

# Shadowing government policy

## Cosatu's poor response to HIV/AIDS

In a previous article **Azad Essa** noted Cosatu's mainly rhetorical response to the scourge of HIV/AIDS. In this follow-up piece he seeks to explain why this is the case.

Understanding Cosatu's (Congress of South African Trade Unions) poor response to HIV/AIDS in South Africa is both difficult and disconcerting. The reasons for not responding as ardently as expected may be found in resource and staffing limitations that make it difficult for the federation to prioritise the disease over daily bread and butter battles of the workplace.

While Cosatu's poor response may be affected by budget limitations, ongoing workplace restructuring and job losses, in reality such inaction speaks of a larger organisational incapacity to tackle controversial issues that threaten the goals of the alliance.

As explained in the previous *Labour Bulletin* (Vol 30.5 Dec/Jan 2006), Cosatu has passed resolutions, pushed for progressive HIV/AIDS workplace legislation, and joined civil society in the larger fight against

HIV/AIDS. On closer inspection however, Cosatu has mainly committed itself to struggling against the disease on paper only (see Cosatu resolutions p34/35).

Cosatu's mobilisation however has been severely restricted by problematic government policy. This means that while Cosatu acknowledges the pandemic as a major socioeconomic pandemic facing its membership, its response has been diluted by the political rhetoric of the tripartite alliance.

In fact, the entire history of Cosatu's response to HIV/AIDS reeks of a reliance on government leadership, with deference to government policy or programmes. It has never moved beyond sporadic criticism into popular mobilisation. Cosatu has battled to balance the objectives of its organisation – as a representative of the socioeconomic needs of its members while co-operating with government to rebuild the country.

This is seriously damaging to a movement that prides itself as being the vanguard of the South African working class, representing almost 1.9 million workers. However, below are some important issues to consider.

Research and writing on union activity around HIV/AIDS during the nineties is scarce. This reflects, an initial period of delayed response from all stakeholders including business and civil society when HIV infection doubled. This period also saw the birth of a struggle against

government HIV/AIDS policy. Yet, like government, Cosatu was busy rebuilding local, regional and national structures. This meant that institutionalisation and the alliance preceded other union agendas.

In the 1997 September Commission report, for example, major issues on Cosatu's agenda revolved around its position in the alliance, its strategic direction and the socioeconomic framework. HIV/AIDS is not mentioned. This is ironic considering that the Commission is remembered for Cosatu's resurgence 'beyond the workplace' once more. In the late 1997 issue of Cosatu's *The Shopsteward*, ANC acting secretary general Cheryl Carolus speaks about the major challenges facing the ANC, and once again HIV/AIDS fails to make the agenda.

It was only in 1999 that Cosatu released its HIV/AIDS policy, exactly ten years after its first resolutions on the issue. This coincided with renewed government activity on the issue.

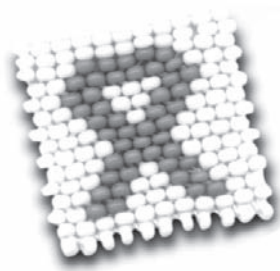
In 1998, critics argued that government's 'Partnership against HIV/AIDS' was a direct attempt to divert responsibility to business, civil society and communities. Numsa (National Union of Metalworkers of South Africa) shop stewards at Daimler Chrysler, for example, argued that government preferred to push money at NGOs to deal with HIV/AIDS than to take up the issue in the alliance. This shift of responsibility has meant

that HIV/AIDS activities have been more dependent on big companies than unions.

In smaller companies government and union ambiguity on HIV/AIDS policies has led to serious inaction. Shop stewards at Daimler blame ambiguous government policies such as a greater emphasis on issues like productivity and mechanisation than on promoting HIV/AIDS awareness. On top of this unions' lack of challenge to government messages around such things as 'HIV does not cause AIDS' or the 'beetroot versus ARVs' drama has left even trained individuals confused and reinforced smaller companies' inaction in the workplace.

Moreover, while Cosatu has called for medication to be distributed in the public sector, it was only through a serious civil disobedience campaign and litigation initiated by the TAC (Treatment Action Campaign) in 2003, that government was forced to change its policy on ARV distribution. Cosatu and its affiliates stayed far away from such disobedience, with Numsa's president arguing for "other avenues to put pressure on pharmaceutical companies that controlled the manufacture, supply and distribution of antiretroviral drugs". Not only is blame transferred to drug companies here, but government is invariably exonerated in the process, and 'other avenues' are left unexplained.

