



Asbestos

The Sri Lankan Authorities yet to find facts to prove the effect on human!

Asbestos is quite an uncommon subject among Sri Lankans, unlike the Americans who wants to stay away even from Asbestos ceilings, while the health threats remain common to every human. The asbestos is not a problem as long as it is well sealed on top of the roof. But it matters once it starts to decay, when it is scratched or cut to adjust for the roof.

Why is asbestos dangerous?

A key factor in the risk of developing an asbestos-related disease is the total number of fibers breathed in. Working on or near damaged asbestos-containing materials or breathing in high levels of asbestos fibers, which may be many hundreds of times that of environmental levels, could increase your chances of getting an asbestos-related disease. All types of asbestos are dangerous but blue and brown are known to be more dangerous.

Health problems

Breathing Asbestos fibers can lead people to develop fatal diseases such as Lung Cancer, Asbestosis – Scarring of the lung, Mesothelioma- lining around the lung and stomach. These diseases can take from 15-60 years to develop in general the like livelihood of people developing one of the above diseases will increase with, The type of the asbestos fibers that they are exposed to, The amount of fibers they inhale, The number of times they are exposed, Smoking and Age.

How is asbestos absorbed?

Asbestos fibers enter the body when a person breathes in. The body can get rid of the large fibers but microscopic fibers can pass in to the lungs causing diseases. The body can naturally get rid of any asbestos fibers entering through the mouth and asbestos fibers cannot be absorbed through the skin. So people most at risk are Asbestos Manufacturing operatives, carpenters and people who live in the vicinity of a factory.

What should be done?

As long as consumers are considered, this is the most important question. Any person who has any other material than asbestos, on their roof is strictly advised not to change. Those who have, are advised not to scratch or cut asbestos whenever possible also to have a coating paint on top of the Asbestos sheet and a ceiling of any other material to prevent exposure.



The mixing of pesticides is applied so commonly that the shops place a board noting “do not mix two pesticides”. “This is a practice among mostly those who farm ladies Fingers(Okra)”. A shop keeper.

Better management of pesticides

A pesticide is a chemical substance or complex used to repel, destroy or avoid insects, worms, rats, fungus, bacteria, virus or any other organism or plant that harms or affect the growth of a useful crop. These chemicals being harmful to “pests”, other forms of life, also cause ill effects on human.

Pesticides can be removed by introducing alternatives. This would take time. However, one cannot remove the negative effects caused by them. Therefore the best option to act immediately is the proper management of pesticides and implements best practices in using them. Mentioned below are some chemicals regarded as pesticides:

- Cockroach sprays and baits
- Mosquito sprays
- Rat poisons
- Flea and tick sprays, powders, and pet collars.
- Cleaners used to disinfect the kitchen floor.
- Cleaning products used to remove the mildew on bathroom tiles.

- Household plant sprays.
- Lawn and garden products to kill insects and weeds.
- Some swimming pool chemicals.

Surveys in Sri Lanka conducted by the CEJ reveal that most of the time farmers get the storekeepers’ recommendation in selecting a pesticide. Thereby CEJ understood that in order to aware people on proper usage of agrochemicals, the best option is to implement them through the pesticide shops.

Accordingly, CEJ have chosen 22 pesticide shops to follow the guidelines prepared by the CEJ. Mainly targeting the practices of not having any banned pesticides, have the proper arrangement of pesticides and whenever possible sold them with proper advices on using pesticides and suggest environmental friendly alternatives.

A pesticide storage container given to all the farmers to store them properly





“Time to time the advisory committees comes up with regulations that the same chemical of the same company is in the market in two different names!” A proprietor



Two pesticides with the same active ingredient in same amount but having two “environmental labels” one in blue “caution” the other in yellow “extremely dangerous.”

Ministry of Health to phase out Mercury appliances from the hospitals in Sri Lanka

CEJ compiled a report on use of mercury appliances in hospitals and health clinics and their breakage with use of a survey form. In this CEJ found that most of the broken mercury appliances are disposed along with broken glassware. Mercury thermometers and the Blood pressure apparatus containing mercury were found to be the main contributors in hazardous waste in hospitals.

Although the data on usage is absent the data on importation revealed the input of mercury in to the country. Number of thermometers imported in 2010 and 2011 are 200,035 and 130,857 respectively. Number of BP apparatus imported in the same years is 83,572 and 73,095 respectively.

CEJ alerted the Ministries of Environment and Health and the Central Environmental Authority in June 2012 on hazard waste management including broken mercury appliances and to pay attention to Intergovernmental Mercury Treaty negotiations.

