

ACCESS Case Story Series No. 1 (2013)

Chichigalpa Association for Life and Nicaragua Sugar Estates Ltd.

Pablo Lumerman and Duncan Autrey

October 2013



ABOUT ACCESS CASE STORY SERIES (2013)

Case stories present snapshots in time of dispute resolution processes building from the voices of stakeholders, including any third party. They draw from interviews conducted specifically for the case story as well as publicly available documentation. They provide questions and some answers on the necessary conditions for success in community-company relations, reminding us that the narratives of conflict, the conflict resolution process, and any resolution will differ depending on a party's perspective. The authors also share their point of view on the cases as well as broader implications for more effective multi-stakeholder relations.

ACKNOWLEDGEMENTS

Authors: Pablo Lumerman and Duncan Autrey

Cover photo: ASOCHIVIDA members' meeting at the Planton, Nicaragua: © Office of the Compliance Advisor Ombudsman (CAO), World Bank Group.

ABOUT ACCESS Facility

ACCESS Facility is a global non-profit organization, established in December 2012, that aspires to help communities, companies, and governments access information and resources, generate discussion, and connect with experts in problem-solving of company – community disputes. ACCESS aims to become a neutral space for everyone with an interest in and experience with solving company – community conflicts through rights-compatible, interest-based solutions. It responds to the need for greater access to effective remedy, identified by the Special Representative of the UN Secretary-General for Business and Human Rights, and focuses specifically on the non-judicial component.

For more information about ACCESS, please visit www.accessfacility.org

Chichigalpa Association for Life and Nicaragua Sugar Estates Ltd.

In a town suffering from poorly-understood but widespread Chronic Kidney Disease, a community mobilized against the company that they thought was the cause of lost lives and lost livelihoods. One community organization and the company moved from confrontation to collaboration in finding ways to address their conflict and the disease. An in-depth local dialogue process contributed some relief if not remedy to what turned out to be a complex public health problem. It helped raise national and international attention to this widespread epidemic and the need to address the right of the community to wellbeing and sustainable development. The dialogue was an important step in a long-term process needed to address the serious challenges presented by the disease. Yet ongoing conflicts with other stakeholders point to a need for the broadest possible engagement to continue the process of conflict transformation and address serious outstanding grievances.

Introduction

During the last decades the population of Chichigalpa, a 119 year-old town in western Nicaragua of around 45,000 people, has experienced an increasingly high prevalence of a form of Chronic Kidney Disease (CKD). CKD is the progressive loss of kidney function, which if untreated leads to a serious accumulation of waste products in the blood, renal failure, and death. In CKD's late stages treatment requires regular dialysis or a kidney transplant, options not accessible to the people of Chichigalpa. As of 2011 there were over 2000 registered cases of CKD in Chichigalpa, increasing by an average of over 200 per cases year.ⁱ Approximately 100 people die from CKD each year. In Chichigalpa the disease particularly impacts men working in sugarcane production, and in the period leading up to 2000 the sugarcane producing region of Chichigalpa has had the highest incidence of CKD in Nicaragua.ⁱⁱ

Because those who worked in the cane fields were the ones most commonly affected by CKD, the community of Chichigalpa came to believe that the kidney-related illness was connected to Ingenio San Antonio (ISA), the local sugarcane factory in Chichigalpa. ISA is the town's largest employer and the principal, if not exclusive, income generator for most of the men in town. The accumulative lack of effective public or private response to

the situation prompted former employees of the company to mobilize in search of compensation from the company for lost lives and livelihoods.

The local manifestation of this conflict in Chichigalpa came to international attention in 2007. In 2008, a Washington-based environmental rights organization called the Center for International Environmental Law (CIEL) helped the Chichigalpa Association for Life (ASOCHIVIDA) and local community members file a complaint with the Compliance Advisor Ombudsman (CAO) of the World Bank Group. Both NSEL and ASOCHIVIDA chose to enter into a dialogue process that CAO convened and funded, in which other community groups and government institutions chose not to participate.

The dialogue process allowed NSEL and ASOCHIVIDA to agree upon the importance of finding a reliable third party to study the source of CKD and assess how CKD might be related to NSEL's operations. They also agreed on the importance of improving the quality of life both of those currently affected by CKD and the families who lost someone to the disease.



Volcano of San Cristóbal, Nicaragua: © michichigalpa.com

During the following three and a half years there were regular, mediated meetings between ASOCHIVIDA and NSEL. At the same time CAO financed a prestigious university to run a comprehensive investigation into the causes of the CKD in western Nicaragua. The process as a whole allowed the participating parties to create some triple-win solutions for ASOCHIVIDA, NSEL and society at large, even as there remains much work to be done.

The CAO-sponsored mediation process came to an end in 2012, when ASOCHIVIDA and NSEL signed an agreement in which they decided to continue the dialogue process through direct conversations on their own. The CAO's function has since shifted to monitoring and can be a source of support if the parties face difficulties in the future.

The process demonstrates the value of having an influential convener and highlighted the importance of third-party participation in managing community-company conflicts.

The situation, however, is far from resolved. The disease's causes are still mostly unknown, and there is not yet a public policy that delivers an effective remedy. Long-term solutions will require deeper scientific research, as well as the ongoing involvement of all stakeholders, particularly local and national government. While the participating parties were able to successfully communicate in the process, stakeholders who were not included or chose not to participate in the process strive to deal with outstanding grievances around working conditions, wages, access to healthcare, freedom of association, and lack of social security and pension benefits through other means, including international advocacy, local organizing, protest, and advocacy journalism. The case story therefore highlights the successes and challenges of the CAO-sponsored dialogue process. It shows how it fits into the context of the greater conflict transformation process that may be needed to provide effective remedy for community suffering.

The Conflict and the Stakeholders

Chichigalpa grew up around a sugarcane operation called Ingenio San Antonio (ISA). ISA is operated by Nicaragua Sugar Estates Ltd. (NSEL), which in turn is owned by the Nicaragua-based multinational conglomerate, Pellas Group. The Pellas Group is by far the largest company in Nicaragua and their operation in Chichigalpa is one of the largest agro-industrial sugarcane processing complexes of Central America. The economic strength and influence of the Pellas Group and NSEL is contrasted by the poverty and socio-environmental vulnerability of the population in Chichigalpa.

The economic situation in Chichigalpa was strained long before this conflict came to a head. The region has a history of monoculture which undermined the natural ecosystem, created erosion, and compromised the soil quality in the area.ⁱⁱⁱ In addition to the compromised environmental conditions more than half of the population of Chichigalpa municipality lives in poverty, and more than a quarter in extreme poverty.^{iv} Any situation with these base conditions would be ripe for conflict and discontent, but the situation became worse in recent years. In the mid-1990s both the community and the

company began to be aware of the CKD that was affecting the population of Chichigalpa, especially the sugarcane workers.

The population's low incomes, the fact that sick people can't work in sugarcane (the primary source of income in Chichigalpa) and very limited health care services in Chichigalpa all ensured that the disease's impact on the community was especially serious. After hurricane Mitch displaced thousands of people in 1998, Chichigalpa saw a sharp increase in population and consequently the basic living situation became more severe.^v The continuous growth of the CKD epidemic brought additional pressure on the community. The health care and basic living support needs of those affected by CKD soon exceeded what the company or the government would do for them.

