

The silence is deafening

On a chilly Saturday morning in May a small group of South African trade unionists representing COSATU, NACTU and FEDUSA gather for a leadership summit at a Johannesburg hotel. The mood around the coffee and biscuit table is casual, with none of the urgency or fast paced debate that is often the norm at such gatherings. Inside the conference room, comrades sit quietly waiting for the proceedings to begin. You can hear a pin drop.

Ironically, the silence of those moments is similar to that which has until very recently plagued labour's response to the very issue these comrades are meeting to discuss; a challenge that is likely the biggest ever to confront the trade union movement in this country; a pandemic that could easily decimate it's membership in the next ten years: HIV/AIDS.

The Solidarity Center

Opening the day's session is Fisseha Tekie the head of the South African office of the American Center for International Labor Solidarity (ACILS), an offshoot of the United States Agency for International Development (USAID). The leadership summit has been convened by ACILS as part of its work to promote and intensify a trade union response to HIV/AIDS.

Andrea Meeson argues that while unions wish to address HIV/AIDS they are not responding quickly enough.

Tekie speaks of the alarming and rapidly rising statistics of HIV infection and AIDS-related illness in Africa and particularly in South Africa. 'Africa,' he says, 'is home to less than 5% of the world's population but accounts for 50% of HIV infections worldwide; 2.5 million people are dying of AIDS every year on the continent. To date 4.2 million South Africans are infected with the virus and there are 1 500 new infections daily. By the end of the year 2000, 13% of the total population of this country will be HIV positive.'

Tekie tells delegates that the consequences of the pandemic for the labour movement and the economy in general are likely to be catastrophic.

'AIDS will decrease millions of people's working lives by at least 15 years. A diminishing and increasingly ill labour force will lower levels of productivity, increase the need for replacement labour due to ill-health retirement or death,

A joint project between SA Labour Bulletin and the American Center for International Labor Solidarity (ACILS) and sponsored by ACILS

HIV/AIDS

reduce take-home pay and consumer spending and increase the pressure on an already sagging public health service'

Tekie rounds up his introduction by referring to labour's response to the pandemic as 'woefully inadequate'. He points out that occasional publicity and condom distribution are no longer sufficient to fight the epidemic. 'Labour must be in the forefront of the struggle using the same historical tools of tenacity, vigour and militancy that carried it through the most difficult years of apartheid' These sobering words are met with an equally sobering response. Some comrades sit pensively, others take copious notes, others look idly round the room. The silence is deafening.

HIV/AIDS – a class issue

It takes Mark Heywood, an AIDS activist from the Treatment Action Campaign to give them a wake-up call.

He begins with a chilling analogy: 'AIDS will do as much to undermine development on the African continent as colonialism and slavery did in the 19th and 20th centuries,' and follows with a simple but pertinent question 'What is labour doing about it?'

The question is not an attacking one, but it does hit the delegates square in the face. There are murmurs of acknowledgement and nodding of heads around the room. Heywood continues: 'HIV is a treatable virus. There are drugs on the market that can help to slow down the process of illness and to treat opportunistic infections associated with AIDS. The problem for the vast majority of HIV infected people is that these drugs are too expensive, so treatment is not accessible and they get sick and die much faster.'

It is often said that HIV/AIDS does not discriminate on the basis of gender, race or

class, but affordable treatment, it would seem, does. In South Africa where poverty is the dominant feature of the landscape, HIV is most certainly a class issue.

Rich people infected with the virus can literally buy extra years of life in the form of various treatment regimens and drug cocktails available on the market at exorbitant prices. Poor people carrying the virus are automatically excluded from treatment because of their position on the class ladder. The dividing line between rich and poor in terms of access to treatment is as stark as that which exists between the owners and producers of wealth. History has a frightening way of repeating itself.

Drug company monopoly

Heywood cites a perverse example of the monopoly that drug companies have on the production and pricing of public health products that treat HIV/AIDS.

'The drug Daifluen is an anti-fungal medication used in the treatment of AIDS-related infections, such as thrush. In South Africa this drug is sold to the consumer at a cost of R58 per dose, while the exact same drug in Thailand can be bought for a mere R2,50.'

Heywood links the example to the reality on the ground. 'A 22-year-old man died recently at Baragwanath Hospital. He wasn't the victim of a gunshot or stab wound or a car accident. His death was, however, criminal. He presented with classic AIDS-related symptoms – TB and eosophigal thrush. He was treated for the TB, but Daifluen for the acute thrush in his throat was not administered. He died two days later from basic starvation and dehydration.'

HIV/AIDS is a pandemic that is hitting the working class hardest and people are dying of an increasingly manageable disease. This, says Heywood, should create a sense of urgency within the trade union



In South Africa, where poverty is a dominant feature of the landscape, HIV is most certainly a class issue

movement, both locally and internationally and elicit more than the lip service associated with the response thus far. 'Trade unions need to develop a political response to the pandemic at all levels,' he adds. 'HIV/AIDS is a trade union issue. From the appalling iniquities around treatment and the pricing policies of multinational pharmaceuticals to prevention campaigns in our communities and workplaces, a trade union response to this crisis is long overdue.'

