

# Not so sweet

## *HIV/AIDS and South Africa's canefields*

**K**waZulu-Natal is a region blessed with some of the most beautiful coastal and inland country in South Africa. Lush farmland rolls over steep hillsides, carves paths through deep valleys and plummets down into the tropical vegetation that dominates the Indian ocean coastline.

It's a region where African and European and Indian people make up a complex social fabric that has endured centuries of often bitter conflict to emerge seemingly intact and relatively peaceful. It is also a place bedevilled; a land of plenty, where thousands still starve, a land of silicone, superhighways and slaves, a land of traditions not always proud and one in which the pandemic of HIV/AIDS is taking the greatest toll.

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*'In the world of a lot-lot more ... we starve, we survive, we die.' - Itumaleng Mokae*

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These contradictions in both the social and geographic make-up of KwaZulu-Natal are stark in the canefields that sweep vast tracts of land from one end of the province to the other. In fields under cane lie colonial family fortunes and legends of

*Andrea Meeson argues that farmworkers on the canefields in KwaZulu-Natal work under highly exploitative conditions and that the employers' response to HIV/AIDS is cause for great concern.*

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hardy farming stock, the proud and determined. The harvested slopes, burnt orange or black by the sun or flame, bear other stories of broken families, desperate poverty, alcoholism, violence and disease. It is on this land of disparity that HIV will plant many seeds and AIDS will harvest a bumper crop.

Mzwandile Zuma (not his real name) lives on just such land near Gingingdlovu, northwest of Stanger. A farmworker all his adult life, Zuma has planted, weeded and harvested cane on sugar estates and private farms all over KwaZulu-Natal. His hands - callused, cut and stained blacker than his sunburnt skin - are testament to more than a quarter century of labour.

His home - one room, tin roof, concrete floor and windowless - is shared with his

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wife and the last two of his eight children.

Zuma speaks frankly about his work: 'The life of a cane cutter is very hard. There is little money for long hours of work. We complain to the farmer but he is not interested and says if we are unhappy we must move on to another job.'

About HIV/AIDS he is equally forward: 'There is the sickness we know, we have heard of. We can even see some people getting sick, but there is silence.'

The silence is fuelled by fear - of being sick and unable to work and of ridicule and isolation from an already disparate and unstable community.

Zuma explains: 'If you get too sick to work you lose money. Here there is no union and no time off for sickness. If you don't work you don't get paid. If your sickness is very serious and you need to go to hospital then you must get there yourself.'

The farmer may sometimes take you to a private doctor, but he takes R60 for each visit off your wages at the end of the month. If you are sick for more than a week there is a good chance you will lose your job.

There is also the problem of other people in the community talking. If you are sick they make jokes about you, I have seen it. People are afraid to talk about sickness.'

This fear and foreboding is alive among Zuma's fellow workers on the neighbouring Wynston cane farm. An impromptu gathering around the open water tank in the middle of the workers' hovel reveals an initial stony silence when the question of HIV/AIDS is raised.

Women on the one side and men on the other look into the ground or stare blankly over the horizon. An elderly woman suddenly speaks out: 'We can see it in our children, even if they say nothing.' The silence is broken and a deluge of commentary and questions about HIV/AIDS follows.

'Where does this AIDS come from?', asks one old man. 'We never saw it killing in the past.'

A younger man complains that the *mlungu* gives out condoms because 'he doesn't want us to have children.' Another elderly man suggests that by using condoms he will be 'putting that plastic in places where it doesn't belong'. A teenaged boy is happy to hear there are condoms for women because 'women must also wear them'. He wants to know if the male condom and the female condom can be used at the same time.

A young woman asks 'what happens to the AIDS when a person dies and if it dies with the body why can't it be taken out to cure others?' How many questions unanswered, how many myths unchallenged?

The people speak in more general terms about the poverty and disease they suffer. 'We live worse than animals here, with no electricity in broken huts and houses.'

'We work too hard every day and there is little food, just samp and beans, pap and we must buy our own meat. This farmer gives us only *amabeu* and *inqomboti* when we are working. Even if we don't drink it, he deducts R17 off our wages every month.'

