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Nicaraguan Cane Workers Cut Down by Mysterious Kidney Ailment

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The northwestern Nicaraguan town of La Isla has lost so many of its residents in recent years that locals have unofficially renamed it "La Isla de las viudas" (island of widows). The victims, mostly men, all die from the same cause—kidney failure. They have something else in common: they all worked in the nearby sugarcane fields.

The nongovernmental organization (NGO) La Isla Foundation estimates that some 250 La Isla men per year die from what is known as chronic kidney disease (CKD), a condition considered manageable in more-developed countries but which tends to have fatal consequences in Nicaragua, where life-saving treatments like dialysis are prohibitively expensive and often unavailable.

Nineteen-year-old La Isla cane cutter Maudiel Martínez lost both his father and grandfather to CKD. Three of his brothers suffer from the condition as well. Now Martínez's kidneys are failing. "This disease eats our kidneys from inside us," he told reporters from the International Consortium of Investigative Journalists (ICIJ). "We don’t want to die, and we feel grief because we already know that we’re hopeless."

Martínez had already worked three harvests at the Ingenio San Antonio (ISA) mill and plantation near La Isla when, at just 17, he was first diagnosed with kidney problems. Company policy is to dismiss CKD-afflicted workers—for their own safety. Martínez explained to the ICIJ how he managed to continue working anyway, by signing up with a third-party contractor who didn’t seem to mind that the false name and social security number he provided actually belonged to a woman.

Since then his condition has worsened. Last June, he literally collapsed after cutting four rows of cane under the hot tropical sun. As a contract worker, he was not allowed into the ISA company hospital. Instead, he stumbled onto a bus, vomiting out the window before the bus finally dropped him off near his home. From there, his mother and brother had to carry him into the house.

"If death is coming, we have to resign ourselves to wait for it," Martínez said. "Resigning yourself means waiting for what the disease is going to give you. Because you look at me and I look normal now, but inside I feel like I’m burning."

"Wasting away our people"

Sadly, the ongoing tragedy of Nicaragua’s "island of widows" is not an isolated case. The "mystery kidney disease," as ICIJ journalists Sasha Chavkin and Ronnie Green describe it in a recently published exposé piece, is wreaking havoc all along Central America’s Pacific lowland area. The illness kills some 2,800 people per year, according to data from the World Health Organization (WHO). Between 2005 and 2009, the incidence of the ailment rose 16% in Costa Rica, 27% in Guatemala, 26% in El Salvador, and 41% in Nicaragua, where CKD now kills more people than HIV and diabetes combined.
"Central America’s entire Pacific coastline is suffering from a chronic kidney disease that is wasting away our people, especially those in agriculture, and delivering a blow to our national budgets," El Salvador’s Health Minister Dr. María Isabel Rodríguez explained during an international WHO conference last February in Mexico City.

Minister Rodríguez noted that, in some Salvadoran coastal communities, CKD affects 25% of men. Nationwide, it is the leading cause of hospital deaths for men between the ages of 20 and 60, she said.

"It’s overwhelming our hospitals, which are already lacking when it comes to treating kidney ailments," said Rodríguez. "Given all that’s involved when it comes to transplants, and all the problems with dialysis, this illness is sucking up the resources of our health systems and killing and disabling people, particularly the rural people who work in agriculture and are already disadvantaged."

A chemical culprit?

Researchers in El Salvador and elsewhere in Central America have been able to confirm what locals hospital workers and the region’s rural residents have suspected for years: that CKD rates in the region’s coastal areas are well above world averages. So far, however, studies have not been able to pinpoint a single cause for the condition.

In the US, CKD is most commonly linked to high blood pressure and diabetes. That is not the case in Central America, where people "have CKD from unknown causes," according to Charles Tomson, president of the UK Renal Association. What many victims do have in common—in CKD-plagued hotspots like La Isla and Bajo Lempa, a cotton, corn and bean-producing region in El Salvador—is farm work. That, in turn, has led some researchers and health professionals to suspect farm chemicals, particularly herbicides and pesticides, as a possible source of the problem.

"These chemicals are banned in the United States, Europe, and Canada, and they’re used here, without any protection, and in large amounts that are very concerning," Dr. Carlos Orantes, a health worker in a Bajo Lempa clinic, told Public Radio International (PRI).

A study published last October by El Salvador’s Ministerio de Salud was unable to confirm the hypothesis but did note that 82.5% of the men in the Bajo Lempa area—where CKD affects one in four men—are in contact with toxic agricultural chemicals. Salvadoran physician Ramón Gracia-Trabanino made similar conclusions in a study he published a decade ago. Most of the 205 CDK patients he examined lacked the normal risk factors such as diabetes and high blood pressure. Many, however, described "frequent occupational contact without adequate protection with insecticides and pesticides," he wrote in the Pan American Journal of Public Health.

Working themselves to death

A team of researchers in Nicaragua has another theory. Dr. Daniel Brooks of Boston University, lead researcher in an ongoing World Bank-backed study of CKD incidence among workers at the ISA plantation near La Isla, notes that one common factor linking cane workers to at-risk laborers elsewhere in steamy lowland Central America is heat stress.

"Day after day of hard manual labor in hot conditions—without sufficient replacement of fluids—could lead to effects on the kidney that are not obvious at first but over time accumulate to the point that it enters into a diseased state," Brooks told the ICIJ.
Brooks’ theory—that laborers are quite literally working themselves to death—is backed up by the fact that his team has found a high incidence of CKD not only among cane cutters and other agricultural workers but also in groups of Central American miners and port workers. Unlike farm workers, miners and stevedores are not exposed to toxic farm chemicals. They do, however, routinely engage in hard labor.

"If someone works with a machete for numerous hours in 40-degree weather and doesn’t hydrate well, that does more damage to the kidneys than the use of herbicides," Costa Rican physician José Manuel Cerdas, a kidney expert, told Spain’s ElPaís.

There are other hypotheses as well. Brooks and others have looked into possible links with certain heavy metals known to cause kidney damage, which are more common in Central America—because of its prevalence of volcanoes—than in most other parts of the world. Alcohol and painkiller abuse could also be a contributing factor.

Studies may eventually conclude that Central America’s "mystery disease" is the result of a combination of the various factors. More conclusive findings, however, will require more and better-funded research. Resources are also desperately needed to better treat people like Maudiel Martínez, so that CKD does not have to be what Dr. Brooks calls a "life sentence."

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