

Ingenio San Antonio (ISA) has a controversial track record of poor working conditions, tense worker relations, as well as high rates of Chronic Kidney Disease of non-traditional causes (CKDnT) among its workforce going back at least 2 decades.

Part of this history was recently exposed by [VICE's Munchies blog](#). The response from some bartenders in the United States was to [boycott the Flor de Caña rum](#), which is owned by the same corporate entity as ISA, the Pellas Group.

In response to the bartenders' boycott, the Pellas Group issued a [Frequently Asked Questions document](#) with claims about CKDnT research and ISA's history of worker relations. These claims require clarification and the added value of a perspective provided by independent researchers. The present document is intended to (A) respond to some misinformation included in the Pellas Group FAQ point by point using transparent, verifiable sources and (B) call for the Pellas Group to guarantee the health of its workforce according to six conditions.

We ask that these six conditions be the conditions for continuing business relations between Pellas Group/ISA/Flor de Caña and the Bartenders Guild, the public in general, buyers of sugar throughout the affected region, as well as Flor de Caña distributor William Grant and Sons.

The present document was prepared by [La Isla Foundation](#) (LIF). LIF and partner organization Solidaridad are the founders of the [Worker Health and Efficiency \(WE\) Program](#). The WE Program is the first public and independent work practice intervention looking to prevent heat stress and CKDnT in sugarcane cutters. The hope is that the program's lessons can be applied to other impacted and at-risk industries and that it continues to evolve along with the understanding of the CKDnT epidemic.

LIF is an independently financed organization that works with top researchers at the world's leading academic and government institutions. These include but are not limited to: University of Colorado, London School of Hygiene and Tropical Medicine, Lund University, Karolinska Institute, Center for Disease Control's National Institute of Occupational Safety and Health (NIOSH), the Occupational Safety and Health Administration of the USA (OSHA), and University of College London.

Our endgame is to prevent CKDnT in the occupational setting while furthering understanding of the disease. In this way, interventions can be ever more effective and meaningful while making affordable access to care for those already sick a reality. With any questions, contact [jason@laislafoundation.org](mailto:jason@laislafoundation.org).

A. Counterpoint to the Pellas Group Provided [FAQ of 12/7/15](#)

**1. What is Chronic Kidney Disease (CKDu)?**

CKD of non-traditional causes (CKDnT) is the nomenclature currently used by the Pan American Health Organization. CKD of unknown causes (CKDu) is no longer accepted by the scientific community because dehydration and heat stress are known to be part of the mechanism that causes this illness. The sugarcane industry is most impacted by CKDnT both by prevalence and by numbers. Dehydration and workload are correlated with disease onset. In Central America, these phenomena are experienced worse in sugarcane agricultural work than in any other occupation. (Source: [Laws et al. International Journal of Environmental and Occupational Health](#))

**2. Does CKDu exist only in Nicaragua's sugar production zones?**

The referenced article in *Microbes and Infection*, which was paid for by the Pellas Group, is soon to be rebutted by the scientific community. Baylor University's research on CKDnT to date should not to be considered 'independent' given that its funding comes from the sugar industry. CKDnT is reported in equatorial regions around the world, but nowhere is its prevalence and death toll greater than in the sugarcane cultivating regions along the Pacific coast of Central America.

**3. Does any link exist between CKDu and sugarcane cultivation?**

This answer misrepresents research findings published in the *The American Journal of Kidney Disease* (AJKD). The sentence lifted from the article is misquoted and taken out of all context. All articles published in AJKD on CKDnT have noted an occupational component to the disease's causal mechanism. Though there are questions that remain unanswered, the consensus of all researchers in the Consortium on the Epidemic of Nephropathy in Central America (CENCAM) is that interventions must be implemented to prevent the drivers of the disease, dehydration and heat stress, from continuing to negatively impact workers' health.

