



CKDu Field Investigation
Cali, Valle del Cauca, Colombia
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2017 January

Striking Similarities. Key Differences?

Summary:

On January 10 and 11, 2017 I visited communities in the Cauca Valley of Colombia, based out of the department capital city Cali with a driver/fixer to investigate cases of Chronic Kidney Disease of non-Traditional causes (CKDu) (In Colombian Spanish, *insuficiencia renal crónica no causado por enfermedades de base.*) Nearly the entire Cauca Valley is covered in sugarcane plantations and resembles Western Nicaragua and Southern El Salvador, like most sugarcane cultivation areas and therefore the LIN team thought it worthwhile to investigate to see if there were cases of CKDu. Day 1, we visited a dialysis center at the Raul Orejuela Hospital in Palmira, half hour from Cali. Like most, if not all, dialysis wards in the valley, this one is run by Baxter. While nurses were very helpful and even divulged that there are 35 dialysis units in the ward, the head nephrologist, Dr. Pablo Gonzalez, took a meeting with me but would not give out any information regarding the dialysis ward, patients or even if they are seeing cases of this kind of CKDu. He recommended we contact Dr. Edgar Sanclemente, a nephrologist who has done decades of work in the valley.

We proceeded to visit two other clinics in the nearby town, or *corregimiento*, of Pradera where many sugarcane workers live. Here, we visited two clinics, or *EPS (empresa promotora de salud)*, [COOMEVA](#) and [COMFANDI](#), local private clinics that work to provide health services to the public. While nurses here were very forthcoming and helpful, and we even met with a few sugarcane workers who had medical visits scheduled, no one knew of any cases of CKDu. Rather, the sugarcane workers themselves only ever talk about shoulder and spinal injury, while the nurses also mention that there are significant rates of hypertension, especially among the Afro-Colombian population, and there is diabetes which leads to traditional CKD. While we heard a few cases of men who were former sugarcane workers who were relatively young and on dialysis, we never were able to locate them and when checking in at one clinic or another it was a dead end. In general however, the health system was quite open and helpful, particularly the nurses.

We continued on to another town of Candelaria. This and many other towns are quite large and therefore have good infrastructure like potable water. Workers here are picked up in the mornings by their respective companies in buses, and transported to the fields where they will manually cut the sugarcane. (More on working habits in **Section Conditions / Differences.**) In Candelaria we spent some time in the central park in order to meet and talk with sugarcane workers after they finished for the day, around 4:30pm. While we did speak with workers and made contacts and gained valuable insight into their working habits, these men too had no concern or knowledge of any kind of kidney disease particularly affecting workers.

Day 2, we started by visiting the Universidad del Valle School of Public Health in Cali. We were received by Dr. Carlos Osorio Torres who was very interested in the CKDu issue and spoke with us for an hour about it and the health concerns in the Cauca Valley. He was very positive that the university would be interested in speaking with the LIN team to discuss the possibilities of collaborating in studying the sugarcane workers to contribute to the global research effort. The university had also conducted research on kidney stones and water contamination in these same communities within the last decade, in which driver/fixer Fernando had even worked in the campaign. He invited another colleague, Gladys Guerrero Nuñez to join in the conversation and she was very interested, especially in the WE Program in El Salvador and the potential to collaborate in the Valley. Dr. Torres said “Just because no one is talking about it or would divulge any information, does not mean there aren't cases.” He also recommended that we visit FASECOLDA, a private institution which maintains all statistics on healthcare of workers in the Cauca Valley and throughout Colombia. Through this entity we should be able to see actual history of workers who had to go to hospitals and clinics for medical reasons from work. We ended the meeting with a promise to be in touch.

Later, we set out South to Puerto Tejada which is in the northern border of Cauca Department and on the way came across a sugarcane field being harvested around 1:30pm. It was 28 degrees celsius. We asked and were granted permission by workers at the road and so we drive in to find the workers. We spoke directly with a work captain, or *cabo*, and after explaining to him I am a photojournalist covering sugarcane and sickness among workers, he let me photograph his men and chatted with me. Here I saw men finishing their work, or *tareas*, for the day at the end of long rows of cut cane marked with a piece of cane with their number on it, much like El Salvador. It was quite hot under the open sun and men were scattered about resting under umbrellas or in the shade of the trucks and the bus. Others were still hacking away at the last swaths of cane. I spoke with one worker, Manuel and again, no issue with this kind of kidney disease, but did get good information regarding working conditions. While in general, the men seemed to regard their work as “difficult and bad”, they also seemed to have a fair view of the companies. They also seemed to have a strong sense of organization and knowledge of their rights, however one obvious issue is the fact that workers bring their own umbrellas to create some shade. They appear to be insufficient in providing adequate shade or temperature reduction and require the worker to fix the umbrella among the cut cane and sit atop it during their break. The *cabo*, a bit nervous by our presence, requested we leave but that we meet in his outlying town, or *vereda*, of Ortigal, outside of Puerto Tejada a few hours later.

