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Structural violence and chronic kidney disease of unknown etiology in Sri Lanka

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ABSTRACT

Research published on Chronic Kidney Disease of Unknown Etiology (CKDu) in Sri Lanka has been undertaken largely from biomedical and epidemiological perspectives. The main objective of these studies has been to identify the etiology of the disease, which affects as much as 15–21% of the population in some regions and is associated with kidney failure. Few studies have sought to address how CKDu is socially and behaviorally situated in the affected districts. The present study, informed by structural violence theory, utilized a mixed-method approach that analyzed primary and secondary data for Medawachchiya District Secretariat Division in Anuradhapura District for 2010 and 2015, and examined CKDu as a manifestation of social inequality and exclusion and the creation of a marginalized group of agricultural laborers. Data include historical analyses, a case-control study, ecologic analysis of features of communities and CKDu prevalence, and direct observations and interviews with people in affected communities. In 2010, the most important factor associated with CKDu was private dug wells that were used for supplying water to homes. In 2015, when the number of patients had increased, CKDu was more closely linked to occupation, especially male wage labor. The male wage laborer, being the poorest of the poor, has become a particularly vulnerable social category in agricultural settlements in Medawachchiya. The co-occurrence of this social category and CKDu can be regarded as unintended consequences of the official agricultural colonization policy that started during British colonial times and has continued since independence.

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1. Introduction

Agricultural resettlements in developing countries have emerged as a distinct community type because of the magnitude of these programs and their significant economic and social impact. Although researchers often describe social conflicts and problems in such resettlements (Scudder, 1973; Nicassio and Pate, 1984; Zaman, 1989; Baird and Shoemaker, 2007; Wilmsen and Webber, 2015), few studies have focused on state-aided resettlement programs that led to the creation of socially deprived marginal groups and their disease outcomes.

This article examines factors and forces that have contributed to the epidemic of CKDu among paddy farmers and laborers in Medawachchiya utilizing structural violence theory, that is, harm

done to individuals or groups based on social inequalities that are unknowingly and often invisibly, embedded in a hierarchical social organization (Galtung, 1969; Farmer, 2004; Holmes, 2006, 2013; Biehl, 2013). We focus on a) the large-scale, long-term state-aided program of colonization that modified traditional forms of living by introducing chemically intensive mechanized monocrop paddy agriculture in place of subsistence farming of organic multi-crop agriculture, and how such programs have given rise to a social category of agricultural laborers, who suffer the consequences of CKDu; and b) how the civil war between the armed forces of the government of Sri Lanka and the Liberation Tigers of Tamil Eelam (LTTE) forced low-income farmers to work as daily paid agro-chemical laborers.

Throughout Sri Lanka's agricultural resettlements, from their British beginnings, settlers have been subject to various sociopolitical influences, such as colonialism, capitalist market forces and neoliberalism, and the Green Revolution, all of which have helped create a wide gap between the landowning classes and the marginalized communities that depend on subsistence farming and

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the supply of their labor as the main source of income. The organization of peasant production system with a managerial superiority of the local capitalists has had an adverse effect in Medawachchiya, rendering the marginalized groups in the agricultural settlements landless or land poor, indebted, and subject to social and cultural control by the newly developed landowning classes and village elites. The stress of relocation and the long fought civil war, which was usually compulsory, was so great that communities continue to grapple with the health implications, which have hardly been studied. The story of Chronic Kidney Disease of Unknown Etiology (CKDu) in Medawachchiya reveals how the creation of a social class of poor agricultural laborers and their work in paddy farms that use chemical fertilizers and pesticides have given rise to a newly identified disease that pervades the paddy farming dry zone districts in the country.

Medical anthropologists and other social theorists have identified social inequality and associated 'social suffering' (Kleinman et al., 1997; Bourdieu, 1999; Bourgois, 2003; Benson, 2008) as a form of 'everyday' (Scheper-Hughes, 1993) or 'structural' violence (Farmer, 2004; Farmer et al., 2006; Singer, 2006; Holmes, 2013). The concept of structural violence draws attention to the role that social structure and hierarchy play in promoting hazardous working conditions and preventing poor farmers from meeting their basic needs and realizing their goals. A good example can be seen in North Carolina's tobacco-producing rural coastal plain: studying 'the difficulty of manual tobacco work, the neglected condition of labor camps, and the meagerness of agricultural wages,' Benson analyses 'how inequities of political and social power, differences in living conditions, and the unequal distribution of citizenship and belonging become embedded in long-standing social structures, normalized in institutions, and naturalized in everyday experience' (Benson, 2008:590).

