

We Can Face This Challenge if We Work Together

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position to give us some sort of overview, like ideal town planning. Does one go first for ground water?

Redekopp: In terms of water supply in Canada, yes, I cannot speak for other countries.

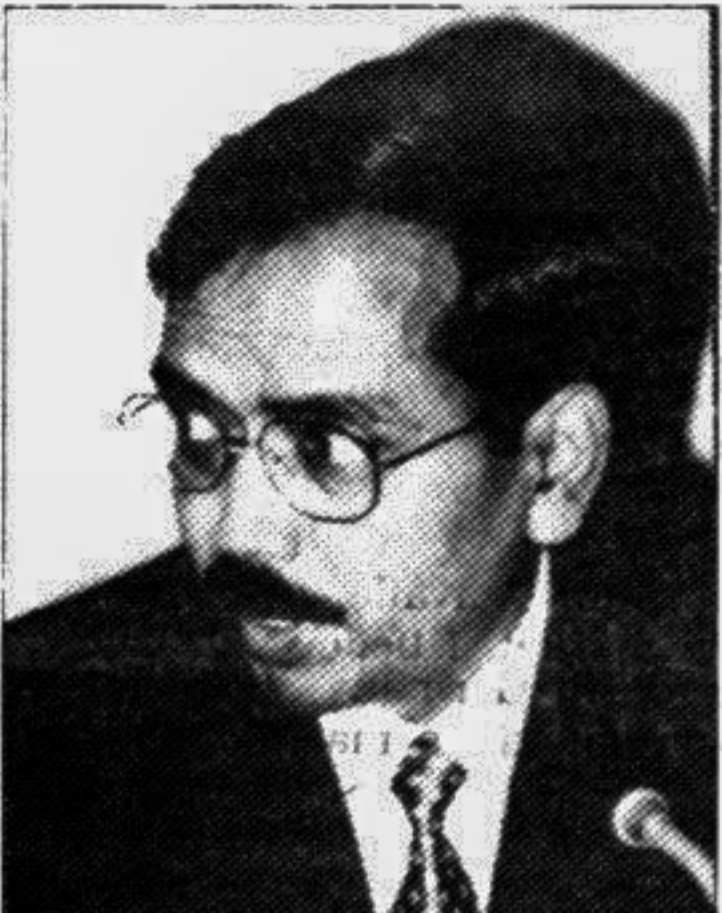
In countries of North America, the volume required is rather excessive, so you frequently wind up having to go to surface water with the expensive treatment it requires, chemicals, operations and maintenance. This is a problem here.

Mahfuz Anam: Is there any thumb rule for the first choice of water?

Redekopp: For small cities and towns in Canada would be to consider ground water because it requires less treatment.

Dr. Iftikhar Hossain: The government situation is no the same as the NGOs or CBOs, that is Community Building Organisations or SOs, that is Support Organisations, and others.

The problem with the government is that it is accountable to the people, not the NGOs, the CBOs or the SOs. So the government is very careful of any step it takes. It is not that the government is not doing anything. I congratulate the NGOs when they bring the issue of arsenic to attention. It triggers the action of the policy makers in the government. But we don't have any solution at the moment at any point. We don't know how the water is being contaminated. We don't know the solution. We don't know the treatment. The government cannot come forward with anything is such a dilemma. People look to the government for a solution. So we are taking into consideration all recommendations by all agencies and the government has formed a focal point for the arsenic problem and that is formed by the Minister of Health. This was constituted in 1996. In that steering committee, all people working with the arsenic problem are being involved.



Dr Iftikhar Hossain

The government has decided to make intensive survey. That is an immediate need.

It is not true that we overthrow the view of the consultants because we pay for them. We take heed of good suggestions and work is carried on these suggestions.

We are doing an epidemiological survey, finding out the patients, how many there are and we have health indicators to determine how many people are suffering from arsenicosis nationwide. It is a pilot study now. From the experience of the study, we will expand it using our health infrastructure nationwide.

We are now handling two projects, one funded by the government, that is for one year, the other by UNDP, that is for six months.

We are carrying out a Geological Information Survey, GIS, and are trying to map out the high risk area, the low risk area. We are also trying to standardise the kits because it is a problem. Actually the formula of all the kits are similar, perhaps there is some change in the methodology.

Mahfuz Anam: Can you give us an overall picture of the country? DR. Mahmud said 76 million are at risk. Do you agree?

Dr. Iftikhar Hossain: We will not differ. For example, if one tubewell in an area is at risk, we can say the entire population of that area is at risk. The government's view is that 44 districts are affected by arsenic so far.