As tensions increased, former employees and their families began to take things into their own hands. Community members began to organize and mobilize against NSEL. The goal of these efforts was to receive compensation from the company for the injuries they believed the company to be responsible for. Some former employees and community groups engaged in protests and many of them started court cases against the company. In 2003 a group of 1153 litigants received a first settlement from Pellas Group of US \$2 million for "humanitarian aid," without the company accepting liability. The money was intended to help people with food and medical needs, but it had no lasting impact.

There were about 14 more court cases in the following years, but NSEL chose not to settle. No judicial process ever established a direct link between the disease and the company or delivered a favorable ruling for the employees. Many of those affected by the disease signed up with whatever group they thought might get them some real compensation. Additionally, there were different brokers who promised compensation in exchange for a fee and then never followed through on their promises, contributing to frustration and discontent.

In 2004 the Nicaraguan Government made an important official response to the CKD epidemic. It added CKD to the list of occupational illnesses as defined in the National Labour Code. This legally established CKD as a disease that was considered to have its origin in working conditions, and gives former workers afflicted by CKD the right to a pension, providing some relief to those who receive one. Yet many people don't receive

the pension. The legislation provided a legal framework that legitimated and stimulated the community demand for compensation from the company.

One of the groups that began organizing for compensation in this period was called the Chichigalpa Association for Life (ASOCHIVIDA). They are the focus of this story, as they were the first ones who succeeded in establishing direct communication with the company after the court case in 2003. Like many groups that were in search of compensation for and alleviation of their suffering, ASOCHIVIDA began as a few community leaders backed by a list of hundreds of names of former sugarcane workers and the families of those affected and killed by CKD. ASOCHIVIDA formed in 2006. They began by organizing numerous public demonstrations against the company.

In 2007 a group of Yale students brought the plight of ASOCHIVIDA to the attention of the international community. They reached out to a Washington-based environmental rights organization called the Center for International Environmental Law (CIEL). CIEL describes itself as an organization that “uses the power of law to protect the environment, promote human rights, and ensure a just and sustainable society.”^{vi} CIEL helped ASOCHIVIDA and local community members file a complaint with the Compliance Advisor Ombudsman (CAO) of the World Bank Group.

The CAO is the internal recourse mechanism for the International Finance Corporation (IFC), the private sector branch of the World Bank Group. The CAO could be involved because in 2006 NSEL had obtained a credit from the IFC to enlarge its capacity to produce and process sugarcane. Part of the mandate of the CAO is to assist the IFC in addressing complaints by people affected by IFC projects “in a manner that is fair, objective and constructive.” The CAO sees itself as independent and impartial. It functions by directly responding to the concerns of individuals, groups of people, or organizations affected by IFC projects that lodge a complaint with the CAO.^{vii} When the CAO receives a complaint it offers the complainants two options: to convene a dialogue or to conduct an assessment of the company’s compliance with IFC policies. In this case both the company (NSEL) and ASOCHIVIDA chose to engage in a CAO convened and funded dialogue process. Government and other stakeholder groups chose not to participate in the process, as explained in more detail below.

ASOCHIVIDA Perspectives on the Conflict

The conflict in Chichigalpa involved the widespread incidence of CKD in Chichigalpa that particularly affected the present and former employees of NSEL's Ingenio San Antonio (ISA). The community of Chichigalpa believed that the high incidence of CKD was a consequence of the operations of ISA. First, ASOCHIVIDA believed that Chichigalpa was affected more than other towns, and that the people who worked in the sugarcane fields were affected by the disease in greater numbers than those who did not. Second, local environmental and health impacts of the agrichemicals used by the company were questioned by ASOCHIVIDA, but their concerns were not sufficiently addressed by anyone. The combination of these factors led people to correlate company operations with the prevalence of the disease.

The disease was accompanied by what ASOCHIVIDA saw as a persistent lack of an adequate response to that crisis by the government and the company. As Donald Cortez, the president of ASOCHIVIDA who died of renal failure during the writing of this story said, "The company didn't listen to the people, and no one was helping the people, neither the company nor the government." Before this process began there was no recognition of an epidemic, there was minimal investigation into the disease and there were very few local, national or regional institutions trying to address the issue. The community was facing a mysterious and lethal disease and didn't feel like they had sufficient institutional support.

The people of Chichigalpa began to collectively demand that the company compensate the community for health damages and lost lives. They also demanded that the company change the conditions that they believed led to the situation. These collective actions initially took the form of lawsuits and protest.

None of the confrontational and legal attempts to address the situation before the dialogues were sufficient to effect the change they wanted. It was hard for the community to produce proof that the company and the CKD were connected, so the community complaints did not result in judgments against NSEL. The community strived to have their voice heard through mobilizations and protests both in Chichigalpa and in the Nicaraguan capital, Managua. The protests raised awareness and catalysed the

development of new regulations related to the disease. They didn't, however, substantially improve access to remedy or control the CKD epidemic.

The protests did, however, capture the attention of the international community. It was these manifestations of the conflict that allowed the case to come to the attention of CIEL, which has been heavily involved in the process since 2007. Cortez emphasizes that ASOCHIVIDA "didn't want to hurt the company" with their protests. Instead, the goal was to "discover and address the causes of the disease and eventually achieve an improvement in the lives of those affected by it." Transformation of the status quo was necessary, and it couldn't be achieved by the community alone.

When ASOCHIVIDA achieved the ability to talk to the company directly, something that hadn't previously existed, people rallied behind them as the most likely group to get the compensation they wanted. Over the years, due its increasing legitimacy and the continuing spread of the disease, the size of ASOCHIVIDA's membership grew from around 600 to well over 2000.

Company Perspective on the Conflict

NSEL's Ingenio San Antonio has been operating in Chichigalpa since the end of the 19th century, and its presence was instrumental in building a population base there in the first place. The sugarcane processing operation is an important part of the large and powerful Nicaragua-based multinational called Grupo Pellas (Pellas Group), a conglomerate of financial, industrial and commercial companies that has been part of the Pellas family for its entire existence. As a nationally-based and family-run company that has operated for over a century, the company is proud of their strong bonds with Nicaragua and connection to the town of Chichigalpa in particular. This has resulted in a unique level of concern about the health situation in Chichigalpa. In the mid-1990s NSEL began to raise its own concerns about the kidney disease problem that was affecting their workforce with the Ministry of Health. NSEL considered conducting their own investigation into the disease, but didn't do so knowing that no one would trust the results to be unbiased.

When faced with legal proceedings, NSEL's first response was to settle. The initial settlement in 2003 proved to be unhelpful for the company, so it didn't repeat that

strategy. As the company continued to face litigation, it maintained its legal defense and repeatedly obtained favorable rulings from the courts.

In 2008 NSEL undertook a public relations strategy. The company emphasized that it shared the people's concerns about the disease and denied accusations that it was responsible for the high incidence of CKD. NSEL pointed out that their business practices are the same as sugar production facilities all over the world, but that the distribution of CKD is not. They also emphasized the fact that they were only an employer for half of the year, and pointed out that only a small percentage of the employees were affected by CKD. NSEL raised the possibility that the problem might have other sources.

