

Each year from 2005 to 2009, over 2,800 Central American men have died from kidney failure. In El Salvador, 1,592 men died from the disease in 2009, up 26% from 2005; in Nicaragua, it was 815, up 41%. Over the last 20 years, the number of deaths from CKD in El Salvador and Nicaragua has increased by 500%. The Center for Public Integrity reports that that is now more than the deaths from HIV/AIDS, diabetes and leukemia combined. What these men have in common is work in the cane fields.

Dr. Manuel Cerdas of Costa Rica wrote in the journal *Kidney International*, “The most interesting feature of these [CKD] patients is epidemiologic—all of them are long-term sugar cane workers.” He found that the disease attacked a part of the kidneys called the tubules. This is rare; CKD usually attacks the small blood vessels in the kidney called the glomeruli. The known causes of tubulo-interstitial disease, the ailment of the Central American sugar workers, include toxic exposure and dehydration.

At a February 2011 United Nations summit of health ministers, Central American representatives said that they would not sign the conference’s final document unless chronic kidney disease was included. Salvadoran Health Minister Maria Isabel Rodriguez said that the United States delegation refused to include the disease on the list of the continent’s most serious chronic illnesses, or to accept language suggesting that the epidemic had distinct causes related to exposure to toxic chemicals. The conference was almost derailed but finally a single phrase was included mentioning chronic kidney disease in Central America. The U.S. government has heavily promoted the sugar industry as a source of ethanol biofuel— in the areas affected by the epidemic. In 2011 the US imported more than 330,000 metric tons of sugar from the region, representing 23% of its total raw sugar imports.

The Ingenio San Antonio, owned by the Pellas family’s Nicaragua Sugar Estates, said it has reduced work hours, provided more water and hydrating solution and hired social workers to accompany contractors in the fields to ensure adequate hydration. Workers’ blood is regularly tested for high levels of creatinine, which would indicate disease. Workers with a high reading lose their employment, as well as their care at the company health care center and any pensions they may have accumulated. Some who feel they need to work even if they are sick, sign on with a contractor with a false name and continue to work, worsening their condition each week until they die. The company knows that this takes place.