Problems to address

He highlights several problems that labour has not yet adequately addressed in its plan to tackle the epidemic. These include: the assumption that AIDS awareness equals knowledge, the tendency on the part of leadership in all sectors to ignore and even dismiss issues of gender discrimination and a lack of understanding on the part of rank-and-file members of the legal framework that protects them

from discrimination on the basis of their HIV status. 'There are still huge gaps in imparting knowledge around HIV/AIDS,' says Heywood. 'Many people are aware that HIV/AIDS exists, but the danger it poses to their lives is often relative to the conditions under which they live and work on a daily basis. 'A mineworker, for example, wears a helmet when he goes underground because he knows that his daily work is life threatening. If you speak to him about the dangers of HIV/AIDS and the need to wear a condom for protection he may well question how relative is the danger of a disease that might kill him in ten years time. 'The example is an important one because it highlights the serious challenge facing trade unions in their attempts to educate members about HIV/AIDS. The assumption that AIDS awareness is equal to knowledge and will therefore change sexual practices and long-held beliefs about gender roles and responsibilities is a dangerous one

HIV/AIDS

HIV/AIDS and gender, for example, are inextricably linked and gender discrimination has long been touted as a trade union issue. In many sectors and across federations, reasonably sound and progressive policy on HIV/AIDS and gender has been developed but unfortunately leadership falls short on implementation.

Women in union structures around the country regularly complain that even before policy is adopted it is assumed that the responsibility for getting programmes off the ground will be delegated to the gender desk. More lip service indeed!

Workplace discrimination is also an increasingly common occurrence, and the silence around this issue is particularly concerning.

Employment Equity Act

Heywood points out that the Employment Equity Act (EEA) includes some of the most protective legal frameworks for HIV positive workers and those living with AIDS and yet most union members do not know that the Act protects them from discrimination on the basis of HIV status. He says that reports of breaches of confidentiality and blatant discrimination are received daily at the AIDS Law Project.

One such report came from an employee of Pick 'n Pay who voluntarily tested for HIV and was found to be positive. The doctor passed this information onto management and the employee was soon demoted from working in the bakery to cleaning toilets, and was eventually dismissed.

Similar reports have been received from people working in the motor and domestic service sector. Clearly there is ignorance on the part of both employers and employees of the basic tenets of the EEA and the Constitution as they apply to HIV/AIDS suggests Heywood and this

problem must be addressed by labour as a matter of urgency. In the discussion following Tckie and Heywood's inputs, delegates are equally critical of their own structures and of South African business and a lively debate ensues.

A COSATU delegate suggests that a realistic approach to the problems must be developed taking into account the limitations of time, skills and infrastructure. A comrade from IMATU immediately challenges this view and says there has been more than enough pussy footing on the AIDS issue, that many resources within trade unions are not exploited and moreover labour must begin to develop the expertise rather than looking to outside people to do so. Another delegate raises the problem of male chauvinism within the trade union movement and suggests that women need to be much more vocal and challenge their male comrades, particularly those in leadership positions.

All the delegates agree that a national accord on the production and prescription of drugs for the treatment of HIV/AIDS is needed and that business should not be allowed to hold people's lives to ransom.

The newly formed South African business council on AIDS, they add, must link with trade unions so that the pandemic is viewed and tackled as a common issue. Mobilisation and a co-ordinated plan of action seem to be accepted by delegates as urgent items for labour's immediate agenda. They leave the summit with a sense of urgency more fitting of the crisis, but sustaining it will be the greatest challenge ahead.

Andrea Meeson is a freelance journalist. These articles were written as part of the Medlaworkers' Project of the Beyond Awareness Campaign, Department of Health

Case Study: Spoornet and SATAWU

Mandisa Kalako-Williams, senior manager public affairs and external relations at Spoornet is a woman with vision, passion and a budget to match. She and her team of regional co-ordinators in seven regions around South Africa are putting HIV/AIDS in the forefront of the parastatal's external relations work and in the process developing strong partnerships with community-based organisations and non-governmental organisations (NGOs) in the AIDS arena

'Ours is not a frazzled approach,' says Kalako-Williams. 'We have a mandate to safeguard the interests of government. And one of the greatest threats to our ability to do so is the AIDS pandemic. If the youth perish, gone with them will be the future engineers, chief executive officers and ground staff of this company. We cannot afford to be complacent and have recognised that although we are not AIDS experts, we have the money to ensure that sustainable and effective initiatives are developed and supported.'

One such initiative is a partnership with Love Life. In the late planning stages is the refurbishment of four rail coaches, which will be hauled, courtesy of Spoornet, from town to town bringing awareness and knowledge about HIV/AIDS and sexuality issues in general to young people. Aptly named the Love Train, the coaches will house a mini conference centre, a counselling centre and fully equipped entertainment facilities.

A promotional launch of the Love Train proved popular at the recent

International AIDS Conference in Durban and Kalako-Williams is excited about the partnership.

'We believe the Love Train will bring a great number of young South Africans on board the journey to fight HIV/AIDS. It is an innovative way to reach people, particularly those in rural communities who otherwise might not have access to information.'

