

Is it safe for people to talk out about HIV/AIDS?

Markland has worked as an engineer for De Beers for the last ten years. Shortly after starting with De Beers he discovered that he was HIV positive. It was only last year that he informed his manager of his status after the stress of the job began to affect his health. Six months later, he applied for the AIDS coordinator job. Markland believes that the broader environment is not safe enough for people to come out and talk about their HIV status. He feels that, because of his position, he is relatively safe to talk about his status in the organisation. However, he might not feel as comfortable otherwise.

He says that based on the national statistics there were bound to be other people in his organisation who were HIV positive, but the challenge was how to get them to disclose their status.

'Disclosure is not automatic and depends largely on the needs of the individual. A person newly diagnosed with HIV has many fears around disclosure and the perceived or possible consequences thereof. I suppose the bottom line is that we do not want to be treated any differently but at the same time need the same support as any other person with a life threatening disease. This is a dilemma for most individuals who can be torn between wanting to tell everyone, and at the same time tell no one at all. There are many debates around who and when to tell, but at the end of the day it is up to the

*The debate around HIV/AIDS has at times focused on why more influential people have not spoken out about their status. **Reneé Grawitzky** talks to **Keith Markland**, De Beers' HIV/AIDS coordinator about this issue.*

individual and what they are ready and comfortable with. Having said that disclosure can be empowering. Being empowered by HIV/AIDS means learning the power of freedom, acceptance, honesty and the value of time - but it is not an easy road and there are no quick fixes - it is a process that takes time and determination,' he says.

'I personally think limited disclosure is necessary for two reasons. Firstly, to your doctor in order to get the correct medical assistance for the condition, and secondly, to your sexual partner to reduce the risk of infecting them and re-infecting yourself.'

He believes that people will only talk out if they need help in some way. Markland only revealed his status when it was affecting him and he needed help from his manager. He also believes that people need to be assured that they will

not be discriminated against or treated differently from any other person who has a terminable disease. 'Perhaps if people are educated sufficiently and understand the disease, that might change their views,' he says.

His experience as the AIDS coordinator in De Beers has so far taught him that the disease is more real for people when they come into contact with someone who has the disease. He has addressed more than 4 000 people in the organisation to date. He believes AIDS education should be compulsory for all levels of employees. One of the key issues he wants to address is to dispel perceptions that HIV/AIDS is a black disease.

In terms of treatment, Markland formed part of the trials for Navirapine six years ago and is still taking it together with a number of other drugs. He says in the last six months the cost of drugs has come down considerably. He used to pay R4 500 a month but is now paying R1 500 a month. He anticipates this downward trend to continue. Aside from drugs, he believes that good nutrition is at the heart of controlling the disease and ensuring an extended life. Markland says nutrition together with proper support and infrastructure could extend life (without drugs) for an extra three to four years. He acknowledges that poverty does play a role as it feeds into the environment in which HIV can thrive. However, 'poverty was here long before HIV/AIDS and will still be a factor when the disease has been dealt with'.

Turning to the situation in De Beers, he believes that whatever the company is doing to combat the spread of the disease it is not about getting credit but about saving lives. Most companies in the mining industry are doing very much the same types of interventions. The difference is some are talking more than others. The prevalence rate on the South African

operations varies from 1,4% to 17%, which is much lower than in the rest of the mining industry. The rate on the Botswana operations, Debswana was close to 30% but has dropped down to 22% (according to provisional figures).

Measuring the effectiveness of the company's intervention is determined by the number of people going for voluntary counselling and testing (VCT) and the results of anonymous zero-prevalence testing. He believes that the number of people going for VCT has increased. This is largely due to a massive awareness programme coupled with having peer educators on the mines. 'The only thing we can do is get people to a point where they are able to assess their own risk and begin to manage their risk,' Markland says. He believes it is not sustainable to adopt a campaign saying abstain, condomise and be faithful. 'This has a certain moral high ground which I do not think people will buy into indefinitely. They have to manage their own risk.'

AIDS Helpline

For basic information, counselling and referral contact the multilingual tollfree AIDS helpline at 0800-0123-22.



The *Labour Bulletin* is interested in employee experiences of HIV/AIDS in the workplace. Contributions can be sent to salb@icon.co.za or fax (011) 403-9873.