In the workshop organized by the Ministry of Environment on Mercury CEJ provided details on selecting the guidelines to be adopted by Sri Lanka.

Simultaneously, CEJ participated in the “Global fish and hair mercury monitoring project” funded by IPEN, and found that people are contaminated with 0.78-4.45 ppm of mercury in their hair. But very low concentration in fish. Quantitatively, 0.01-0.02 ppm in Mullet fish (sin. Godaya) and 0.05-0.27 ppm in Long whiskers cat fish (Sin. Anguluwa). In the United States, the FDA has an action level for methylmercury in commer-

cial marine and freshwater fish that is 1.0 parts per million (ppm). In Canada, the limit for the total of mercury content is 0.5 ppm. The levels recovered were far below these.

Identifying the threat of mercury contamination CEJ worked on raising awareness on Mercury appliances and their phasing out.

As a result the Ministry of Health has issued a circular to the Chief Secretaries of Provincial Councils, Provincial Secretaries of Health, Provincial Directors of Health, Regional Directors of Health, all Directors/ Medical Superintendents and all Medical Officer of Health (MOH) to;

1. Purchase non-mercury thermometers and non mercury aneroid Sphygmomanometers
2. Store used CFL bulbs without breaking
3. Collect dental amalgam using amalgam separators for safe recycling
4. Use of T-5 CFL bulbs instead of T-8 bulbs,

The Ministry clearly stated that they only provide the ideas, methods, instructions or guidelines in implementing them and the training where it is necessary.



The first national symposium of CEJ...

The first national symposium on “The Potential Health and Environmental impacts of exposure to hazardous natural and man-made chemicals and their proper management” organized by CEJ in association with the Department of Zoology, University of Sri Jayewardenepura, was successfully held on 23rd November 2012, from 8.30 onwards at Colombo City Hotel, Colombo 01.

There were more than 60 participants representing universities, individual scientists, government authorities, private organizations and representatives from media.

This made a great opportunity for participants to enhance the knowledge in ongoing research work and a stage to grab and develop new research ideas.

CEJ expects urgent actions by CDDA

The issue on mercury and lead contaminated in whitening creams came to be a devastating issue among both consumers and some of the major players in the market. Using whitening cream was observed to be a practice among both male and female despite of the area they live. Considering the fact of exposure through other sources of mercury, applying cream found to enhance the accumulation of this hazardous heavy metal.

CEJ forwarded its findings and a letter to Dr. Hemantha Benaragama, Chairman, Cosmetics, Devices & Drugs Regulatory Authority (CDDA) Sri Lanka, with copies to Secretary, Ministry of Health, Director, Environmental & occupational Health, Secretary, Ministry of Co-operatives and Internal trade, Director General, Consumer Affairs Authority and Director General, Sri Lanka Standards Institution.

CEJ is looking forward an immediate action by the CDDA.



Participants of the Symposium

For most of the Sri Lankan housewives "chemical" is a name implies for pesticides used in cultivations. Three out of four people gives the names of pesticides known as a "chemical". Yet there are many sources of chemical contamination within a household unknown to them.

Survey shows how Sri Lankan women are contaminated with toxics

In a survey on household chemical usage and exposure to chemical contaminants, CEJ could reveal many interesting facts on this regard.

It was found that the majority of survey participants have wooden stove (97%) but most of them (86%) had a smoke stalk as well. The rest are in a potential state of getting lung diseases due to half burn particles emit to the environment in wooden stoves. The danger lies not only for house wives but also for the small children that play around the mother at the kitchen in while she cooks.

Practice on smoking was discussed due to the issues arise in both smoking and have a smoker nearby. Most of them had a smoker (54%) in their family. Some of them smoked inside the house (25%) while 75% found to smoke outside the house. But almost all of them had the experience of having a smoker next to them.

In the survey, it was important to discuss on the ill effects of asbestos as none of them were aware on it. In the survey areas there is a trend in people converting their tile roof to asbestos. Also, among the worst practices they had, were cutting the asbestos sheet without any protective gear to get the required size and brushing their roof when it is covered with mosses. The majority of participants had clay tile in their roof (54%) only about 35% had asbestos and the rest used other materials on their roof.

Every participant (100%) found to use some kind of artificial ingredient in their food. Artificial ingredients prove to have many long term affects on health. Especially they are composed of E-numbered chemicals.

Waste management was the most important topic of all. Although urban people use to get rid of their waste by giving it to the municipal council, village people deal with them at the household level.