The concept of structural violence has been applied to explain medical and public health issues such as the spread of HIV/AIDS in Haiti (Farmer, 2003), the epidemic of tuberculosis in prisons in the former Soviet Union (Keshavjee and Becerra, 2000; Farmer, 2003), schizophrenia in the US and Europe (Kelly, 2005), high rates of obesity among African Americans (Krieger, 2005), the HIV risk environment and prevention practices of women in survival sex work (Shannon et al., 2008), and more recently to explain how Canadian frontline care workers experienced physical violence from residents or their relatives (Banerjee et al., 2012). Structural violence is a 'broad rubric that includes a host of offenses against human dignity ... ranging from racism to gender inequality ... [to] extreme and relative poverty' (Farmer, 2003:8). This theoretical construct explains why disease disparities persist in modern times despite radical changes in disease and risk factors (Link and Phelan, 2010; Phelan et al. 2010).

Anthropological studies have analyzed the situational factors that affect disease conditions through the lens of structural violence. For example, migrant workers known as Triqui Mexicans in the western US and Mexico, who are forced to migrate to the US to work in fruit farms, are subject to farm work and housing conditions that are organized by ethnicity and citizenship. Each group is understood to deserve its place in the hierarchy by rendering it invisible through naturalization of racialized hierarchies, a form of structural violence built on structural racism and anti-immigrant practices that determine the poor working, living, and health conditions of migrant workers in the US (Holmes, 2006, 2013). As shown by Quesada et al. (2011), Latino migrants constitute a paradigmatic case of a population group subject to structural violence.

Structural violence explains the forms of abuse, exploitation, and marginalization of poor farmers in Medawachchiya. Further, the concept of structural violence allows us to account for the

connection between forms of structural violations (or structural vulnerabilities) and the social origins of CKDu. As Farmer (2003) has observed for Haiti, we argue that in Medawachchiya the circumstances in which poisoning takes place have been structured in advance, in large part, through the unintended consequences of agricultural colonization programs and policies of the government, which are more fundamental as causes than biomedical factors, such as cadmium and arsenic found in drinking water. In this context, it is important to examine how various large-scale social forces, such as colonization programs, come to be translated into personal distress and disease (Farmer, 1996:261–262). 'Only through careful analysis of growing transnational inequalities,' Farmer underlines, 'will we understand the complex social processes that structure risk.' Such a perspective allows us to analyze more complex associations between disease and suffering among poor agricultural farmers within the larger context of the history and political economy of agricultural colonization in the dry zone of Sri Lanka.

In addition to analyzing politics of rural capitalism, and situational factors that were detrimental to the peasantry of Medawachchiya, this article focuses on 'event violence' such as the forced colonization by the British, and the 26 year civil war in the northern districts of Sri Lanka that hindered welfare and development of the marginalized peasants in Medawachchiya. Violence in Medawachchiya during the civil war was direct political terror targeted at residents by the armed forces and the LTTE. Most of the farmers who are older than 33 years of age, who are the target of CKDu, have suffered the violence of the war, massacre of family members, hunger and lack of food, lack of parental care and love, lack of transportation, closure of schools and markets, and sleeping in the jungles to avoid armed attacks on their community over many years between 1983 and 2009 resulting in lives full of fear, malnutrition and growth retardation as children, having poor education for whom as adults the only opportunity was wage labor, which has become embedded and normalized as the accepted form in the long-standing social structure of Medawachchiya.

Sen's idea of a subset of crucially important capabilities (Sen, 1983:754) associated with basic needs, or 'basic capabilities,' such as education, health, nutrition, and shelter, were not provided to the farmers in agricultural settlements up to minimally adequate levels, at the time of settlement. The situation has aggravated over the decades with minimal changes, partly due to the civil war and partly due to the political negligence, depriving agricultural farmers of the opportunity to achieve their capabilities and restricting their movement in the open labor market. Retention of land allocated to the settlers in a fully functional state requires realization of the basic capabilities of individual farmers. Although working on the allotted land by the settlers should have led to achieving the basic capabilities, it did not happen in Medawachchiya. Deprivation of allotted land, which we discuss in this article, can be considered a 'capability violence.'

The agricultural laborers who formerly owned and cultivated land have been subject to the vicissitudes of the capitalist open market leading to a state of landlessness that compelled them to work as wage laborers for other groups who took command of ownership over such land, through processes of unlawful, ill-fated transactions and bureaucratic arrangements, or through their superior market powers, which can be described as a form of social exclusion (Sen, 2000:10), a form of structural violence, and violence of right to land.

Following the larger framework of structural violence theory, we suggest that a) social affliction requires historical analysis of anthropogenic, social, and environmental change in order to understand its origins; b) any planned social change, such as colonization schemes and resettlements, affects people's lives by

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