The cost of running the Love Train does not by any means sap the entire budget for AIDS work afforded to Kalako-Williams' department. Close to a third of the R9-million she received this year will be spent on projects related to the pandemic.



SATAWU
LAUNCHING
CONGRESS

18-20 MAY 2000

WORKERS UNITE TO:

- **Defend Jobs**
- **Fight Retrenchment**
- **Stop Privatisation**
- **Eradicate Poverty & HIV/AIDS**
- **Fight for Gender Equality**

BUILD SOCIALISM
NOW!!!

'There is a very clear mandate from top management that our efforts must be focused on this crisis both externally and internally. They need no motivation to authorise expenditure when it comes to HIV/AIDS.'

Our department does not usually work in tandem with the human resources department, but with regard to AIDS we have acknowledged that team work is essential and this year we have budgeted for internal work that will support the efforts of our human resources team to get more AIDS education out to our workforce.'

Company driven

HIV/AIDS education at Spoomet is definitely a company-driven process. To date the South African Transport and Allied Workers Union (SATAWU), representing around 20 000 Spoomet workers has struggled to develop a coherent plan around AIDS education.

Dolly Mlotshwa is gender co-ordinator with the union and is frustrated with the lack of action to date on HIV/AIDS. 'Until recently the union was not doing anything to promote HIV/AIDS education among members. The issue was just lying around it was pushed to the gender desk and we have agreed to take it on temporarily but we are not happy about the decision.'

Leadership must recognise that HIV/AIDS is not a disease that affects only women. It must be taken seriously as a trade union issue, especially because the majority of our members are men and migrant workers.'

SATAWU recently merged with the Transport and General Allied Workers Union (TGWU) and now represents about 102 000 workers. Most of these are migrant workers in the rail trucking and shipping sectors and they are particularly vulnerable to HIV because of the conditions under which they work.

Mlotshwa says men in SATAWU leadership structures have failed to

understand the crisis and the union has not developed a strategy, tactics or a budget for HIV/AIDS work.

Deputy general secretary of SATAWU Johnson Gumede admits that Mlotshwa is correct in her criticism. 'At the time of our merger with TGWU, SATAWU had no HIV/AIDS policy and no resources had been formally committed to address the problem. However, the new secretariat is trying to bring the sectors together and within the next few weeks the national office bearers of the union will be presenting a draft plan of action. We hope to piggyback on the work that has already been done by the health and safety department at TGWU. On developing partnerships with Spoomet and other companies employing SATAWU members, Gumede is very supportive.'

'In the case of Spoomet there are lots of opportunities for co-operation. Although the HIV/AIDS education work has been largely company-driven, there is little chance of success if we do not work together. Management needs union support in order to get workers to attend rallies and workshops and we as a union need to be involved in planning with management for a future in which AIDS is a reality within the company.'

Stigma

For some it seems that reality has not set in. Gumede is not aware of a trend of illness within SATAWU, but admits that the stigma of HIV/AIDS is still very strong and fear and ignorance dominates most people's responses. Bongani Nogaga, SATAWU's rail secretary believes that this stigma is one of the greatest barriers to progress and change.

'As far back as 1998, we tried to raise the problem of AIDS and at one meeting in Durban the regional leadership gave a platform to an AIDS educator. Our members reacted very negatively and a large number of them walked out of the meeting. It was a clear indication of a weakness in our organisation.'

Nogaga says that despite having a likely high number of HIV-infected members, SATAWU has not dealt with HIV/AIDS within the bargaining council.

'We have been so busy with issues related to restructuring at Spoomet that HIV/AIDS has not been on the agenda. It is a reflection of poor co-ordination on our part, but we are still struggling with basic labour relations issues within the bargaining council and have not had the time to address AIDS properly.'

Although SATAWU may be lagging behind in its efforts to address HIV/AIDS

there are indications of light at the end of the tunnel. At SATAWU's May 2000 congress the pandemic was definitely on the agenda. Congress passed a resolution acknowledging the high incidence of HIV/AIDS across all sectors and calling for action in cases of discrimination against people living with the disease.

The paper chase on the platform is a necessary process in the development of a strong AIDS policy for the union, but the train must now leave the station, otherwise it may well derail in its efforts to match the pace of the AIDS pandemic ★

Five things you can do about HIV/AIDS

Call the AIDS Action Office

(011) 482-6737

Get free materials to support your AIDS projects. A wide range of leaflets and posters are available, and are delivered to you with fourteen days



Call the AIDS Helpline 0800-0123-22

AIDS helpline counsellors can give basic information, advice, counselling and refer you to service providers and organisations in your area. Information is available in all South African languages and the service operates from 6 00am to 10 00pm seven days a week.



Wear a red ribbon

Show you care about AIDS, and remind others every day



Make a quilt panel

The AIDS Memorial Quilt is a living memorial and allows us to mourn, honour and remember those who have died of AIDS. Contact (031) 260-1564 for further information.



Paint a mural

Murals are a colourful reminder of the importance of AIDS action and prevention