Despite declaring itself as an independent federation, Cosatu has found it difficult to define itself in post-apartheid South Africa. As a federation which played a powerful role in the struggle against apartheid, it finds itself caught between its participation in the



alliance and fulfilling its mandate to its members. Despite embarking on the route of radical reform such as rejecting government's neoliberal macroeconomic policy, privatisation and job loss, slow land reform and poor service delivery, Cosatu has seldom worked outside the alliance or in opposition to the ANC.

Its participation in the tripartite alliance, even amidst serious discontent, has come with an intolerance for criticism of the ANC. It has emphasised working within alliance structures over and above the objective of winning struggles against socioeconomic problems facing its membership. While Cosatu has levelled criticism against government policy, voicing dissatisfaction with inefficient government programmes and campaigns, it has never stepped up opposition to government's ambiguous HIV/AIDS policy.

The pros and cons around whether Cosatu should continue within the tripartite alliance are well known but the problem of remaining in the alliance is accentuated by the HIV/AIDS pandemic. Cosatu reacted to the pandemic without the viciousness of government but with the uncertainty of a bureaucracy. It appears to wait for government leadership and to perceive itself as unable to make a difference, despite being a key entry point to the working class. While it engages in

discussion and debate, it has been unable to use its institutionalisation as a means to advance the interests of workers and the larger working class community. The goal of institutionalisation had become an end on itself.

In other words Cosatu has not been able to separate institutionalisation as a goal from fulfilling its basic mandate of protecting its members. It does not matter how many HIV/AIDS conferences it participates in, or organisations it publicly pledges support to, what matters is its ability to respond as a movement and not an inflexible institution playing political rhetoric.

If Cosatu is to continue within the alliance, it will need to rethink its priorities and to differentiate issues of compromise from those needing powerful mobilisation. Engaging with living rights movements, the informal economy and with the unemployed would make its bargaining power far stronger.

HIV/AIDS is another challenge for Cosatu membership, along with privatisation and workplace restructuring, but its importance for workers' families and communities can hardly be measured. Failing to effectively focus on its role would be to drift away from its grassroots constituency and its very purpose. The issue of HIV/AIDS could be precisely the impetus trade unions need to realign themselves at grassroots level whilst simultaneously maintaining the strategic apparatus to influence larger socioeconomic policy. LB

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# Recent Cosatu resolutions

## on HIV/AIDS

### COSATU 8TH NATIONAL CONGRESS 2003

**Noting:** The HIV/AIDS pandemic threatens the social and economic fabric of our society and could undermine the gains of our democracy.

The poorest and the most vulnerable of our society, particularly working class women and youth are most at risk.

In the address of the President of Cosatu, the General Secretary of SACP and the statement of the ANC President, that sensation around HIV/AIDS is over which as indicated was a terrain the media has chosen.

**Believing:** Government's current macro-economic framework is largely responsible for

- 1.1. The lack of a comprehensive and coherent response to the demands for access to effective treatment of HIV and other opportunistic diseases,
- 1.2. Inadequate social infrastructural resources for education, prevention, research and appropriate treatment of HIV/AIDS, and
- 1.3. Inadequate supply of free male and female condoms, although most South Africans cannot afford to buy their own.

The pandemic has been a terrain of fierce ideological contestation as various forces assert their class interests in shaping society's response.

The dominant role of imperialist governments and the transnational

pharmaceutical companies in controlling the production of knowledge, dissemination of information and research on HIV/AIDS. This they do through patenting of drugs and introduction of so-called intellectual property rights.

The failure of the pharmaceutical companies to respond constructively to the pandemic, especially by providing free drugs, underlines the gender and class attitudes of these imperialist elites who profit from the death and misery of millions of our people.

The completely unhelpful role played by the mainstream capitalist media in our country in sensationalising and trivialising the issue of the HIV/AIDS pandemic.

There is scientific evidence to support the efficacy of antiretroviral drugs in the control of HIV/AIDS.

Providing medication to HIV-positive pregnant women is morally and medically right and makes economic sense in terms of costs saved on treatment of HIV-positive children.

Providing medication to rape victims is morally and medically right.

**Resolves:** To reaffirm the declaration and resolution on HIV/AIDS passed at the Special Congress in August 1999.

To condemn pharmaceutical companies who put profit above people, since they deny poor and working people access to appropriate treatment for HIV and opportunistic diseases, thus deriving super profits

out of this social disaster. We call on them to provide affordable medication for HIV and opportunistic diseases.

