

# On not being an elite

## *unions and HIV/AIDS issues*

**U**nions are an elite! This chorus has been repeated so often that unions and their members must know it off by heart now. When I heard how unions are involved in the HIV/AIDS Treatment Action Campaign (TAC) and the Trade Union Task Team on HIV/AIDS, it again showed me how ridiculous the singers of the above chorus are

This is the story of the unions' involvement in HIV/AIDS issues and the successes they have achieved. It is just one example of many, of how unions address broader working class issues.

### **Task Team**

The Trade Union Task Team on HIV/AIDS was created at the beginning of 1999 through support from the American Center for International Labor Solidarity (ACILS). The three federations, COSATU, FEDUSA and NACTU are all involved but, says Theo Steele, COSATU's campaigns coordinator, 'the federations intend to include the independent unions as well'.

The Task Team aims to give support to the labour movement on HIV/AIDS issues and help unions implement their programmes on HIV/AIDS. The different federations chair the Task Team in turn while the ACILS does the secretariat work. The Department of Health now also participates in the Task Team. Steele believes that this is crucial as the

*Etienne Vlok examines trade unions' involvement in the Treatment Action Campaign and the Trade Union Task Team on HIV/AIDS and concludes that trade unions are taking action to benefit their members and the community!*

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Department has resources and the partnership is in line with President Thabo Mbeki's call.

Tumediso Modise, the NACTU educator who deals with HIV/AIDS issues, suggests the motivation behind the Task Team is that the labour movement is better placed than any other structure to educate a variety of people on HIV/AIDS. The Task Team trains shopstewards and organisers who then convey their knowledge about HIV/AIDS to workers and the broader community. 'In this way we also build human resources in the labour movement,' adds Modise.

Each federation assists with developing the content of the education programme.

### **TAC**

TAC was launched at the end of 1998. It aims to inform the public about the

availability and affordability of HIV/AIDS treatments. According to its website, 'the TAC campaigns against the view that AIDS is a death sentence'. It believes treatments exist which can increase the life expectancy of people living with HIV/AIDS (PWAs) and reduce the risk of such mothers transferring the virus to their children. The problem is that most people in Africa cannot afford medicines 'due to patent laws and excessive profiteering by the pharmaceutical industry'.

TAC is a forum of NGOs (like the AIDS Law Project), trade unions and church organisations (such as the Catholic and Anglican bishops). 'We share ideas on dealing with treatment and have experts who talk to us on it,' says Modise, TAC's deputy provincial secretary in Gauteng and the NACTU representative.

TAC's objectives are 'to ensure access to affordable and quality treatment for people with HIV/AIDS, prevent and eliminate new HIV infections and improve the affordability and quality of healthcare access'. It wants to do this by:

- building mass TAC-membership and alliances with unions, employers, religious bodies, women, youth and gay and lesbian organisations;
- targeting pharmaceutical companies to lower the costs of HIV/AIDS medications;
- targeting government to fulfil its HIV/AIDS obligations.

TAC commissioned Modise to visit some healthcare clinics on the West Rand to see whether the clinics were coping with HIV/AIDS, as government claimed. He found that the clinics did not have pre- or post-counselling or proper treatment. This was due to long queues and a lack of staff, proper facilities and medicines.

For Modise, pre- and post-counselling is crucial but there is no time for it in the

clinics. 'Pre-counselling is important because it helps people realise the benefits of testing. Post-counselling informs them how to behave whether they are positive or negative. NACTU believes pre- and post-counselling is crucial. Government needs to put money into it.'

## Involvement

Practically, how are the unions involved in TAC?

According to Modise, when TAC went to meet the pharmaceutical companies, NACTU and some of its affiliates such as the Transport and Allied Workers Union (TAWU), the National Union of Food, Beverage, Spirits, Alcohol and Wine (NUFBSAW) and the SA Chemical Workers Union (SACWU) attended.

NACTU also wrote letters to the companies and encouraged its affiliates to do so, although, admits Modise, 'not all our affiliates did'. NACTU encouraged its members to participate in the protests at the pharmaceutical companies and parliament.

COSATU started to participate in TAC this year, while some of its affiliates have been involved for longer periods. Regional committees on TAC already exist in Gauteng, Western Cape and KwaZulu-Natal while other regions are busy forming committees. COSATU's involvement is co-ordinated by its newly-appointed health, safety and HIV/AIDS policy co-ordinator.

According to the treatment phase of its HIV/AIDS activities, COSATU aims to inform its members about the availability of treatment. It will be mobilising its members (particularly those in KwaZulu-Natal) to march in the Global March for Treatment at the July 2000 International AIDS Conference in Durban. NACTU, FEDUSA, Jubilee 2000 and the South

African NGO Coalition (SANGOCO) will also be involved.

Next on the agenda for COSATU is co-ordinating its affiliates' participation since affiliates are participating at different levels now. CEPPWAWU is helping to negotiate with the pharmaceutical companies as it organises in that industry. Others that are doing well, according to Steele, are NUM, SATAWU, NEHAWU and SACTWU.

'However,' admits Steele, 'we don't want to give the impression that COSATU has done a wonderful job. Certain pilot projects run by the affiliates are successful but we are still very far from reaching everyone and all the regions. We need to do more, such as implementing programmes and reaching the masses.'

