistics for Bangladesh on this day of August 22, 2021, are as follows: Among the 1.46 million infected, there have been a reported 25,143 Corona virus-related deaths. Nearly 22.45 million vaccination shots have been administered, which translates to roughly 6.5 percent of the population receiving both doses. In reality, according to experts, the infection and death numbers must be adjusted upwards perhaps by a factor of three to five, given the lack

of hospitalization. This is especially true for low-income groups and rural populations, in the absence or dearth of a vital events registration system nationwide.

The uniqueness of the book is that it presents stories of real people in their own words. The intimate glimpse into their personal lives provides a better understanding of the impact of a global crisis compared to the picture based only on statistics. After all, this is a personal crisis for hundreds of millions of families across the globe. From this perspective, the book is a chronicle of our times, a piece of history. A hundred years from now, historians would be amazed to realize how close the human civilization came to a global catastrophe.

The question is what lessons did we as humans learn from this experience, and especially in the context of Bangladesh how did the political leaders, policymakers, bureaucrats, business leaders, and ordinary citizens respond to prepare and avert future disasters. This and other narratives in the future, one hopes, will help move the national and global leaders to build up resiliency against future pandemics and natural disasters. Given the unfolding environmental catastrophe and as humans continue to burden the environment in a way that is clearly unsustainable, no doubt we will see natural disasters in increasing frequency and magnitude.

Some have compared the pandemic with a natural disaster. Similar to a Category 4 storm or cyclone, the pandemic severely disrupts both life and livelihoods. A preliminary study by Harvard economists estimated that for the US economy the cost of the pandemic may be in excess of \$15 trillion. However, unlike a natural disaster, the impact of a pandemic is notoriously difficult to predict, since much depends on how ordinary people respond. The case of vaccine hesitancy and rebellion against mask mandates in America and elsewhere shows the complex nature of societal response to a pandemic. The public health measures to “prevent” the spread of the disease have varied from highly effective in some nations to disastrously ineffective in others, including some rich nations. From the diversity and inclusion lens, the authors note that the wealthy nations are able to purchase the vaccines, stockpile them, and immunize a large section of their willing population, while poor nations have been largely left to fend for themselves. Today, less than two percent of the citizens in Africa have received immunization

The authors point to some challenges in the context of scholarly research and intervention in the health care sector of Bangladesh. On top of the list is a lack of reliable data, essential to designing an effective policy to the crisis (p. 92). On some of the early struggles and failures, the authors point out that the Bangladesh Garment Manufacturers and Exporters Association leadership did not make sound decisions, putting at risk the health and lives of its most vulnerable workers (p. 66). Similarly, many mosque administrators were slow to implement strategies, such as maintaining social distancing, wearing masks, among others, to stop the spread of the disease

On the history of vaccinations in Bangladesh, Mushtaque Chowdhury writes about the Expanded Program on Immunization (EPI) as one the great largely unrecognized attainments of Bangladesh in the past 20 years. From 2% coverage in mid-1980s, in five years it rose to 70% coverage of the entire population. Today it stands at 90%. This reflects positively on the depth of the management and health expertise present in the country, which could be harnessed for a successful vaccination campaign for COVID-19 immunization. The NGOs, especially BRAC, have played a prominent role in this vaccination effort.

The COVID-19 pandemic has revealed gaping holes in the public health care system in Bangladesh. Mushtaque Chowdhury makes the case that this crisis – painful as it is – may be looked upon as an opportunity to take some big decisions for the welfare of the people of Bangladesh. Very few decisions will be as impactful as that of Universal Health Coverage or UHC (76-79; 80-86).

According to health economists, the rate of return on investment (ROI) in public health is extraordinarily high in Bangladesh - from 900 percent to 2,200 percent by some estimates. A number of nations, both developing and developed, have implemented UHC policy taking advantage of past crises, which can be a societal motivator. Thailand after the Asian Financial Crisis or Rwanda after the 1994 genocide present case studies of developing nations where leaders have used a crisis as an opportunity (p. 78).

Today, the health system in Bangladesh is based on voluntary private spending. The vision of UHC is to move to a health care program based on mandatory public spending by the government. Bangladesh currently spends only 0.4% of its GDP on public health. The authors recommend that the country set a target of spending 2.5% of the GDP on public health, which will be phased in over two to three years. The basic package will include coverage for the entire population for basic and preventative health care measures such as vaccination. Once Universal Care is adopted, those who can afford will seek high quality private care at a premium, freeing up public health care for the ordinary citizens.

Fortunately, Bangladesh is uniquely qualified to move in the direction of a universal publicly funded health care system, where all citizens can participate and benefit. The confluence of factors to support the UHC (p. 84) include: a committed political leadership; a fast-growing economy that is the envy of our neighbors; a solid but growing health care infrastructure including physicians and health care givers, and a sound law and order environment

This is not a scholarly book, nor was it meant to be. If one is looking for a literature review and extensive footnotes or equations, statistical tables, and analysis, one would be disappointed. Finally, there are millions of households in Bangladesh, both urban and rural, with much less favorable financial circumstances than the Raza family and must have had a very difficult experience facing the pandemic.

This book is highly accessible for the average citizen. I suspect access was an important consideration for the editors and authors. By designing and investing in an inclusive health care system, the nation will take a giant step towards improving the welfare of its people. This will improve the country's resiliency, and prepare Bangladesh to deal with the next pandemic, when it arrives. If the authors are able to persuade the government to move in this direction, that will be a fitting legacy for this book.