'We are often sick in this place - you can see how filthy it is. We have running stomachs, malaria, chest problems and there is no money for hospital or doctors. Other places have clinics but here we have nothing.'

Indeed, 200 metres across the veld is the Amatikulu sugar mill owned and operated by Tongaat-Hulett Sugar, a main player in the industry. The mill operates an on-site clinic for its workers and the company is training HIV/AIDS peer educators at its mill at Maldstone, further south.

Unfortunately, clinic facilities and peer





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educators are rarely available to the thousands of agricultural workers who work on surrounding farms, whether private or company-owned. This despite the fact that these same farms supply the raw product that keeps the mills in business. Moreover, agricultural workers are the most vulnerable in the sector to HIV infection due to the appalling conditions under which many of them live and work.

The average cane-cutter cuts between

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*'The rich person just clicks a computer mouse, he calls that an honest day's labour...'*

*Vonani Bila*

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four and five tons of cane a day. This is the equivalent of running a half-marathon every day. Wages are task-related and are calculated and paid out pro-rata based on the task completed. Those cutting cane on farms run by Tongaat-Hulett or the other industry giant Illovo can expect a wage in

the region of R40 for a day's task.

They are usually migrant labourers from as far away as the Eastern Cape and Lesotho and are housed in single sex hostels, with up to ten men sharing a room. A hot meal high in carbohydrates but almost void of mineral or vitamin content makes up the bulk of their daily ration. Fresh green vegetables and fruit are not on the menu.

Weeders, who are mainly women from surrounding rural communities, are hired by the companies on a seasonal basis and can weed the equivalent of five times 22-metre sections of field a day to make just R19. They receive a quarter loaf of bread and tea in the early morning and are given *amabeu* to keep themselves going during the day. Toilets, protective clothing and water are not provided.

These are but a few of the standards set by the leading South African sugar companies whose combined headline earnings for their respective 1999 financial years well exceeded half a billion rand.

On private farms, the set task may vary



and the corresponding wage can be much lower. Workers on Wynston Farm reported a monthly payment of R480 (regardless of task) from which up to R200 is deducted by the farmer for food and alcohol rations.

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*'A rich man flips a coin, a poor man rushes for it.' Mputi Morire*

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Evidence of the impact of HIV/AIDS on business in South Africa suggests that 'the cost of the disease will depend on the type of company, the skills levels and replaceability of employees, the sector it operates in and the benefits it provides'. Industries that are labour-intensive and those that depend on migrant labour are likely to be the most seriously effected.

According to a recent article in *AIDS Analysis Africa* 'labour and sector productivity are directly affected by any factors contributing to HIV transmission and subsequent morbidity and mortality'. These include rotating and seasonal labour, lack of community cohesion, gender relations, culture and livelihood strategies, lack of education and recreational opportunities and poor access to treatment for sexually transmitted infections. All of these factors are part and parcel of the lives of agricultural workers.

Another article on HIV/AIDS and development published by UNAIDS quotes a report from a sugar estate in an unidentified African country quantifying the cost of HIV infection as follows: '8 000 days of labour lost to illness over four years; 50% drop in processed sugar recovered from raw cane over the same time period; fivefold increase in funerals over eight years; tenfold increase in health costs and over three-quarters of all illness related to HIV infection.'

These alarming statistics have not gone entirely unnoticed by the corporate giants

in the South African sugar industry. Both Tongaat-Hulett and Illovo have to their credit longstanding HIV/AIDS policies and guidelines in accordance with the present LRA.

The companies have had pilot HIV/AIDS education and intervention programmes at Maidstone and Umfolozi sugar mills respectively for some time. These programmes, according to management and medical personnel at both companies, are reaching all employees in sugar mills across KwaZulu-Natal.

Condom distribution and on-site education at Illovo's Umfolozi mill has resulted in a reduction in sexually transmitted disease (STD) cases of 40 per month in 1998 to just five per month on average this year according to chief medical officer Dr Shaun Cheevers. He says that access to free health care, counselling, voluntary testing for HIV and basic treatment for those presenting with opportunistic infections extends to workers in both the milling and agricultural sectors at Illovo.