**4. What is Ingenio San Antonio (ISA) doing to address the prevalence of CKDu among its workforce?**

The cited research conducted by Baylor School of Medicine and Boston University (BU) was paid for by the sugarcane industry. ISA's standards developed to "prevent, control, monitor and measure" the spread of the disease are possibly adequately designed, though unevaluated, and inadequately applied, meaning they do not reach the majority of the workforce. This is confirmed by independent investigations by human rights organizations ([Fairfood International](#), [CENIDH](#), etc.), news media ([New York Times](#), [The Guardian](#), [National Geographic](#), etc.) and our own staff's observations ([Sickly Sweet](#)

[labor report](#), [notes on field visits](#), [Cycle of Sickness report on child labor](#), etc.). After years of issuing “inconclusive” findings, even the group cited by the Pellas Group, and formally financed wholly by the International Finance Corporation and the sugar Industry, [BU’s research team, recently announced](#) its support for interventions in the workplace. We welcome these recommendations and BU’s other important work as of late. The recommendations include the provision of water, rest, and shade and more efficient work practices.

**5. What specific health and safety programs does Ingenio San Antonio (ISA) utilize to address the CKDu epidemic?**

These claims have not been independently verified. During investigations by international news crews and human rights organizations, external observers have found that there is a contrast between the conditions of staged (for the benefit of the press and perhaps government regulators) work areas, where observers are officially directed by ISA, and the observed reality for the majority of workers, who are subcontracted into employment in ISA’s fields and are deprived of access to water, rest, and shade and other basic rights.

While we feel ISA’s past efforts have been insufficient, we are committed to working with the mill to develop a truly progressive plan for improving the health of its workforce (see below), such as [the WE Program at Ingenio El Angel in El Salvador](#).

**6. Are Ingenio San Antonio’s (ISA) health and safety practices reviewed by independent experts?**

The standards mentioned are not extended to the full workforce, so they cannot be said to adequately protect the workforce. Most of these standards apply to mill workers and not field workers specifically. Further, government institutions in Nicaragua require greater support in their evaluation practices and criteria. Sadly, to date, and we hope this improves, the Nicaraguan government has not aided those impacted by CKDnT sufficiently.

**B. Call to Action**

The Pellas Group should agree to the following conditions in order to guarantee the health of its workers.

1. Pellas Group representatives should visit Ingenio El Angel (IEL) immediately to observe [the WE Program](#) and lend their engineering and logistics expertise in its service. The good news is they’ve agreed to meet next week. This is an encouraging first step.

2. The Pellas Group should import successful aspects of the WE Program to ISA, implementing it in ISA's fields for both contracted and subcontracted workers during the 2016-2017 harvest at latest.
3. The intervention process at ISA should be transparently reviewed by independent journalists, medical researchers, and others in the sugar and spirits supply chain, including William Grant & Sons and the U.S. Bartenders Guild.
4. Workers should be made to feel free to associate with unions or speak to the press without fear of losing their jobs, food stipends, or other social benefits. In the past freedom of association has been an issue for workers and their families at ISA.
5. The Pellas Group should follow the model set by the WE Program, in which work captains, researchers, engineers and other stakeholders form an advisory board to supervise the implementation and review of the intervention.
6. Finally, as mechanization in the sugar industry is coming independently of CKDnT, the Pellas Group should commit to work with LIF and other stakeholders to make the transition viable. USAID, Ingenio El Angel, La Isla Foundation and Solidaridad are involved in this ongoing conversation. We invite Pellas Group to take part and look forward to their input.

Incentives for the Pellas Group to plan an intervention are demonstrable based on our experiences in El Salvador. Ingenio El Angel, the Salvadoran mill currently hosting the WE Program, experienced increased productivity of its workforce by 40% in the first year of the intervention. Workers' suffering was reduced as heat strokes were eliminated by providing access to water, rest, and shade. Decline of kidney function was stabilized. Taking care of the workforce in and of itself should be considered an incentive both at the Pellas Group and throughout all industries in general and in connection to CKDnT.

La Isla Foundation continues to share its research to date freely with all interested individuals and organizations. Collaborating with its domestic and international partners, LIF will continue to facilitate and implement multi-disciplinary projects to reverse the rising prevalence of CKDnT and mitigate the impact of the disease on affected communities. LIF strongly urges renewed and expanded media attention to this growing humanitarian crisis, and also attention focused on helping the workers and families already impacted by the disease. Both affordable, accessible treatment, and prevention must receive the resources necessary to address what is increasingly seen as a global epidemic.

We invite the Pellas group to move forward with us, and with others, who wish to address this disease within the sugar industry and beyond. It doesn't matter what the past was. We must look forward and stay focused on solutions. We hope we can work together to end the burden of CKDnT on workers, families, communities, and countries worldwide.