70% of participants burn their waste including plastic and polythene which is a major source of emitting Dioxins and Furans, two major Persistent Organic Pollutants! 53% of them sell the waste such as iron, metal, glass bottles and some plastics. 33% used degradable waste to make compost. But with the rising threat of Dengue, some of them were advised to burn all the thrash to pre-

vent mosquito breeding sites. Many found to throw away their waste such as CFL bulbs, batteries and electronic equipments. Participants brought up several issues in directing these E-waste and polythene/ plastics to recyclers

- Lack of awareness- they were unaware on who recycles the CFL bulbs, who collects other E-waste or any polythene/ plastic collector at their vicinity.
- Lacks of facilitators- the dealers in their area were unaware on collecting system of used CFL bulbs or other E-wastes.
- Lack of dedication- they finds it simple and easy to collect and burn the polythene and plastics than directing them to a recycler.
- Rate of waste generation- they had very little E-waste generated in household level. Thus, rather than taking them to a recycler, they find it easy to throw it away or burry it.

It is essential that everybody understands the necessity of recycling these waste rather than irresponsible dumping and burning.

Housewives deal with agrochemicals in their vegetable and other small scale cultivations. But majority were not using any agrochemical in these as they are grown for domestic use. Out of the few that use some kind of a chemical on insects and other pests, were found to read the label, they store chemicals in safe place, never take food or beverage while application of chemicals and they wash their hands after using chemicals. But most of them found not using any protective gear such as face masks while using gardening chemicals.

They were found to deal with chemicals such as toxics on rats, cockroaches, mosquitoes and ants. Some housewives shared the alternatives here. Such as smoke of coconut husk or dry Neam leaves to prevent mosquitoes, citronella leaves to prevent cockroaches and turmeric powder to prevent ants. Some of them, shared the experience of itching caused in using some soaps and experiences of dizziness, headache, nausea, difficulty to breathe, continuous tears or high sweating while using agrochemicals.

Thus the household chemical management should be a topic to practice in every household for a better future in chemical management in the country.

Tracing CKDue patients in Anuradhapura and Polonnaruwa

The Chronic Kidney Disease due to unknown etiology, commonly referred as the “kidney disease” is a wide spreading problem in Sri Lanka. Although it started from north central province, by today, the patients are recorded from Vavuniya district in the north province, Dehiattakandiya, Eastern province and Girandurukotte, Uva Province. Also recent records come from Kurunagala, north western province and Hettipola, Central province.

While the arguments on finding the reasons continue among scientists and doctors, the patients remain growing up in the number. Thus CEJ (Centre for Environmental Justice) started a screening program for residents in some of these areas in order to identify the patients, going with the new concept of doctors, the patients identified before the stage 4 of Chronic Kidney Disease could be survived.

Fulfilling a timely need CEJ supported conducting clinics in association with MOH (Medical officer of Health) office of the area. At these clinics, patients were screened using either or both blood test and urine test. The identified patients were referred to the special clinic of Kidney patients at the base hospital. CEJ facilitated these clinics by providing syringes, Glucometers, glucometer strips, urine strips and stationary such as file covers, Hospital reference chits, information leaflets etc.

Most of these people were reluctant to participate in these clinics due to miss concepts prevailing regarding the disease. Some believed that whoever got the disease will not survive from the death, they do not marry from a diseased house and often diseased family members are left alone.

In the personal communication it was revealed that some people believe the reason for this disease is the use of agrochemicals. In areas like Rajanganaya, agrochemicals are not only is the cause for CKDue it also causes number of suicides in the area. CEJ also had discussions with people coming in to draw water from the “Gonamariyawa” spring well. They believe that people use that water do not victim to the CKDue. They come from faraway places to take wa-

ter for drinking and cooking purposes.

The overall clinical program traced of about 8%- 10% suspected patients. In Padaviya district this was 6%, a large increment compared to the identified patients of 1% at a series of clinics conducted in 2009.

All these clinics were organized at the nearest vicinity of selected areas. These clinics were found to be useful for the people who are reluctant to go to the clinic held at the government hospitals due to various reasons. The MOH doctor, the PHI (Public Health Inspector) officer or the Executive director of CEJ, aware the people participated in the program on the disease, its causes and actions to be taken on preventing the disease or reducing the effect.

The people in the area are busy in their regular chores that have no attention on any disease until it grows to be in the severe state. Although they are advised to take rests, with their life background they do not stay away from the paddy cultivation until they fall on to the bed. Poor treatment and less attention are also causes of spreading CKDue patients in these areas.

The lack of money in attending the clinics or having treatments in far away hospitals where they have to bear the transport costs is another reason for the increased number of deaths due to this disease.

The screening programs for the areas in order to identify the effected people were found to be useful in both directing patients to the proper treatments and also to raise awareness on the disease.



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