Questions relating to the conditions of employment and lifestyle of the lower bands of agricultural workers and the impact these factors might have on the prevalence of HIV infection on Illovo estates are brushed aside by Dr Cheevers.

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*'Through this perpetual moral poverty, people live here, people strive here, people die here.'*

*Sthembiso Madlala*

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'There is no scientific evidence to support the argument that improving the conditions is going to stop the epidemic,' he says.

Despite claims by Illovo workers and



union shopstewards that scant information about HIV/AIDS and next to no access to the company's clinics is afforded to agricultural workers, Cheevers lauds Illovo's HIV/AIDS programme as 'progressive within the industry', and adds that 'it is sad if this is not the perception of some workers and the unions'.

Strangely, the progressive HIV/AIDS programme at Umfolozi is not available for public scrutiny. A game of red-light-green-light ensues around permission to tour the facilities and speak to clinic staff and workers benefiting from the programme. Permission is ultimately denied because the authorising personnel are out of the country.

A similar lack of confidence in the public eye is apparent at Tongaat-Hulett. Industrial relations manager for the sugar division, Alan Fuggle, cites a bruising relationship with the business press in particular as a possible reason for management's hesitancy to permit journalists to visit the companies' on-site HIV/AIDS programme at Maidstone mill. Not even the medical personnel managing the programme are prepared to speak without the go-ahead from the chief executive officer of public affairs.

Despite this ducking and diving on the part of management, Fuggle says the company is well aware of the 'human tragedy of HIV/AIDS and the enormous effect it is going to have on all of us. Our job is to ensure that our own employees, whether they be industrial or agricultural, are given the best deal in terms of information and preventive measures around HIV/AIDS.'

He raises the question of where the obligation on industry starts and stops and reveals a distinct lack of faith in the state's efforts to tackle the pandemic.

Inconsistent and chaotic as some



Cedric Nunn/Beyond Awareness Campaign

*'The life of a cane cutter is very hard.'*

government interventions around HIV/AIDS have been to date, Fuggle's attempts to pass the industry buck fall just short of mischievous. In a country where the state health machinery is attempting to reach millions of people with limited resources there is indeed an enormous obligation on business, and big business in particular, to respond emphatically and across all sectors to the pandemic.

The sugar industry, comprising both growers and millers, represents one of the biggest employers of unskilled and semi-skilled labour in KwaZulu-Natal. Despite claims of declining profits, uncompetitive yields due to difficult growing conditions, and buy-outs and take-overs constantly in the making, the industry is not about to keel over. A bumper crop in the province is



expected for the second year running and the world futures sugar price has improved.

Fuggle admits that HIV/AIDS has to date had a negligible impact on the sugar industry even in countries such as Zimbabwe where the epidemic is much further down the road. This is likely due to the fact that the business is a low tech one and labour, particularly in the agricultural sector, is easily replaceable.

Agriculture is also not a high priority side of the business these days. Tongaat-Hulett is busy selling off most of their cane farms to emerging black entrepreneurs and diversifying its interests into the more lucrative real estate market. The trend is similar at Illovo.

Fuggel is quick to stress that this is not an indication that Tongaat-Hulett does not care about the impending human tragedy, but the underlying message is clear. Until HIV/AIDS begins to impact negatively on profits, it has no human face.

Among canegrowers a more worrying malaise has set in. According to Rodger Stewart, a fourth generation sugarcane farmer and current chairperson of the South African Canegrowers Association, HIV/AIDS is not the most pressing issue on the agenda for cane farmers.

After supporting the deployment of an HIV/AIDS educator through the South African Sugar Association (SASA) for a number of years in the early 1990s, farmers are now more concerned about employment equity and the minefield of labour legislation introduced in the new dispensation.

Following a review of the HIV/AIDS education programme in 1994, SASA, which represents millers and growers, decided that the focus of the epidemic had shifted and that due to industry restructuring millers and growers would now be individually responsible for HIV/AIDS education and prevention programmes.