Far from resolving the situation, NSEL's strategy affected its reputation both nationally and locally, as the court cases were often accompanied by protests. The public relations problems only added to the already high costs of litigation. They also went against NSEL's view that having a positive relationship with the Chichigalpa community was important for the company. For Alvaro Bermudez, an administrative director of NSEL, "community participation is not just a new concept that is in fashion for large corporations; involvement in the community's development is important for the company and the maintenance of a strong relationship with the community is necessary to NSEL's ongoing operations." They needed to make an investment in having a healthy community, because they knew that business cannot thrive if something is hurting the community where they operate. When faced with a situation as complex as the one in Chichigalpa, the company also realized that they couldn't resolve it alone.

The Process

ASOCHIVIDA filed its complaint with the support of CIEL in March of 2008 on behalf of 673 residents of communities in the departments of Leon and Chinandega (Chichigalpa's department) and former NSEL employees. The initial complaint raised concerns about the adverse health impacts on local communities, labor and working conditions, inappropriate land acquisition from the indigenous communities, environmental impacts and compliance with the IFC's performance standards, policies and procedures.^{viii} In June of 2008 the CAO responded to the complaint by making its first of many field trips to Nicaragua to assess the claims. After meeting with all of the

stakeholders the CAO identified three common objectives relating to the various stakeholders' needs. The one most relevant to this paper was the goal to "identify the causes of CKD and receive appropriate support to address the effects of the disease affecting the community around the San Antonio Sugar Mill."^{ix} The other issues raised in the complaint were related to nearby Goyena and Abangasca indigenous communities and pertain to other issues that are not part of this paper.^x

In response to the objective related to identifying the causes of CKD in Chichigalpa, the CAO offered the complainants two options: to convene a dialogue or to conduct an assessment of the company's compliance with IFC policies. Both of the parties chose to engage in a CAO-convened dialogue process. The CAO assembled a multidisciplinary team of professionals with different backgrounds (hydrology, public health, mediation, business and human rights). To mediate the dialogues the CAO contracted Juan Dumas, an experienced facilitator of socio-environmental disputes, as lead mediator. In November 2008 ASOCHIVIDA and NSEL signed an initial framework agreement where they agreed to the guiding principles for the dialogue process. The agreement established two topics that would focus and limit the discussions. First, they would focus on "determining and addressing the causes of [CKD]." Secondly, they chose to discuss "options for supporting local communities where there is a prevalence of [CKD]."^{xi}

The first priority for both of the parties was to understand what was causing the high incidence of CKD in the region and to assess whether there was a connection with NSEL's operations. Consequently, the first step of the process was to initiate a credible and independent investigation into the problem. In the first meetings ASOCHIVIDA and NSEL together chose the Boston University School of Public Health (BUSPH) from a pool of nine candidates to conduct an independent investigation into the situation. They specifically chose a foreign research institution, which they believed would be more trustworthy. The dialogue parties asked BUSPH to implement a multi-faceted investigation into two questions: "1) What are the causes of CKD in the Western Zone of Nicaragua – an area that includes the Ingenio San Antonio and its sugarcane plantations? 2) Is there any relationship between the practices of the Ingenio San Antonio and the causes of CKD?"^{xii} The BUSPH investigations were a key component of the ASOCHIVIDA-NSEL dialogue that occurred between 2009 and 2012. They were funded by CAO and the Comité Nacional de Productores de Azúcar (The National Board of Sugar Producers).

The BUSPH team first “conducted a Scoping Study from June to December 2009, which summarized the available information on CKD in the region, identified data gaps, and recommended research activities to address those gaps.” After that they established thirteen hypotheses about the source of CKD,^{xiii} which they studied through six separate lines of investigation. The investigation resulted in many breakthrough discoveries. A key discovery was that the CKD that was prevalent in Chichigalpa was a form of the disease distinct from other, more common, forms of CKD that are associated with diabetes, high blood pressure and heart disease. Throughout the investigation the BUSPH investigation was in regular contact with the dialogue table, both keeping them up to date with the scientific process and following their instructions about what to prioritize. The scientific process and the dialogue process were in this way one and the same.

Over the years the parties reached a number of agreements about ways to alleviate the impact of CKD on the community. The relationship between ASOCHIVIDA and the company improved through ongoing interactions. And both parties learned a great deal about the nature of the CKD epidemic, which proved to be much more complicated than anyone had anticipated. The process as a whole allowed the participating parties to create some triple-win solutions for ASOCHIVIDA, NSEL and society at large, even as there remains much work to be done. The CAO-sponsored dialogue process came to an end in 2012. At that point ASOCHIVIDA and NSEL signed an agreement in which they decided to continue the dialogue process through direct conversations on their own. The CAO’s function has since shifted to monitoring of implementation agreements and can be a source of support if the parties face difficulties in the future.

CAO and Mediator’s Perspectives on the Process

In response to the conflict the CAO followed its established protocol. Once the parties chose to engage in a CAO convened dialogue process, the CAO then sought and hired a local mediation expert to facilitate the dialogue process and help the parties reach the goals laid out in their initial framework agreement. Dumas and the DC-based CAO team began meeting with the community and the company in mid-2008. To meet the desired aims of the parties, they collectively determined that there would actually need to be two streams of the process. One would establish the commitments that NSEL would

make to support the families and workers affected by the situation. The second would be the independent investigation into the causes of CKD and its relation with NSEL operations in western Nicaragua. Dumas believes that both of these streams helped build mutual trust, and that some key factors seem to have helped the parties move from fighting each other over CKD to working together to find its cause and mitigate its impacts.

The first transformative aspect of the process was the involvement of CIEL and the initial engagement of the CAO's conflict resolution mechanism. This was necessary to move the conflict from one that was isolated and increasingly adversarial into a situation where the parties could come together. Dumas says that it was fundamentally important that the CAO process simply gave NSEL someone in the community they could talk with and a structure within which to do so. ASOCHIVIDA also benefited from being able to talk with the company in a structured process. The reduction from hundreds of community voices to a single group of ASOCHIVIDA directors was key. The second transformative aspect of the process was for the parties to establish the first framework agreement where they could set the scope, purposes and rules of engagement of the dialogue process. This allowed them to agree on the importance and the definition of the conflict, which put the parties on common ground for the first time.

According to the CAO it was very important that the investigation was conducted with the support and participation of both the community and the company. One of the first actions of the BUSPH investigation team was to meet with community members in focus groups and hear about all of their experiences and concerns. In particular, BUSPH conducted tests of water samples wherever the community members thought was important. Dumas highlighted that NSEL was especially transparent during the investigation into the causes of CKD. They offered full disclosure of their paperwork and access to all work sites for the BUSPH team. Dumas also believes that the fact that the company has operated in the community for over 100 years contributed to NSEL developing a unique commitment to the community and to finding a solution to the problems they were facing.

Ongoing meetings between the two groups occurred at that same time the two parties were collaborating with BUSPH on the health investigation. In the meetings they were

able to work on the implementation of actions that provided medical and socio-economic assistance to those affected by CKD in Chichigalpa. The meetings also had the important feature of developing the subjective relationship between the parties. The health study and the meetings combined to ensure that the reception and acceptance of the results of investigation were received and accepted by both of the involved parties. The mutual acceptance of the BUSPH investigation contributed to the conditions that allowed the parties to create the action plans towards strengthening local public health services and other socio-economical joint projects that would foster local development.

