

P R E F A C E

During July 1996, while conducting rural health camps, Dhaka Community Hospital (DCH) found a number of patients showing symptoms of arsenic poisoning. A team was sent to the School of Environmental Studies, Jadavpur University, Calcutta, India, (SOES) to learn about arsenic poisoning and its presence in the Bengal region. Subsequently, DCH and SOES carried out a 14 district survey in Bangladesh to determine the extent of arsenic contamination. In January 1997, DCH organised a one-day national level seminar on arsenic contamination of tubewell (safe-drinking) water and presented the 14 district survey findings.

This seminar was well attended by the media and representatives of donor agencies. DCH expressed their anxiety about this massive public health problem and emphasised the urgent need for detailed and extensive studies to understand the subsoil arsenic problem and its contamination of safe tubewell water. The UN agencies like UNICEF and WHO and the GoB agencies took time to react. Nothing happened in terms of field activities. Millions of Bangladeshis continued to drink arsenic contaminated tubewell water.

In February 1998, DCH (with SOES) staged the biggest ever international conference on arsenic contamination. This conference was attended by more than one hundred scientists and researchers from around the globe. There was a tremendous response from the news media world-wide. This was followed by a press briefing that created a shock wave through various agencies including the World Bank. The World Bank fact-finding mission, and later WHO and UNICEF, started to understand the magnitude of the catastrophe.

In such a scenario UNDP, at the request of the Local Government Division, MOLGRD&C, came forward to assist a Rapid Action Programme (RAP) through the Ministry of Health and Family Welfare. This programme was designed to provide greater understanding of the arsenic problem in some of the highly contaminated areas. The GoB (Ministry of Health) commissioned DCH to undertake this study. In the first phase, 200 hot spot villages were identified in various districts for a thorough, in-depth survey. All the tubewells of these 200 villages were examined for arsenic contamination and marked accordingly; all members of the village community were screened for visible disease manifestation (for chronic arsenic poisoning) and listed; all alternative water sources in each village were identified and available knowledge regarding chronic arsenic poisoning was disseminated amongst the people. In the second phase, 300 more hot spot villages were identified and surveyed.