## Pfizer

The first pharmaceutical company that TAC targeted to lower the price of its medication was Pfizer, the multinational. Pfizer manufactures Diflucan - a medication that is taken for systemic candidiasis and cryptococcal meningitis. A person with systemic candidiasis has thrush in the mouth, throat and stomach. He or she cannot eat or swallow, has diarrhoea and, if untreated, can die within two months. Cryptococcal meningitis is a fungus that affects the brain.

Says Steele: 'Thrush is easily treated. One only has to take Diflucan for ten days, but it is too expensive for most people. Thus we decided to target its manufacturer, Pfizer who has a patent.'

So how did TAC go about it? It sent a letter to Pfizer demanding that it reduces the price of Diflucan to less than R4 per capsule for people who have systemic thrush or cryptococcal meningitis and cannot afford the drug.

The second option given to Pfizer was that it grants a voluntary license to register

imported or locally manufactured generic equivalents of the drug.

TAC's research found that the medicine is available in Thailand and India for less than R3 per capsule whereas it costs more than R100 per day to treat cryptococcal meningitis in South Africa. Pfizer responded by agreeing to meet TAC to discuss the health problems of the country. It did not respond to the demands submitted. TAC rejected this, saying 'Answer our demands or we will demonstrate'.

On the morning of the planned demonstration at Pfizer's offices, TAC received a fax from Pfizer saying that it will provide free Diflucan to people with cryptococcal meningitis. Steele says: 'Although we welcome the company's positive response, the fax did not mention providing it for systemic thrush. Why is it only for meningitis? Also, our demand was that the price be reduced and not for a donation. For how long will it be free? A person with meningitis must take the treatment for life.'

We requested a meeting with the Minister of Health who had also received a letter from Pfizer. These meetings are continuing. TAC has vowed to continue its campaign against Pfizer until the negotiations for a reduced Diflucan price (for both systemic thrush and cryptococcal meningitis) have been concluded favourably.

Modise wonders about Pfizer's motive in providing Diflucan free of charge. He hopes it is the pressure applied by TAC and not the fact that the company is not making money on the product. 'We don't know their real motive. Yet this is a victory for us.'

TAC will now start targeting other companies and will also submit demands to the Pharmaceutical Manufacturers' Association.

## Broader issues

How does a federation get involved in a campaign such as the TAC? How does it decide it has enough resources to become involved in an issue that is not in its traditional domain?

Congress resolutions guide COSATU on such issues. At previous congresses the federation adopted resolutions on involvement in HIV/AIDS issues. 'But,' says Steele, 'we did not implement it'. At its 1999 Special Congress, COSATU adopted a new resolution on HIV/AIDS. It has since employed a full-time person to take the resolution forward. The federation saw participation in TAC as a way to ensure its members and the poor have access to proper health care services and treatment.

Modise admits that NACTU affiliates do not have many resources but says the federation still expects them to prioritise HIV/AIDS issues. 'They have to plan and prioritise activities. We have to make a contribution.'

## Building organisation

By being involved in the Task Team and the TAC, unions and federations make a contribution to the broader working class struggle and their members benefit, whether they need medication or are educated on HIV/AIDS. Nevertheless, the federations and unions also benefit from it.

According to Modise, 'It builds organisation in many ways. We learn how to work with other stakeholders and learn from them. Training members also builds organisation - if you have a cadreship that is well-informed and have the skills to impart information, then HIV/AIDS will be



*Unions want to 'reach the masses' on HIV/AIDS issues*

put on the negotiating table at companies. Well-informed shop stewards and organisers will confront and engage management on how to deal with HIV/AIDS. Our involvement also builds organisation because we can protect members. Also, when our members are involved in the community on HIV/AIDS issues, the community will know that NACTU is involved.'

Steele adds that COSATU has learnt from the PWAs by being involved in TAC. 'We learn from them that we are all affected by HIV/AIDS. COSATU members do caring at home and in the community. Thus, it is critical for us to work with these organisations.' COSATU recently held a workshop especially for its leadership to

sensitise them about HIV/AIDS issues. 'If they are sensitised then we can smoothly implement programmes,' continues Steele.

### An elite

One can understand unionists growing tired of the accusation that they are an elite. When asked his reply, Modise prefers to give examples: 'Some of our members who were retrenched are now in the community and do good work there on HIV/AIDS due to the training NACTU gave them. They visit people with HIV/AIDS, cook and clean for them and take them to the clinics. This shows that we don't just

look within our own organisations.'

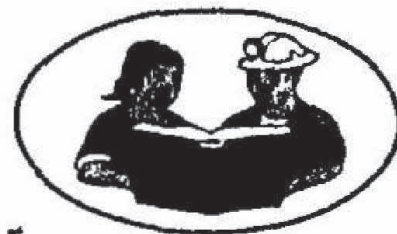
Steele follows Modise's lead by pointing to examples that debunk the myth that unions are an elite: 'Our affiliates' HIV/AIDS projects benefit the community. For instance, NUM's projects focus on the communities around mines, while SATAWU's projects cover not only drivers but also sex workers in the surrounding areas.'

The above (and many other examples) must surely be an indication to the band to stop playing and the stage manager to draw the curtain on the 'Unions are an elite' chorus. ★

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The Workers' Library and Museum is situated next to the corner of Bezuidenhout and Jeppe Streets, in the Newtown Cultural Precinct, Johannesburg.

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