

# Sri Lanka: Kidney disease takes at least two lives a day

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Chronic kidney disease (CKD), the causes of which have not been fully identified, is taking at least two lives a day in Sri Lanka's North Central and Uva provinces. It has already killed more than 20,000 people, mainly from poor farming families, over the past two decades.

Currently over 200,000 patients, including children as young as 10, suffer from the disease. At least 15 percent of the population in the 15–70 age group in the two provinces has been affected. The situation appears to be worsening, with the disease spreading to the North Western and Southern provinces.

In one of the worst-affected areas, Padavi-Sripura in North Central Province, 500 residents have died from the disease. At the local secondary school, Palugaswanguwa Maha Vidyalyaya, about 50 students have lost one or both of their parents.

Like previous governments, President Mahinda Rajapakse's administration has done nothing to prevent the disease or minimise its toll, apart from appointing committees from time to time. Patients need costly kidney dialysis, but for many that is not available. They die waiting for beds in over-stretched state hospitals, because public health spending has been slashed by successive governments.

Angered by callous official indifference, the villagers in Dehiattakandiya in eastern Ampara district have named a local road "Wakugadu Mawatha" (Kidney Road). There is at least one CKD patient in every house.

Doctors say that men involved in farming for more than 10 years are at a higher risk of developing the disease, but the absence of clinical symptoms until its late stages makes diagnosis and treatment difficult.

The World Health Organisation (WHO) launched a research project several years ago but has been unable

to definitely identify the disease's causes. Last year, the WHO stated that multiple causes, including exposure to arsenic and cadmium, might be responsible. Approximately 88 percent of CKD patients had arsenic and/or cadmium in their urine. The water sources used by the patients were 99 percent hard. Hardness of water is known to reflect heavy metal toxicity.

Researchers from two universities, Kelaniya and Rajarata (collectively known as KRRT), concluded that the prime cause of disease is metalloid arsenic. Their study found that arsenic compounds accumulated in the kidney because food supplies (especially drinking water and rice) were contaminated with arsenic, due to the use of agro-chemicals containing the toxin.

The researchers said they found high quantities of arsenic in the soil, groundwater, rice and pesticides. Not only rice, but also corn, vegetables and plants grown in the area, positively tested for arsenic, as well as mercury.

Dr. Channa Jayasumana from the Department of Pharmacology at the Rajarata University Faculty of Medicine warned: "While there is a relation between arsenic in water and the high prevalence of CKD in some parts of Sri Lanka's dry zone, the spread of ailments associated with arsenic poisoning, such as, cancers, ischemic heart diseases, cerebro-vascular diseases and diabetes mellitus, could mean that such poisoning is placing the whole nation at a risk."

Jayasumana explained the research findings: "The presence of arsenic was determined in samples of rice collected from the affected areas, in the urine, blood, body parts and hair samples of CKD patients, in water samples from paddy fields and in the soil."

Another team member, Dr. Chinthaka Wijewardena of Padavi-Sripura Hospital, said: "We found higher

proportions of arsenic content in body parts. It was over 10–15 percent higher than the WHO recommended levels.”

Unlike some other countries such as Bangladesh where heavy metal water contamination is a major problem, Sri Lanka’s soil and groundwater is not considered to naturally contain arsenic, cadmium and mercury in hazardous amounts. Therefore, if arsenic or mercury is detected in water and/or rice, agro-chemicals are the most obvious source of contamination.

The importation of pesticides containing arsenic in any form is banned under the Pesticide Control Act. There are no permissible levels for arsenic, either as an active ingredient, inert material or impurity/contaminant. But importers and local distributors of agro-chemicals have been selling pesticides and fertilisers with banned substances for years, protected by governments.

The Rajapakse government initially rejected the KRRT study because of emerging public panic about the dangers of eating rice, and pressure from agro-chemical importers. Agrarian Services Minister S.M. Chandrasena asked sarcastically: “We were told to promote rice over bread and now they say rice has arsenic. What do they want us to eat? Grass?” Agriculture Minister Mahinda Yapa Abeywardena said: “Arsenic is contained even in chocolates in permissible levels. It is not harmful.”

However, nationally- and internationally-accredited laboratories found arsenic in some imported pesticides, leaving the government no option but to accept the KRRT findings. Instead of taking remedial action, however, the government is trying to use the research to justify cutting fertiliser subsidies to farmers, saying that it is harmful.

As early as October 2011, the WHO stated in its *Mission Report* that the cumulative nature of heavy metal exposure and the increasing incidence of CKD, for which there is no known cure, demanded urgent action to ensure the safe use of agro-chemicals.

The widespread incidence of CKD in Sri Lanka underscores the indifference of successive governments, despite boasting of safeguarding farmers. For two decades, they have failed to bring to bear the necessary medical knowledge and technological advances to identify and eliminate the causes of the

disease.



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