The transparency that occurred throughout the process was important. All documents and agreements as well as mediator summaries are available on the CAO website,^{xiv} and the results of every dialogue table were shared orally with the community members for whom online documents were of little use. The fact that the mediation phase of the dialogue process closed when the parties chose to engage in direct communication on their own reflects from the CAO perspective a responsible conclusion to a successful mediation process between these parties. The CAO continues to monitor the process.

The CAO knew about the importance of having government officials at the table, particularly the Ministry of Health. It made several unsuccessful attempts to involve government officials at the initial stages of the dialogue process. While both NSEL and ASOCHIVIDA understood the importance of having the government involved, the strategic decision was for the parties to begin working together without government. The parties communicated the process outcomes to government officials as they unfolded, and hoped to progressively involve government in collaboration as much as possible.

ASOCHIVIDA Perspective on the Process

According to the President of ASOCHIVIDA, Cortez, the principle advantage of the process convened by the CAO was that it provided a context that allowed ASOCHIVIDA to adequately engage in dialogue with NSEL. Before the dialogue process there was not really any way for people at the community level to communicate directly with the company leadership. ASOCHIVIDA found the CAO role essential in convincing NSEL to engage directly with the community about the situation and opening the doors to a relatively balanced conversation between the parties. Cortez emphasized the voluntary

nature of the process: “No one was forced to participate in the process,” and “anyone could leave when they wanted.” From Cortez’ perspective, the power may not have been balanced between the two groups of five ASOCHIVIDA and NSEL representatives that were seated at the table, but nevertheless he acknowledged that the mediator helped create a balanced conversation. Cortez also highlighted the value of ASOCHIVIDA representatives being accompanied by the CIEL representative during the whole process. Even without a speaking role in the dialogues, she played an active role in other communication and meetings that helped the process go more smoothly. Cortez believed that her ongoing dedication to ASOCHIVIDA and the process made a significant contribution to achieving a more balanced process.

Throughout the dialogue process ASOCHIVIDA needed to maintain communication with its membership and the Chichigalpa community.



ASOCHIVIDA members' meeting at the Planton, Nicaragua: © Office of the Compliance Advisor Ombudsman (CAO), World Bank Group.

ASOCHIVIDA’s board of directors sustained transparency by conducting community assemblies after every dialogue table. The assemblies were large, outdoor events where hundreds of people would come to listen to what had transpired. The board would listen to community comments and address questions. CIEL, the mediator, CAO and the scientists from BUSPH would also frequently attend the community assemblies.

The assemblies proved to be challenging for ASOCHIVIDA at times. For one, they were public and were therefore easily infiltrated by people who did not agree with the process. People sometimes used the space to generate media attention or forward their own causes. People would film and record the assemblies, which many people found intimidating.

Furthermore, ASOCHIVIDA needed to manage hopes people had at the beginning of the process that it would be possible to quickly establish a connection between the CKD epidemic and NSEL’s operations, and that compensation would therefore come soon.

The truth that emerged, however, was that evidence identifying the cause of CKD was not going to be easy to obtain, at least not in the near future. This meant that the assemblies were often a venue to explain complex scientific nuances about the situation, which many community members had hoped would be clearer. Despite these challenges and due to their ongoing transparency, ASOCHIVIDA grew in legitimacy throughout the years.

NSEL Perspective on the Process

For NSEL the success of the process was its ability to ensure equal participation of the parties. Bermudez of NSEL explained that the institutional power of the CAO and the way the dialogue process was prepared and designed contributed to ASOCHIVIDA's ability to leverage its capacities and fully participate in the process. Generally, NSEL believes that the process helped the parties achieve a greater balance of power. It was very important to NSEL that this process provided an avenue to jointly select a prestigious research institution whose findings would be accepted by both parties. Bermudez also explained that it was necessary for both sides of the conflict to see and agree on a common problem in order for the process to be successful. NSEL admitted that the dialogue process had moments when one party or the other would want to leave. NSEL perceived that those moments of doubt were important. They were when "the parties realized that they would be able to accomplish more by working together than they could separately or on their own."

Other Parties' Perspectives on the Process

There are other perspectives on the conflict and the process that merit mention here: the Nicaraguan Government, other community groups, and La Isla Foundation.

The CAO attempted several times to meet with the Nicaraguan Minister of Health to inform him about the CAO and its process, and to invite the government's participation. These efforts resulted in a meeting with mid-level staff. The government chose not to participate in the CAO-convened dialogue process. The absence of this key stakeholder throughout the process continues to be a challenge to effecting the changes that the parties to this dialogue hoped for.

There were at least two other organizations that were similar to ASOCHIVIDA but chose not to participate in the dialogue process detailed in this paper. While all three represented roughly the same people and all were seeking the same goal of getting compensation from NSEL for the suffering of its employees, they all had different strategies. ANAIRC (Nicarguan Association of those Affected by Chronic Kidney Disease), for example, did not believe that it was necessary to establish a connection between NSEL and CKD. They were a more radical voice against the company and wanted the dialogue to immediately discuss the amount of compensation from NSEL. CIEL offered to include ANAIRC in the claim to the CAO, but they chose not to participate. The other group, Asociación de Cañeros, also chose not to participate in the CAO-sponsored dialogue process.

La Isla Foundation (LIF) is an internationally funded organization based in Nicaragua. LIF had little contact with the community in 2008, but has since been calling attention among international journalists and institutions to the situation in Chichigalpa, especially since 2011. According to their website, LIF is dedicated to improving the lives of those affected by CKD in Nicaragua and is particularly focused on sugarcane workers in Chichigalpa. LIF has been very critical of the dialogue process and ASOCHIVIDA's participation in it. ASOCHIVIDA tends to view LIF as a disruptive outsider that disrespects their decisions and has not attempted to support them.

The Outcome

This process began with two explicit goals defined by ASOCHIVIDA and NSEL. Those were to try to find the cause of the CKD epidemic in Chichigalpa and to discuss ways to support those who are already affected by the disease. The dialogue participants, the CAO and the BUSPH addressed the first goal by putting a great deal of effort and resources into an unprecedented investigation into the causes of CKD. Nonetheless, the situation has proved more complex than anyone had anticipated and the causes of CKD in Nicaragua remain unknown. The second goal was achieved by a series of agreements that offer palliative changes to the situation.

The multi-year and multi-faceted investigation conducted by the BUSPH explored numerous hypotheses through various studies. This was the first widespread study into

the epidemic. It greatly deepened the understanding of the complexity and uniqueness of situation in Nicaragua. The BUSPH study “concluded that none of the current work practices or the chemicals used by ISA are generally accepted causes of [CKD]. This conclusion does not rule out the possibility that one or more of these agents might in fact cause CKD, but new scientific knowledge and insights will be necessary to establish whether any link actually exists.”^{xv} The study also found that the high incidence of CKD in western Nicaragua extends far beyond the employees of NSEL. CKD is prevalent throughout the region and reportedly extends throughout Central America and other parts of the world. CKD is especially common amongst low-income populations, and those that are disproportionately affected tend to be those that are exposed to difficult labor conditions in extreme heat. In addition to sugarcane harvesters and other agricultural laborers, it predominantly affects construction workers, miners and dockworkers. The investigation explored the possibilities that the illness seemed to be related to intense physical labor, heat exposure, dehydration, and chronic use of certain pain-killing medicines, among other factors. The causes of the disease, however, remain unknown, and finding such a cause might take many more years to achieve. The BUSPH has committed to an ongoing five-year investigation that will focus on studying occupational practices that may be linked to the disease and a much wider study into the causes in the region, including Nicaragua and El Salvador.

