

After page 3

themselves (which can cost between Tk 70,000 and Tk 1 lakh and so, is out of reach for most villagers) or use a crudely-devised filtration system involving multiple stacked *kolshis*.

"It is no longer seen as a priority. Where it was once the number one priority, it is now off the priorities list," says Dr Mahfuzar Rahman, epidemiologist and formerly at ICDDR,B and BRAC. "There are no large-scale arsenic education campaigns and well testing anymore," says Dr Rahman, because there is no funding for it.

In 2016, a Human Rights Watch report stating that an estimated 43,000 die each year from illnesses as a result of arsenic exposure, was labelled by a leading



A 13-year observation by ICDDR,B of people chronically exposed to arsenic found that young adults were five times more likely to die from different diseases at an early age. PHOTO: COURTESY

in Narayanganj) and its implications for national policy, says while government resources are being allocated, it is not reaching many people who still have no alternative to drinking arsenic-laced water. He also says better technology and more cost-efficient options need to be considered, and fast.

"Deep tubewells have been pushed as the best option available [for drinking water needs], but there are other options which need to be looked into. Intermediate aquifers, instead of deep aquifers for example, would be a cheaper option and so, be able to provide greater coverage of areas and people with arsenic-free water," he says.

The paper, published in *Environmental Science and Technology*, recommends that



Red and green-painted tubewells have long since faded, with no further efforts made to distinguish unsafe wells from safe ones. PHOTO: STAR



PHOTO: AFP

a survey of wells be done again in order to identify low-arsenic wells which can be shared by households (the cheapest option at an estimated cost of less than USD 1 per person for reduced exposure) and new wells tapping intermediate aquifers (low in arsenic) be installed (at USD 30 per person), in contrast with the preferred solution of installing deep tubewells and a piped-water supply system by the government at an estimated cost of USD 150 per person.

Dr Rahman agrees that a blanket survey of tubewells across the country is needed. He points out the red/green-painted tubewells have long since faded with no effort made to distinguish unsafe wells from safe ones. "The government needs to do something permanent to reduce arsenic exposure. Policymakers can no longer neglect the issue."

The failed aid intervention to provide clean water and ultimately leading to arsenic poisoning in rural Bangladesh is the subject of the 2015 book *The Inheritance Powder* by Hilary Standing, a social anthropologist specialising in health who has worked in India and Bangladesh. The author writes in a December 2016 article in the *South China Morning Post*, "Where does responsibility lie? What agents should be held to account? How far are these failures of politicians and governments, of international agencies, of legal processes? And do the roots lie deeper, in models of development driven by Western consultants?"

These lead to questions of our own. 20 years since arsenic was identified as a major public health risk, why are 20 million people still drinking arsenic-contaminated water above safe standards in the country? Why have there been no concerted efforts made by the international development world and national agencies to fix and compensate for a disastrous aid intervention which resulted due to negligence and insufficient precautions?

government official as "false" and "politically biased". The report (and other media reports) also notes that politicians allocated government water points in areas giving priority to their political supporters and allies. It found government tubewells located inside private households with political connections and other places where access was restricted to the rest of the villagers.

The government currently has a three-year Tk 1,990.95 crore arsenic mitigation programme to run through 2021. Only in 2009 (more than 10 years after the original well testing) did the Department of Public Health Engineering (DPHE) and the development organisation Japan International Cooperation Agency (JICA) complete a situation analysis report which pinpointed areas where over 60 percent of tubewells were arsenic-contaminated.

Accordingly, alternatives called "safe water devices" (ranging from pond sand filters and rainwater harvesting to arsenic-iron removal plants) are being provided in these areas. But safe deep tubewells are by far the most common alternative provided.

"We test water quality immediately after constructing deep tubewells, for four parameters including arsenic," says Al-Amin, executive engineer in charge of the arsenic risk reduction project at DPHE. While this is only for government tubewells, he points to arsenic screening programmes which test private tubewells too—in 54 districts, 335 upazilas, and 3,200 unions under this project undertaken by the government.

Dr Matin, who co-authored a paper published last month analysing the effectiveness of arsenic mitigation approaches over 18 years in Araihaazar (an upazila