About 19,000 tubewells are being treated and we find nearly 4000 are contaminated. We have identified 2000 patients so far in our project. We found 139 patients in a two-day survey in Jamalpur which is not in our project area. So, in that way, we can say the whole country is at risk. We are doing an intensive survey using our infrastructure. We cannot simply wait for donor support. I think it is possible. Then we can determine the magnitude of the problem.

We are also validating some of the initiatives of different agencies who are coming up with different methods for removing arsenic. Everyone says that their technology is the best as ask for financial support. We are taking care of some of the reputed organisations. These are the immediate measures.

We try to examine all the options and suggestions and depending on that, we take this



immediate action to provide safe water by treating surface water, or deep tubewell. In Bangladesh people have a negative attitude about storing rainwater for drinking.

Mahfuz Anam: What are the immediate tasks and long term vision.

Badiul Alam Majumdar: Say, I am an ignorant villager and have come here and have learnt a lot of things about arsenic pollution. I have learnt that it's a disaster in the making. My tubewell is not affected now, but it may be affected tomorrow. It's a pervasive problem and I may be at risk. I have also learnt that there is no solution. We are still finding the extent of the problem and the solutions. Can you tell me, as an illiterate farmer, what can I do?

I also want to make an offer. In Bangladesh we have used social mobilisation for poverty alleviation. That can be used here. In Gaibandha district we have to deal with the problem of iodine deficiency. We involved a district-wise campaign involved in going to every village, every person in the district with a brochure, causing awareness and a solution by the way of using iodised salt. Can you prepare a page which will be understandable to the villagers and I



Badiul Alam Majumdar

will take up one district and deliver it to every person in the district. I will mobilise thousands of volunteers to do that. We can say that we don't need enough, but we need to do something about it. If you can give us some information the poor villagers can use, we will take it to them and create a mass awareness campaign where villages will do something to protect their own health.

Mr Farooq: At Rotary, we are involved in safe drinking water programmes and at the moment we are in a fix whether we go ahead with our tubewell sinking programme or not. We have 300 tubewells right now. We are looking for an appropriate message to take to the people.

Dr. Iftikhar Hossain: In our government programme, carried out by DPHE and the Community Hospital, we are testing the tubewell and when we find tubewells contaminated by arsenic, we mark it with red. The good one is labelled with green. If you don't find any green tubewell in your locality, go for a deep tubewell, if the cost can be borne by the local people. This is an immediate option.

The next option is, treat the surface water and consume it.

Tanveer Ahsan: We have four types of unknown things. The first is the extent of the arsenic problem. We don't know how big the problem is. The second is the cause of the problem. The third is the solutions. The fourth is institutional arrangements to implement such a project.

One thing we know is that we want a solution.

At present, the World Bank is acting as a coordinator, at the request of the Bangladesh government, for the donors. We want to break the project into

small chunks of adaptable lending programmes. That would be about three to four years with flexible approaches. This programme will have two components. One is immediate response. The second, a long term vision. I will highlight a few rules of the games. The projects will be community based. The people will decide what the solution is, how much they can afford. NGOs and the government will assess them.

Many technical solutions all over the world have failed after two or three years of implementing the project. We don't want to see that in Bangladesh.



Tanveer Ahsan

We want access to information by all. We will establish NAMIC, National Arsenic Mitigation Information Centre open to public. I would request all institutions to give information to NAMIC. The project will be a partnership of government, NGOs and the private sector. The extent of the government is to big for just the government or NGOs.

We will also have technical assessment group within the project which will come up with feasible solution from where the villagers can choose which is feasible for them.

I also want to support the views of Mr. Redekopp. From the engineering point of view, if good ground water is available, that's the first choice.

Gumrul Islam Chowdhury: Arsenic problem is both micro and macro problem in nature. At the village level it is a micro problem, but a macro-problem at the national level.

It is a geological problem and also a problem of awareness.

To search the technical solutions, the feasible solution of this problem, we need to address all these macro perspectives, the water management problems, the hydrological problems.

We have to be cautious and careful and consider the future vision of this nation.



Kamrul Islam Chowdhury

What will be the situation of Dhaka in the future, of the villages? We are not visualising. We must formulate a pragmatic plan. At this moment, we are not dealing with those issues. We need to involve all the partners, all the line ministers in formulating national plan. The people of the Planning Commission, Ministry of Finance, Water Resource Ministry, in this problem. The issue cuts across so many million of people so we have to address it seriously.