Through the series of mediated dialogues over the three and a half years, the parties came up with many ways to provide immediate support for the people affected by CKD in Chichigalpa. These agreements were arrived at mutually by the parties, and were usually a direct response to the needs and rights identified by ASOCHIVIDA. One of ASOCHIVIDA’s priorities was the distribution basic food provisions for families affected by CKD, because it was necessary to ensure the ongoing capacity of the community to keep fighting. In response to this request, NSEL committed to community support including distribution of food provisions for over 2000 families for two years. That period was then extended for another two years. The parties agreed for NSEL to donate housing construction materials that were needed to create the sanitary conditions (e.g., tiled floors) that are necessary for ongoing kidney treatments such as peritoneal dialysis. The agreements included the creation of a poultry farm of which 100% of the proceeds go to ASOCHIVIDA. They use the funds to give micro-grants to community

members for medical and funeral costs. The parties agreed to the formation of a microcredit fund and a micro leasing project, which are managed by two Nicaraguan organizations dedicated to sustainable development (CEPRODEL and Nitlapan^{xvi}). The agreements included the donation of ultrasound equipment and the weekly services of a radiologist in the local health center of Chichigalpa. NSEL donated land for the Nicaraguan government to build a new basic hospital and a new clinic that could specialize in kidney diseases. NSEL and the German Development Bank (DEG) offered to donate US \$320,000 for a renal clinic on the same land. At the time of writing, the hospital construction was nearly complete, but the Nicaraguan Ministry of Health had yet to accept the donation to build the renal clinic. This is not a comprehensive list. In total, the collaborative process between 2009 and 2012 resulted in agreements that led NSEL directly or indirectly through associated entities to invest over US \$4 million of aid and research into the Chichigalpa community to meet the immediate health and subsistence needs determined by ASOCHIVIDA.

On 28 June 2012, ASOCHIVIDA and NSEL signed the Closing Agreement for the CAO Mediation between ASOCHIVIDA and NSEL. The agreement details the way that the process addressed the two main topic of the dialogue. It formally states that ASOCHIVIDA and NSEL accept “the findings obtained by BUSPH as a result of the research undertaken and, in view of the fact that the causes have not yet been identified, commit to the extent of their possibilities to continue collaborating with BUSPH in any follow-up research activities that it may decide to carry out.”^{xvii} The agreement details the commitments the parties have made to alleviate the situation of those affected by CKD. The agreement documents the parties’ mutual commitment to continue engaging in direct dialogue in good faith and to keep working together as they try to alleviate the difficult situation of families and ex-workers of Ingenio San Antonio who are suffering from CKD. It also establishes the parameters under which NSEL and ASOCHIVIDA will hold conversations into the future. Finally, the agreement accepts the CAO termination of its role as the convener and facilitator of the Dialogue, while accepting its offer to fund the services of a local consultant to support ASOCHIVIDA’s organizational strengthening and the ongoing services of the mediator, should he be needed to help with future conversations between ASOCHIVIDA and NSEL.^{xviii}

The parties agree that the process was helpful. They are unified in their frustration that the causes of CKD were more difficult to discover than they had originally hoped. The process was able to address some of the immediate needs of the community, open new channels of communication and set the stage for continuing efforts to address CKD in the long term. The parties recognize the colossal effort and dedication of all who participated. A five-year process that touched on the interests of thousands of people is no easy task, and the fact that most feel satisfied is very significant.

The situation, however, is far from over. The kidney disease's causes are still unknown, and long-term solutions to this problem will take a much longer time to achieve. Comprehensive solutions will require ongoing research into the causes of the disease, and that will require the ongoing involvement of all stakeholders, including those that were not part of this process. The government, for example, will need to be involved in order to deal with this issue that extends far beyond Chichigalpa, ASOCHIVIDA and NSEL.

ASOCHIVIDA Perspective on the Outcome

ASOCHIVIDA recognises that there is still no integral remedy for its situation, but also believes that the quality of livelihoods in Chichigalpa has improved in comparison with the previous situation. ASOCHIVIDA believes that that dialogue process was helpful and that it successfully assisted in meeting the immediate needs of the people affected by CKD. Cortez explained that the food program and the housing materials programs were very popular and were vital for the community members whose capacities to generate incomes have been negatively impacted by CKD.

ASOCHIVIDA underwent significant changes during this process. It grew from a list of frustrated worker and families into a proper organization with an office, a staff and many new commitments and responsibilities. It has needed and continues to need to keep its many members up-to-date about ongoing discussions with NSEL, especially about any joint efforts or outcomes achieved. They have needed to learn a great deal of new things about scientific issues and advanced negotiation skills.

ASOCHIVIDA has to take on the role of identifying those in most need of the benefits distributed through the agreements with NSEL. It also needs to juggle the growing and

increasingly diverse expectations from its member community. The logistics of implementing the commitments has been difficult because of the sheer size of the association. At the end of 2012 there were over 2500 members of ASOCHIVIDA who were seeking sustained support of different kinds. Furthermore, there are many people that would now like to join the association and participate in the benefits. ASOCHIVIDA needs to help people document their employment at ISA and certify that they have CKD. ASOCHIVIDA also now has a budget from the poultry farm project that they use to administer grants for people's medical and funeral costs.

These responsibilities will not get easier over time. ASOCHIVIDA continues to face challenges from La Isla Foundation who they believe are trying to manipulate the community. In response to the need for organizational strengthening necessary to implement the agreements, the CAO has contracted a local business development expert to work as a local facilitator who can coordinate the communication between NSEL and ASOCHIVIDA. He was chosen competitively by the community in 2010 and they consider him to be a great help with ongoing communication and organization.

NSEL Perspectives on the Outcome

In general, NSEL is content with the process and its outcome, even as it recognises that there is much yet to be done. They were particularly grateful for the presence and dedication of the CAO. As of early 2013 NSEL believed that the outcome of the process and follow-up to the agreement are working well. They note that all of the parties continue to meet on a regular basis and are in ongoing communication, representing a substantial improvement from the previous status quo.

NSEL's perspective is that the BUSPH study clarifies that the high frequency of CKD in Chichigalpa is not directly due to the company's actions, emphasizing that CKD is a much more widespread regional problem. It therefore believes the process has improved the reputation of the company. Even though the BUSPH study didn't find evidence that NSEL has direct responsibility for the disease, the company plans to continue its commitments to support the community members affected by CKD and to continue operating in Chichigalpa. Bermudez says, "You won't find healthy companies in sick communities." NSEL continues to wait for the Nicaraguan Ministry of Health (MINSa) to accept their

proposed donation for a local health centre in Chichigalpa that is specifically designed to address kidney-related disease.