Clearly, independent growers have been slow to take up the challenge. Stewart, himself a model largescale farmer who shows relative concern for the living and working conditions of his workforce of 400, is doing very little about HIV/AIDS.

Condoms are dispensed on his farm, but neither he nor the farm's human resources manager, Sihle Nkomo, can give an indication of how many are dispensed on average each month. They are also vague about the types of illness affecting workers on the farm. Nkomo suggests that 'sniffles and sneezes' are common ailments and Stewart admits that TB may affect some, but 'TB has been around for years'.

One Department of Health HIV/AIDS workshop was held after working hours on the farm last year. Nkomo shrugs it off as less than successful and says that 'denial and cultural philosophy' still get in the way of effective education. HIV/AIDS is not on the curriculum at the farm's school. 'That,' says Stewart 'is the responsibility of the Department of Education.'

Stewart eventually cites 'issue burnout' and a worrying lack of direction from government on HIV/AIDS as his personal excuse for doing so little. As for what other canegrowers are doing about HIV/AIDS, Stewart cannot speak for them. Neither, it seems, will the Canegrowers Association.

If Stewart's is a model farm and his response to the HIV/AIDS epidemic is the best we can expect from the club of independent canegrowers he presides over, then the future of agricultural workers in the sugar industry in KwaZulu-Natal looks grimmer than ever.

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*Quoted text is from poems published in 'Of money, mandarins and peasants' (Sangoco and Homeless Talk) Andrea Meeson is a freelance journalist. These articles are written as part of the Medlaworkers' Project of the Beyond Awareness Campaign.*



## The trade union response

While signs of HIV/AIDS fatigue and indifference are endemic in the industry, the response from the trade unions representing farmworkers has been almost non-existent.

SAAPAWU, an affiliate of COSATU, represents 20 000 organised agricultural and industry workers across the country. A large number of these work in the sugar industry.

Richard Gumede is a SAAPAWU organiser in KwaZulu-Natal and is the first to admit that the union's efforts to reach its members on the issue of HIV/AIDS have been totally inadequate.

'As a union we have failed to address the issue of HIV/AIDS,' says Gumede. 'The interests of the agricultural workers in particular, those who are the slaves of industry, are not guarded.'

Gumede believes the problem lies with the historically weak leadership of SAAPAWU and a lack of resources: 'Resources were not available and forward planning was not done.'

Sipho Khumalo, the recently elected general secretary of the union agrees that political issues hampered efforts to get work done in the past, but he believes that there is more vision within SAAPAWU's leadership structure today.

'We are aware of the critical battles we face to bring the union up to speed. Historically, agriculture is the most difficult sector to organise in, because of the nature of the industry. Our members have become demoralised and ill-disciplined due to poor leadership and a serious lack of resources. We are slowly trying to build capacity, but it is difficult because we are not a powerful affiliate within the federation.'

In KwaZulu-Natal, the union has but one full-time shop steward, the committed and tireless Bambesani Mngadi who organises workers at Illovo Sugar. He laments the fact that the union is not doing more about HIV/AIDS, but recognises the limitations.

'This union represents the poorest of the

poor. Our resources are next to nothing because we cannot morally demand more than 1% of the slave wages some of our people make each month. Sometimes even that is too much.'

Khumalo believes that government departments dealing with land and agricultural matters should be extending more assistance to trade unions and community organisations who express interest in educating their members about HIV/AIDS.

He says that COSATU as a federation has promised SAAPAWU assistance in this regard but as yet this has not been forthcoming. Khumalo believes the various departments of land and agriculture should also be part of the HIV/AIDS education equation.

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'Farmworkers are increasingly demoralised because they feel the government they helped to elect is not there's and is doing little to address their plight. We cannot rely on farmers to take the lead in this regard because many of them are not in the least bit interested in transformation.'

Khumalo explains that SAAPAWU is in the process of setting up a Section 21 company to be able to raise funds for more intensive education and training of its members. In this way leadership hopes to build a better profile for the union, engage in meaningful partnerships with business and government around health and safety issues, including HIV/AIDS, and improve conditions of work and lifestyle for the majority of its members. ★