

HIV/AIDS in the workplace

Whose responsibility is it?

Why is it that in 2001, organised workers still do not know about HIV/AIDS? Whose fault is it? This is a question often raised by the four AIDS educators employed by the American Center for International Labor Solidarity to train union leaders, shopstewards, union trainers and negotiators across the three labour federations.

Ruth van der Vindt, Simphwe Mabhele, Mpho Mathamelo and Tasha Govender have been appointed, as part of a joint initiative funded by the Department of Health and the Solidarity Center, to educate the labour movement around issues relating to HIV/AIDS. Since February 2001, this dynamic group of dedicated trainers has attempted to influence and change the views of those representing organised workers.

They have had to deal with blatant sexism, racism and the view of 'who are you to challenge my cultural beliefs and values. If I paid lobola why should I wear a condom?'

Besides different attitudes based on cultural and religious beliefs, what emerged rather starkly was the attitudes of shopstewards towards their union leaders and management. Both appear not to be doing enough.

Inadequate response

Some shopstewards feel there has been an inadequate response from trade unions.

*Leading trade unionists have questioned government's stance on HIV/AIDS. **Reneé***

***Grawitzky** interviews four AIDS educators on the attitudes of organised workers and their leadership towards the disease.*

Many trade unions, as employers, do not have HIV/AIDS policies in place while there is also a perception that the same vigour is not used in the fight against the disease as with other campaigns that directly affect workers.

One of the educators, Ruth van der Vindt says the issue of HIV/AIDS is raised in union structures but workers are, at times, informed that there are other priorities. Although they acknowledge that the working class is under attack from globalisation and privatisation, they ask: 'but what about HIV/AIDS? Is that not an attack against the working class?'

Simphwe Mabhele says unions should be pooling their resources in the fight against HIV/AIDS. They should share information and experiences. Many workers, he says, remain ignorant not only about the disease but about the policies in place in their respective workplaces. They are not sure whether the policies are good or not.



Mpho Mathamelo and Ruth van der Vindt during a training session.

Van der Vindt says 'if you want to manage HIV infection effectively in the workplace management and labour need to work together'. However, there are far too many instances where the parties are not working together. A high level of ignorance remains within the ranks of management while often the introduction of HIV/AIDS policies is for 'window-dressing' purposes.

The educators urged that there was a desperate need to bridge the gap between management and workers. Unfortunately, the legacy of the country's historically conflictual industrial relations system lives on and could hamper joint initiatives to fight the disease. Workers working together with management could be seen as being 'coopted' by management.

Language critical

The language used in the context of the management of HIV/AIDS is critical. Such a statement could be interpreted as being a management-dominated intervention

and hence viewed in a problematic light by workers.

Voluntary Counselling and Testing (VCT) will never benefit workers if it is management controlled with no union or worker involvement. Mpho Mathamelo argued that VCT is seen as a means for management to ensure profits and is seen as a way to get rid of workers.

Tasha Govender says employers themselves need to be educated. They could maximise efforts if they pooled resources. For example, the better utilisation of industrial clinics could reduce absenteeism. Such clinics should be open to a broader base of workers in the area instead of just those employed by the company that owns the clinic.

All the educators argued that it was not sufficient for companies to put condoms in toilets – that is just an easy way to show they are doing something. Mabhele says it appears that companies have a tendency to demarcate responsibility.

Whether unions argue that



AIDS educators preparing for a session with unionists.

management is not committed or management argues that unions are not committed to fighting the spread of the disease, the outcome will remain unchanged unless people change their attitudes.

The stigma on the shopfloor is alive and well. The educators told of a case where a teacher began helping a learner who was HIV positive. In the interim the other teachers isolated themselves from the learner and refused to mark his books. One day when the teacher took ill, everyone immediately assumed the worst and tried to get the teacher dismissed.

Other interesting trends are emerging on the shopfloor where people just suddenly disappear when they find out they are HIV positive. They leave their jobs

and lose out on potential benefits. Ignorance amongst shopstewards about the disease is reflected in their increasing refusal to represent workers for absenteeism. The educators say the shopstewards have not made the connection between the disease and absenteeism.

Male attitudes must change

Van der Vindt warns that male attitudes within the unions need to change. Women are seen in a certain light and 'until that changes, society will continue to have a problem around HIV/AIDS.'

Mathamelo says the problem is not only in relation to male/female issues but can stem from different attitudes based on religion. Some people will have religious objections to the public demonstration of how to use a condom. She says behaviour is often blamed on cultural beliefs or values. A distinction must be made between the two, she says. They all maintain that it is vigorous training that will lead to a change in attitudes.

Throughout the interview, they expressed some underlying concerns about the Treatment Action Campaign (TAC). They agreed it was an important campaign, but it is not the beginning and end in the fight against the disease. It is all very well for union leaders to come out and support the campaign but it is even more important to talk to workers about the disease. Some workers believe they do not need to change their behaviour because anti-retrovirals will cure them.

If labour is to stop eroding its powerbase it will have to embark on a more vigorous campaign to fight the spread of the disease amongst workers. Ultimately, the failure to do this will have a great impact on what organised labour will be able to do in the future.