Other stakeholders Perspectives on the Outcome

The government of Nicaragua refused multiple offers from the CAO and the dialogue table to be involved in the dialogue process. And while everyone understood the importance of having the government involved, they made the strategic decision that it was more valuable to have the dialogue without the government than it was to not have it at all, so the parties moved ahead in the government's absence. The plan was to communicate the process outcomes to the government officials as they happened, and hope to progressively involve them in the collaboration as was necessary or able. Nonetheless, the government has not approved the donation to build a renal clinic in Chichigalpa. The neglect to approve the donation for the clinic that could treat those with dying of late-stage CKD is hard to explain. The government has also not offered social security to those affected by CKD as the law passed in 2004 was expected to accomplish.

ANAIRC chose not to participate in the dialogue process. The decision by ANAIRC to not participate in the CAO process was due to a difference in strategies. Reportedly, there was an unspoken agreement for ANAIRC and ASOCHIVIDA to maintain mutual respect between the organizations and not interfere with each other throughout the years, even as they chose different paths. The influence of ANAIRC has waned dramatically since 2008.

La Isla Foundation (LIF) has taken a three-tiered approach to the situation: medical research and public health intervention; changing public policy and ensuring compliance; and coordinating public relations and media. LIF seems to dominate the online conversation about CKD in Chichigalpa with a proactive media strategy and organized website.^{xix}

LIF is very critical of the outcomes of the dialogue process. They believe that ASOCHIVIDA was pressured "into intimidating their own members by using the stipends as leverage over their membership."^{xx} They believe that the agreements between ASOCHIVIDA and NSEL are functioning as barrier to LIF's own independent

investigation into the causes of CKD. While the results of the BUSPH study did not find evidence linking NSEL's activities to an established cause of CKD, from the LIF perspective it also does not absolve NSEL of responsibility. LIF points to the impact of physically demanding and high-risk activities. Their hypothesis is that there is a link between chronic dehydration and exposure to an environmental toxin.^{xxi}

LIF says that community members have been threatened with losing their benefits if they work with LIF or talk to the media. Those who participated in the dialogue process emphasize that LIF is not from the community and is managed by people outside of Chichigalpa. At the time of writing, LIF was not engaged in direct communication with ASOCHIVIDA, NSEL or the CAO. They have, however, been vocal critics at the assembly meetings.

At the time of writing, the level of conflict in Chichigalpa seems to be increasing again, including new protests, accusations and roadblocks. Violence between protesters and police broke out in March 2013. LIF believes the protests were a response to the inaction of NSEL and the Nicaraguan government in the face of the CKD epidemic. They also note that issues of working conditions, wages, access to healthcare, freedom of association, and lack of social security and pension benefits remain unresolved. LIF explains that they didn't participate in, but only documented, the protests.^{xxii} From LIF's perspective the protests represent a call for justice and long-term solutions that they believe haven't yet been addressed.

CAO Perspective on the Outcome

From the CAO's perspective, the most interesting and satisfying signal of success in the Chichigalpa case is the continuation of the collaborative process between the parties. The CAO has officially withdrawn from its role as convener and mediator, and will now focus on its role as a monitor of the process as it continues. One reason that further dialogue is desirable is to maintain the relationships and hard-earned trust created between ASOCHIVIDA and NSEL during this process. The CAO notes that the collaborative process simultaneously addressed the human dimension of the conflict and took the material causes of the conflict into account, addressing both the subjective and objective realities of the situation. The process required a psychological commitment from the parties and a significant capital commitment from the convener,

which funded both the mediation and part of BUSPH's public health study. In this case it was the combination of hard science and the more elusive trust-building that led to the outcome.

The CAO emphasizes the value of having opened up the conversation about the kidney disease problem between people from Chichigalpa and NSEL. The scientific investigation by a legitimate third party like BUSPH was critical in allowing the parties to move forward in discussing the other issues in the conflict. Even though the BUSPH study was not able to establish direct causality for the disease, it did allow the parties to identify critical questions regarding industrial hygiene, environmental impact and occupational health. The unprecedented study has surfaced a widespread problem that has effects ranging from the micro to the macro scale. There is a great need for an ongoing process of dialogue and communication about this topic.

The investigation's results have prompted the beginning of a five-year regional plan for further investigation into the prevalence of CKD. This may eventually involve both public and private entities. While the government has not approved the construction of the renal clinic to specialize in kidney diseases, it has established ethical protocols for scientific studies, and participated in a regional meeting of Central American health ministers to discuss the issue. CAO believes these are good first steps, because as Meg Taylor of the CAO and Vice President of the World Bank Group says, "Given the scope and magnitude of this disease, long term solutions will likely require a regional framework for research into its causes, inevitably linked to public policy."

Recent Developments

Since the conclusion of the CAO-sponsored dialogue process, ASOCHIVIDA and NSEL continue to be in communication about the CKD epidemic, and there is ongoing support from BUSPH. While the BUSPH study concluded that none of the current work practices or chemicals used by ISA are generally accepted causes of CKD, they provided some recommendations to improve health and safety procedures at ISA in general. BUSPH found some evidence that the laborers in the tropical climate are experiencing combination of dehydration, muscle damage, and possible exposure to nephrotoxics, or compounds that can cause damage to the kidneys, including common over-the-

counter medications such as the painkiller acetaminophen.^{xxiii} Neither the low-level nephrotoxicant exposure nor the chronic dehydration and/or muscle damage are independently sufficient causes of CKD, but the combination may increase the risk.

Consequently, during the sugarcane harvest from late 2012 to early 2013 NSEL acquired a mobile clinic to monitor worker's health on the sugarcane fields. With the 2013-14 harvest, which begins in November, there will be a complete, well-staffed and funded effort to reduce risks of volume depletion by enforcing existing rules and adding new ones related to breaks, hydration, resting and working days and hours. This is combined with an ongoing international collaborative effort to comprehensively study and address the regional CKD epidemic.

ASOCHIVIDA has decided to mobilize some of its members and travel to Managua to protest peacefully and present a letter to the Minister of Health of Nicaragua bringing to her attention the unaccepted donation from NSEL and the German Development Bank to build and equip a renal clinic in Chichigalpa. The next step is for CIEL to send the letter and its many signatures to the office for the President. Despite these efforts, it still seems unlikely that the clinic will be built, and the reasons continue to be unclear.

These developments reflect the fundamental truth that the dialogue process discussed in this paper is a small but very significant step in a long chain of events that will hopefully bring relief and health to Chichigalpa and other communities affected by the mysterious kidney disease. The story continues.

Analytic Reflections: Conflict Resolution and Conflict Transformation

The CAO-sponsored process between ASOCHIVIDA and NSEL is an example of how parties can arrive at a resolution that addresses the immediate needs of the parties while paving the way for a much larger systemic effort for conflict transformation and effective remedy. All parties acknowledge that relations improved and that now there is much better quality of information available for decision-making. Everyone involved in this process acted based on what was possible to bring immediate relief to those who were suffering. In that sense we can say that the conflict between ASOCHIVIDA and NSEL is being resolved.

Yet there is an important distinction between conflict resolution and conflict transformation. A conflict resolution approach is a strategy that strives to resolve a specific manifestation of conflict and address the immediately present needs of those involved. A conflict transformation approach aims to transform the situation that created the conflict by addressing the root of the problem.