To call on Government to declare the HIV/AIDS pandemic a national disaster requiring extraordinary measures and resources, including

- 3.1. To end its scientific speculation and expand education, prevention, treatment and research on the basis that HIV is the medical cause of AIDS.
- 3.2. In that context, to draw up a comprehensive programme of action to make support, care, and affordable treatment available to people living with HIV/AIDS; to investigate cheaper sources of medication; affordable treatment of opportunistic diseases such as tuberculosis, pneumonia, etc; and to increase government spending on treatment; further research on finding a cure; heightened mobilisation of all sectors of our society; and decisive tackling of poverty and unemployment.
- 3.3. Immediately to provide the necessary medication to HIV-positive pregnant women and rape victims.
- 3.4. To respond to the immediate and long-term needs of AIDS orphans and people living with AIDS.
- 3.5. We need to encourage ongoing scientific research to find a vaccine against HIV/AIDS.
- 3.6. To immediately begin

implementing a national programme to reduce the risk of mother-to-child transmission.

- 3.7. Urgently to address issues of gender inequity as this is feeding the AIDS pandemic.
- 3.8. As part of our comprehensive strategy we need to strengthen and develop the capacity of our national health care system and supportive institutions such as hospices and orphanages to respond to the pandemic by providing more resources such as adequate medicines and addressing staff shortages.
- 3.9. Decisive tackling of problems of poverty and unemployment.

Call on companies producing medication to sell their products at hugely discounted rates to HIV infected expectant mothers and those who are breast-feeding.

Government and employers must ensure that all adult South Africans have access to an adequate supply of condoms, including female condoms.

Demand that employers contribute to the cost of treatment for workers with HIV/AIDS and abide by the Code of Practice on HIV/AIDS in terms of the Employment Equity Act.

Cosatu must actively participate in awareness campaigns aimed at bringing about behavioural change amongst the sexually active sectors of our population.

Cosatu must lead a campaign to end discrimination against people with HIV/AIDS, especially in rural areas, and to promote community care and support of people living with HIV/AIDS.

To call on the mainstream media on our country to refrain from sensationalism and publicly declare their strategy on HIV/AIDS by 1st December 2000 - the International

Day on AIDS.

The state should take active interest in ensuring that public higher education institutions and state research institutions play a key role in research and knowledge production on HIV/AIDS rather than being on the sideline watching the domination of transnational companies.

We call on the Alliance, MDM structures and progressive NGOS to engage in a massive National Day of Action on HIV/AIDS on 1st December 2000, International AIDS day which will include putting the transnational pharmaceutical companies on the spot on how they are benefiting from this social disaster facing the entire world.

As part of our comprehensive strategy we need to strengthen and develop the capacity of our public health care system and its supportive institutions such as hospices and orphanages to effectively respond to the pandemic by providing more resources such as adequate medicines and addressing staff shortages in our public hospitals and clinics.

### **COSATU 9TH NATIONAL CONGRESS 2006**

This 9th National Congress notes:

1. Extensive Cosatu resolutions on HIV/AIDS at previous congresses and Central Committees.
2. That 80% of AIDS related deaths are from TB.
3. The emergence of multi-drug resistant TB is of grave concern.
4. That our health system is crumbling under the dual burden of TB and HIV and AIDS.
5. The emergence of the fatal XDR TB resulting from failure of the Department of Health to respond with urgency on early warnings.

Therefore this 9th National Congress resolves:

1. To reaffirm resolutions of the 8th National Congress.
2. To support systems at workplaces and strengthen the practical side of the education and treatment components of the campaign.
3. To set a target of 100 000 workers a month to be covered by union workplace communication on HIV and AIDS.
4. To train 20 000 peer educators annually.
5. To continue campaigning for free care and treatment for people living with HIV and AIDS accessed from where it is convenient for the person.
6. Normalisation of HIV infection as with other medical conditions (diabetes, hypertension, asthma etc).
7. The Department of Health must do its job to protect society from unfounded claims of cures for HIV and AIDS in violation of the laws of the country.
8. To square our efforts on prevention.
9. Employers should be encouraged to adopt orphanages.
10. To call for urgent action in producing drugs believed to be effective against XDR TB.
11. That the Minister of Health must declare a national disaster and reintroduce the vertical programmes to deal with these diseases.
12. Government must meet immediately with Cosatu health sector affiliates and other social formations together with the World Health Organisation to address the emergency that TB, especially XDR TB, represents to South Africa and to design a public response with all concerned.

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