Afsan Chowdhury: In this last one and a half years of our involvement in this crisis, many of us have become emotionally involved in the problem, perhaps it is not very good. But once you see these patients,

it becomes very difficult. I feel what has happened is that although the Constitution says that it is the responsibility of the government to provide safe affordable water, there is no legal coverage for seeking either compensation or any protection. We do not have any protection unless we have a legal cover for the next stage of the project where they are going to install deep tubewells, to have sludge problem which is the residue of the arsenic. Even the World Bank could not say what is to be done with that. There should be legal protection for the liabilities which will emerge from these projects. Or we will have another major disaster.

Bangladesh has a long experience of research which doesn't help the people. I know Alex has Bangladesh's interests in mind, but he doesn't understand that Bangladeshis can do with much less than what a Canadian can do with. Homestead based filtration can be a safe source of water. It doesn't look good, it doesn't look as if has been approved by a UN agency, but it works. Unless we deliberately decide that we'll break with the tradition because it seems it has been offered by consultants, we are going to see another disaster. We must have legal protection for the people are going to have this water.

Mahfuz Anam: Can you explain this legal protection?

Afsan Chowdhury: The government is committed to providing safe, affordable water. If the government is legally bound to that, then the government has legal liabilities. That must be cleared up. There is no special law for that. This is the time, before the project comes into being, to make a legal cover. In the United States there is the Environmental Protection Agency. On behalf of the people, it takes action against the government in these issues.

About whether an embargo should be put on tubewells, I think that ought to come to a larger discussion with view of various alternative option, community-based water supply systems and such. So far, the common wisdom is that tubewell water is safer than surface water.

If there is a community-based water supply system, that ought to be popularised more and made more effective. But an embargo on tubewells at this time could be a mistake.

There are a lot of people not being served with safe water supply. So we are in a dilemma. Before we sink a tubewell, let us do a survey of the other tubewells in the area. On the basis of that, we see the probability of that tubewell under risk.

Mahfuz Anam: We have failed to provide the people with safe drinking water. Who will pay for monitoring, observing and so on?

Mahmudur Rahman: I appreciate the overall dimension of it, but so far the wisdom has been that the ground water is the safe water. Before we say that there should be an embargo on it, let us be more cautious. We may run from an arsenic problem to a greater incidence of diarrhoea.

We owe it to ourselves, given the various viewpoints regarding arsenic. What do we agree upon. What is the communication approach we will apply? Switching from surface water to the tubewell was a massive behavioural change. It did arrest the cholera epidemic to a large extent. We need to look into rainwater harvesting.

There is also a lot of community management issues as to how you keep it clean, not only for a short time but for a longer time.

Atiqur Rahman: This is a scientific problem which de-

mands a policy shift. First we must get as much of the science as fast as possible. The genuine message is this is a desperate solution.

At the government level, there has to be a far larger acceptance of the things going on in the outer world. The committee formed is inadequate, missing out on a lot of good people with good ideas. There isn't a victim in that committee. The committees and sub-committees have to be properly manned. The donors have to start talking to people, Bangladeshis.

We should try and get communication tools. We need beyond-the-doubt scientific packets, as cheap as possible, regularly monitored.

It is a water, health, management, food security problem of Bangladesh. There are a lot of excellent miracles in Bangladesh whether it is the population growth rate, Oral rehydration campaign, many things. Let's learn from those and use it in the arsenic case. It is not insurmountable but difficult.

Rafiqul Islam Sarkar: I was thinking what simple messages we could show on the screen that people may follow. We have done a number of programmes



Rafiqul Islam Sarkar

on television and I think we confused the people with those programmes. We need simple messages.

Khushi Kabir: The agreement we have reached is that this is a problem of great magnitude. The second is that we don't know much about it.

I am not against tubewells, but when more and more tubewells are being found with arsenic, that is why the question is raised. It is not that we prefer diarrhoea, it is the matter of arsenic which is frightening. It is a valid concern.

We should be cautious before giving the messages of tubewells, whether that is the solution or not or whether it will aggravate a further problem. Will there be any new chemicals coming into the water. Those are concerns as planners we have to raise.

We don't have to think of expensive treatment plants. In the village the water is managed by the households themselves in whatever manner. That is what we are trying to propagate. Find out what is the local knowledge, how effective it is and how the household can do it at a cheaper cost, cheap for the community. That is social mobilisation. We should use the resource of people in making people aware and also looking for indigenous solutions.

At a national level, the research that is required, the information sharing, can work for a longer term solution.

Mahmudur Rahman: About surface water treatment being very costly, everything has a cost. Now we have to determine the cost in terms of money or in terms of human lives.