The underlying conditions of the conflict presented here arise from a chronic and serious health problem, intense working conditions and the fact that the community's rights are not protected. It is particularly underserved with regard to the basic right to health care. That conflict could be considered to have been latent, meaning that the unsustainable conditions existed before local groups began organizing around the issue.

When seen from a structural perspective, the absence of credible public information about the environmental and health impacts of NSEL operations combined with the low quality of local health care services helped create the necessary conditions for the conflict to arise. The lack of constructive ways to resolve the issues early on led to the confrontational approach to addressing the conflict adopted by both parties.

The conflict was also influenced by the long history that connects ISA's operations and Chichigalpa's economic performance, as well as related socio-economic, political and cultural factors. The economic situation in Chichigalpa was strained long before the conflict began to come to a head. The region has a long history of monoculture, which has undermined the natural ecosystem and increased the population's socio environmental vulnerability. In addition to the compromised environmental conditions, the municipality of Chichigalpa has a 60% incidence of poverty, and 30% of the population lives in extreme poverty. Along with the sharp increase in population and consequent pressure on basic living needs in the aftermath of hurricane Mitch, all of these were the foundational conditions for the growing awareness of the CKD problem. As these tensions increased, the degree of conflict grew as well.

As the seriousness of the conflict manifested itself through public outcry, it became possible to address the concerns within an extensive and systematic dialogue process because they were finally visible to everyone. The process was able to successfully attend to that specific manifestation of the conflict (i.e. ASOCHIVIDA's concerns), and create the conditions where the underlying issues that created the conflict could begin

to be addressed. The true transformation of the conflict will require multiple processes, much more time and the inclusion of many more actors, particularly the involvement of the state institutions the weakness or simple absence of which in the territory explains some of the root causes of the conflict.

On one hand, this case story offers some important lessons about how to have a successful mediation between a company and a community organization. It is very important to note that all of the parties that participated – the CAO, ASOCHIVIDA, and NSEL – are satisfied with what was achieved in the dialogue process. On the other hand, it is only a small part of what a comprehensive approach would entail. Those who were outside of the process tend to view it with suspicion and can accurately point to the fact that the problem of the prevalence of CKD hasn't been resolved. This conflict existed well before the 1990s when it came into the awareness of the parties involved, and this specific manifestation of the conflict and the subsequent dialogue process are part of a much longer transformation that is far beyond the scope of the CAO, the mediator, NSEL or ASOCHIVIDA.

The question is whether this process was able to go beyond the surface issues and make changes in the status quo that move the situation forward along the path to positive transformation. The answer seems to be “yes.” The remainder of this analysis presents observations about what helped this process to reach resolution and then discusses what might be needed for a more comprehensive transformation.

Reaching Resolution

This case could be used as an learning example for other community-company mediations, since the conflict reflects a pattern that is common for the current development model in Latin America and other parts of the world based on natural resources exploitation. It is an example of a powerful company that operates a large-scale enterprise based on agro-industrial extraction in the context of inadequate state-public institutions. The community growth in the shadow of this company created conditions rooted deeply in asymmetrical interdependence: the parties need each other, but still one has much greater power and resources. The situation generated multiple sources of tension, and the dynamics were vulnerable to the polarizing effects that are inherent in the volatile political history of the country. In this case, as in many, the

conditions that forced the community to confront the company also opened the door to identifying the interpersonal and structural conditions that are needed to eventually address the causes that are at the source of the dispute. This case can also be distinguished from other community-company conflicts in important ways. First, the connection between the health problems and the company are not established. Second, the willingness of the company to collaborate with the community, and vice versa, is not a given in many other cases.

This also shines light on what may be a limit in a bilateral community-company approach. It underlines the need to better understand political dynamics and reinforce efforts to include public institutions as a needed third side in this type of conflict. It is probable that one of the key factors that led the conflict to arise was the absence of public health organisations. Without these, there was neither public information on the epidemic dynamics and causes nor an institution that could ensure effective remedy.

The ability of the participating parties to reach the agreements they did reach is important, and much can be learned about how that occurred. As in many cases, the conditions that created this conflict already existed before the conflict manifested publically. The popular organization, public mobilization of Chichigalpa and litigation were not sufficient to resolve the situation, but they were necessary to bring the situation to the attention of a wider audience and start levelling the playing field. It was the involvement of CIEL, an international human rights advocacy NGO, that was instrumental in reducing the asymmetries and ensuring that ASOCHIVIDA had access to the international channels necessary for CAO's intervention and change in the patterns of relationship. The costly and ineffective nature of the previous confrontational dynamics made the CAO's offer of a mediation process one that was acceptable for both parties. They both chose this process because they were attracted to what dialogue with a third party neutral could offer them. So one lesson is that protest and court cases can be effective and necessary tools for gaining attention and making direct communication attractive, but they are not sufficient by themselves.

Another lesson is that a powerful and dedicated convener can be useful in ensuring a successful process, especially when working with a skilled mediator/facilitator. A powerful stakeholder, such as the World Bank Group, in some sense filled the public

policy vacuum and create institutional incentives for negotiation between the parties. The fact that the IFC had provided a loan to NSEL meant that it was possible for the community to reach out to the CAO. The CAO's structure, which ensures a certain independence from the IFC, allowed it to be a viable convening party. The fact that the CAO is part of the World Bank Group, however, gave it the symbolic power to get the company's attention and the financial clout (a US \$1 million annual contingency fund) to pay for a multi-year mediation process accompanied by a complex scientific investigation. The CAO hired a skilled mediator who worked very closely with the parties in facilitating the dialogue process. The CAO also, importantly, co-funded the joint fact-finding process on the causes of CKD that was implemented by the BUSPH.

This case story shows that if a process hopes to be successful, both subjective human elements and objective aspects of the conflict needed to be taken into consideration. The mediation process created a collaborative approach within a context that could build on the historical, social and economic interdependencies between the community and company. The different participating parties consistently refer to the human dimension as a key success factor. By allowing a space for direct communication between the conflicted parties in regular meetings over three and a half years, the situation became humanized for both sides, and trust was built among the participants. There was a moment, for example, when the representatives of ASOCHIVIDA were able to meet face-to-face with Carlos Pellas, perhaps the most powerful businessman in Nicaragua, and Donald could say that his family had worked for the company for three generations and that he felt like they had been forgotten. The fact that NSEL has operated in Nicaragua and in Chichigalpa for over 100 years added an incentive to create and/or maintain a good relationship between the parties.

Nonetheless, working on interpersonal relationships is not sufficient; the process also needed to address the objective problems that were present. The role played by the BUSPH investigation was key to achieving an objective diagnosis of the situation. Its potency was based in its scientific approach. Its authority could only be achieved by being chosen and implemented through a collaborative process that included all of the participating parties. As a neutral third-party investigator, BUSPH provided credible and relevant information not only to the parties, but also to the wider public that is affected by and interested in its findings. The investigation allowed the parties to build a

common understanding of the problem and created a legitimate and credible common ground of knowledge. It also must be acknowledged that the study hasn't yet found evidence linking NSEL to CKD and found evidence of CKD in areas outside of NSEL's influence. The dialogue process would have obviously been very different if the results showed a direct correlation between NSEL practices and CKD. Either way, the lesson is that a dialogue process must address both subjective and objective aspects of a conflict.