We obliged and around 4:30pm in Ortigal we spoke further of working conditions with him. He was very open sharing information and even offered to organize a group of sugarcane cutters to speak with me, as he said “because surely they as workers will have a different opinion on some things as I do as their boss.” Again, I could feel a sense of knowledge of rights and organizational savvy, and that was reinforced by other locals speaking of the successful syndicate movements of the 60’s and 70’s in the Cauca Valley.

I ended the trip feeling quite positive about potential collaboration from the university, the regional clinics and the workers themselves and even the industry based on LIN Glaser’s previous trip. Due to the vast similarities in the environmental and working conditions and the synergies of the actors there, it seems to me that it would be worth LIN further investigating with partners in the Cauca Valley.

Note: Also worth noting was information I received while much further South in the town of Mercaderes, Cauca the week before. Here, I met a woman whose husband had died of what she said was CKDu, or at least that there was no diagnosis as to what caused his CKD. Asked what he did for a living, “He was a driver. Well, when he was young he worked in agriculture, applying lots of chemicals. Actually he worked with lots of chemicals as a driver as well, gasoline, etc. He also worked in the coca fields spraying glyphosate, and working in the coca labs for two years exposed to many chemicals.” He died after suffering an infection from his peritoneal dialysis. While in the hospital, Clinica Estancia, in the regional capital of Cauca, Popayan, she said that three other people died of the same disease from the Afro-Colombian communities of Cajamarca and Alto de las Cañadas. She said “this is the trending disease now, there’s more cases of this than cancer.” Her husband was 45 years old when he died. I spoke with a number of people in Mercaderes with family in Cajamarca in order to visit, however it was during carnival and was nearly impossible to visit due to the celebrations and most people coming into town, as well as the security situation. There is heavy presence of guerrillas and illegal armed groups involved in narco-trafficking, drug production and gold mining in the immediate area and a trip to Cajamarca will require more time and local assistance which I was able to make, but not the trip itself for lack of time.

Typical Cauca Valley Sugarcane Working Conditions (Workers from Ing. Cauca and Mayaguez)

- 5:30am picked up at home by company bus to go to fields
- Work from 6:00am to 4:30pm give or take
- In shape man cut 10-14 tons a day
- Carry their water with them, around 6 liters.
- Work from Monday to Saturday, some mills Sunday is optional
- One day of rest per month
- Wear protection: shin guards, gloves, eye protection (many do not utilize for eyes as difficult to see)

- No shade tents, workers cited using trees as cover. Also use umbrellas, trucks and buses
- Pay is by the ton, Mayaguez paying 9,900 pesos / ton and Cauca paying 9,400 pesos / ton
- On Sundays if they decide to work, they are paid 14,000 pesos at Mayaguez
- Workers do mention they are dehydrated and that they get cramps
- No one mentioned anyone getting heat stroke or passing out
- Many Afro Colombians as well as mestizos from Nariño Department
- They burn the cane before it is cut
- Workers claim January to be the hottest month
- They eat a variety of food for meals and workers have different eating habits
- Estimated 70% mechanized harvest, 30% manual
- No bathrooms present at field I visited

Key Differences in Comparison to Central America

- Workers eat a varied diet of beef, chicken, fish and plantains and yucca.
- Some workers eat a little bit all day long, taking short breaks to eat and relax
- In general they take 5-6 litres of water in large jugs provided by the companies which keep the water a cool temperature all day
- Water is potable and brought from home taps
- They have a decent understanding of occupational health, their rights and the obligations of the company to provide them with basic amenities
- Workers in general live in small cities, or outlying *varedas* with small plots of land
- Temperatures in the valley can be very hot during the day, but typically cool down at night
- Companies give occupational health trainings





Potential Partnerships:

Universidad del Valle - Cali, Valle del Cauca, Colombia

Clinica La Estancia - Popayan, Cauca, Colombia

FASECOLDA - Federación de Aseguradores de Colombia

Maintain all statistics on healthcare of workers in the Cauca Valley / country

CENICAÑA - sugarcane research institute with ties to Universidad del Valle

Communities visited:

Department: Valle del Cauca

- Cali
- Palmira
- La Candelaria
- Praveda

Department: Cauca

- Mercaderes
- Popayan
- Cajamarca
- Ortigal
- Puerto Tejada

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