About habit changes, we have changed habits 50 years ago for the danger of diarrhoeal

disease. Now there is the danger of arsenic. What stops us from changing habits again? I don't see a big problem there.

Dhaka Community Hospital is working for a model community base, affordable and with the common people's knowledge. The RAM programme, Rapid Action Mitigation programme of UNDP, is going to give us an insight about the tubewells and patients. I will urge the World Bank to wait a couple of months for the results and then allocate funds for further studies because this is going to give a lot of information.

We invite you all to the international conference.

Participant: Once a patient stops drinking arsenic water, there is a level of reverting but they may recover. NIPSOM tries 40 filters in the field for arsenic-free water. They were working well, but the filters get clogged after some time. This needs supply of additional filters.

They can use the arsenic-contaminated water for other purposes other than drinking and cooking.

Farooq: We don't have an arsenic solution yet, but how can



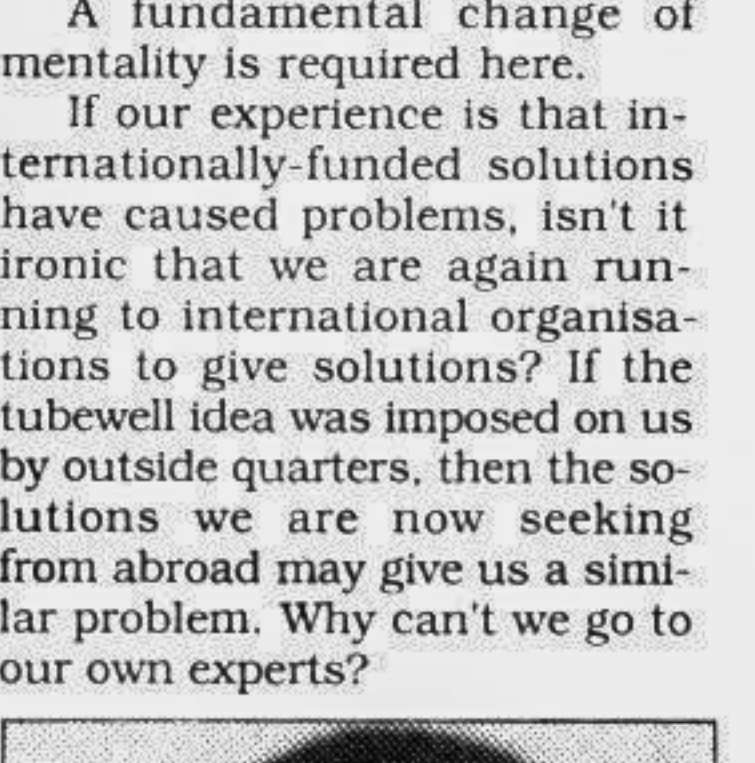
Mr Farooq

we minimise the risk? Let these be disseminated through the media.

Mahfuz Anam: The problem is a big one, one that touches the people. The government expects Unicef or the World Bank to fund projects like this. Now, I feel a bit ashamed that something that is actually killing my people, I have to beg the World Bank for funds to do research on it. Can't the Health Ministry divert some of own funds for this? Why can't they borrow for something else. For arsenic, let them give it from their own budget from a sense of national pride and let them get money for some other project like creating health complex here or a hospital there. We are so proud of our sovereignty, but on fundamental issues of public health, education, security, I have to go to the World Bank, or to Unicef.

Somehow, we as a nation will have to start thinking. I know it is easier said than done. The government has its own way of functioning. Whenever there is I address an urgent problem, I see the government has applied to donors for funds. A fundamental change of mentality is required here.

If our experience is that internationally-funded solutions have caused problems, isn't it ironic that we are again running to international organisations to give solutions? If the tubewell idea was imposed on us by outside quarters, then the solutions we are now seeking from abroad may give us a similar problem. Why can't we go to our own experts?



Mahfuz Anam

We don't to cause panic but we should not underplay the problem either. The instinct is that if we magnify it the people will become panicked. There is also a problem fatigue in us. We have floods, cyclones, overpopulation, poverty and now arsenic. How much can we take, so forget about it. That plays in our mind too. But we have to tackle it with national unity, with our own knowledge and with our common sense.

The solution will not come tomorrow. It will take a lot of national effort. I offer the pages of the Daily Star to use them to create public awareness.

It is really the beginning of a major national campaign to bring everyone together. We don't want to blame anybody. We must learn from our past mistakes, not repeat them.

It is a science problem which is not to be solved with slogans or emotions. Scientific knowledge is essential to work towards a collective solution.

Thank you all.

Assessing the Scourge