Moving towards transformation

While this case is a powerful story of changed relationships and changed dynamics between ASOCHIVIDA and NSEL, the story is not finished yet. The two outstanding and very serious issues that must be addressed are lack of full inclusion of stakeholders and the need to address the underlying problems beyond immediate needs. Even though many agreements have been drafted to address the basic and immediate needs of those affected by the disease (access to food, shelter and better healthcare), the regional CKD epidemic is not yet resolved. The real cause of CKD will need to be researched and those causes will have to be addressed for more structural change to happen. Grievances around working conditions, wages, access to healthcare, freedom of association, and lack of social security and pension benefits remain outstanding.

It will be necessary to address the chronic lack of state institutions that affects Chichigalpa and creates major difficulties for bringing effective remedy and sustainable development for the population. In this type of conflict there is particular need for government's early and robust involvement, since most of the structural problems that fuelled the conflict had to do with the absence of adequate public policy and public institutions. This is relevant for local government in its role of natural intermediary for public resources, and for national government, given its responsibility for public health care nationwide. Robust government involvement in the issue and the convening of a multi-stakeholder dialogue process might enable consensus-building on a policy agenda for public health and local development at the community level that could be a driver for a more holistic approach.

These goals won't be easy to achieve; long-term solutions by definition take time, attention and resources. Given that the causes of conflict are rooted in problems and asymmetries that are inherent to the very model of development, their transformation will necessitate more innovative and stable interventions. There will need to be alliances and collaboration between public and private sector actors. It will be important to develop a local development agenda that is based on action. This form of change requires much more audacity, creativity and sensitivity than is needed for litigation, philanthropy or media campaigns. The dialogue between ASOCHIVIDA and NSEL may have seemed long and comprehensive, but its achievements may have only paved the way for the needed steps to follow in Chichigalpa.

A different but concurrent difficulty in Chichigalpa arises primarily among those who were not involved in the CAO-convened dialogue process, in particular the Nicaraguan government and La Isla Foundation. This points to an important lesson about conflict transformation processes: they must be as all-inclusive as possible. The horizontal connections need to be considered just as much as the vertical ones do. In other words, the community needs to communicate with the company and the government, and the different perspectives at the civil-society level must be connected to each other and included in the ongoing process. If some stakeholders are not included in the process, they may reject its outcomes, not give needed support or try to have their voice heard through other means. Those who were not included (even if by their own choice) are less likely to be convinced by research data that emerged from the process that they were not a part of. A comprehensive conflict transformation process, one that is far beyond the scope of the CAO or the parties in this dialogue, will need to be constructed of many parallel and connected conversations that will need to span a period of decades.

This case shows that, thanks to a process of dialogue, a community-based organization and a company can create patterns of collaboration. This can forge the adequate conditions for them to take shared action and create a collective response to the symptoms of epidemic disease by shining light on its causes, understanding its social effects and ultimately providing assistance to the affected population. In that sense, the parties were able to move forward by joining forces to foster more substantial changes in public policy, providing a successful platform for local development. This case also shows that a dialogue process may create the tools needed for companies and

communities to work together for prevention and transformation of the sources of conflict in their environments. It shows that mediation and dialogue are key components of a much wider political process needed for effective remedy and conflict transformation to occur. Yet the case is not a finished story. How this plays out in the resolution and remedy of outstanding grievances is still to unfold.

ABOUT THE AUTHORS:

Pablo Lumerman is an experienced dialogue facilitator, conflict transformation practitioner, and political scientist. He holds a masters degree in local development. He is the strategic director of Fundación Cambio Democrático in Buenos Aires, Argentina. Contact: plumerman@gmail.com

Duncan Autrey is an independent facilitator and conflict transformation professional. He holds a masters degree in international relations. He lives and works between the United States and Latin America. Contact: duncan.mediation@gmail.com

CITATION AND LICENSE TO USE

This case story may be cited as P. Lumerman & D. Autrey (2013). Chichigalpa Association for Life and Nicaragua Sugar Estates Ltd. The Hague: ACCESS Case Story Series No. 1 (B. Ganson, Ed.).

Accessible at:

<http://accessfacility.org/access-case-story-1-chichigalpa-association-life-and-nicaragua-sugar-estates-ltd>

It may be copied and distributed freely with proper attribution.

-
- i http://www.cao-ombudsman.org/cases/document-links/documents/FINAL_MedicalNeedsAssessmentandGapAnalysis_May272011.pdf
- ii http://www.bvsde.org.ni/Web_textos/MINSA/MINSA0009/IRCChinandega2.pdf
- iii http://www.bvsde.org.ni/Web_textos/MARENA/MARENA0017/MunicipiodeChichigalpa.pdf
- iv <http://www.inide.gob.ni/censos2005/CifrasMun/Chinandega/CHICHIGALPA.pdf>
- v <http://www.inifom.gob.ni/municipios/documentos/CHINANDEGA/chichigalpa.pdf>
- vi <http://www.ciel.org/>
- vii <http://www.cao-ombudsman.org/about/whoweare/documents/EnglishCAOGuidelines06.08.07Web.pdf>
- viii http://www.cao-ombudsman.org/cases/case_detail.aspx?id=82
- ix http://www.cao-ombudsman.org/cases/document-links/documents/AssessmentReportNSEL10_Dec_2008.pdf
- x http://www.cao-ombudsman.org/cases/document-links/documents/NSELIssuesGoyenaandAbangasca_ConclusionReport.April2010.English.pdf
- xi <http://www.cao-ombudsman.org/cases/document-links/documents/FrameworkAgreement.English.pdf>
- xii http://www.cao-ombudsman.org/cases/document-links/documents/BU_SummaryReport_August122012.pdf
http://www.cao-ombudsman.org/cases/document-links/documents/InformeFinal_EvaluacionNecMedicas_AnalisisBrechas_Mayo27_2011.pdf
- xiii The 13 hypotheses for the cause of CKD were as follows: exposure to agrichemicals; volume depletion and muscle damage; systemic infections such as leptospirosis, hantavirus and malaria; exposure to heavy metals; exposure to aristolochic acid; medications; alcohol consumption; kidney stones and structural kidney disease; diabetes; hypertension; glomerulonephritis; urinary tract infection; and genetics.
- xiv <http://www.cao-ombudsman.org/cases/document-links/links-82.aspx>
- xv <http://www.cao-ombudsman.org/cases/document-links/documents/FINALIHRReport-AUG302010-ENGLISH.pdf>
- xvi <http://www.nitlapan.org.ni/>
- xvii http://www.cao-ombudsman.org/cases/document-links/documents/NSEL_ASOCHIVIDA_CAO_SignedAgreement_June282012_eng.pdf
- xviii Ibid.
- xix <http://laislafoundation.org>
- xx <http://laislafoundation.org/off-air-video/>
- xxi <http://laislafoundation.org/epidemic/>
- xxii <http://laislafoundation.org/ckduprotests/>
- xxiii <http://chemistry.about.com/od/chemistryglossary/g/Nephrotoxicant-Definition.htm>