

AIDS and The Unions

A Reassessment

Rehad Desai

A useful article on trade union responses to AIDS, by the Workplace Information Group (WIG), appeared in the last issue of *Critical Health*. It presented an overview of the successes and limitations of prevention work in the unions. However, the authors were perhaps too self congratulatory in terms of achievements in AIDS education. They point out, "unions began to develop AIDS education programmes which look at basic AIDS information and policy and workplace issues. Thousands of workers have been through these training programmes". But the article fails to address the limitations of information based education programmes.

Information Is Not Enough

It has been shown, the world over, that the mere process of providing statistics, a medical history of the virus, an explanation of how the virus works and an examination of who is susceptible to the disease is not enough. Educators have to accept that there is no such thing as an empirical truth or fact that will outweigh misinformation and bigotry. The simple matter is that correct information can easily be denied, re-interpreted or just ignored.

In Britain, a year after the intensive government campaign under the slogan "Don't Die of Ignorance", up to 93% of teenagers knew how AIDS was transmitted. But 33 to 50% of 16 to 24 year olds said that not having a condom would not prevent them from having intercourse. Allan Brandt, author of a major work on the history of STD control programmes in the United States, says there is a strong consensus that AIDS education is urgent, but cautions against those who put forward education programmes as the panacea for AIDS. He says "I think there's considerable evidence that these measures will fail."

Education Towards Safer Sex

It follows, therefore, that the whole process of education in the workplace needs to be examined. Essentially, AIDS education is concerned with effecting behavioural change. Any education in the AIDS field that fails to increase the

learners' ability to understand, influence and shape their own lives is questionable. It is actual behavioural change, not a cerebral understanding of the complexities of the virus, that will stop the virus.

AIDS education must, therefore, take into account sexual behaviour. It must be sensitive to existing sexual practices. In Tanzania, when a 35 year old man read a poster explaining that, to avoid infection with AIDS, he should have sex with one faithful partner, he burst into laughter, "What am I going to do with my other wives?" A ward chairperson of the ruling party in Lusaka argued, "It is wrong for anybody to forsake their culture for the sake of AIDS." The Ugandan campaign now recognises the existence of polygamy in local culture and seeks to avoid prescriptive comments in regard to sexual practices.

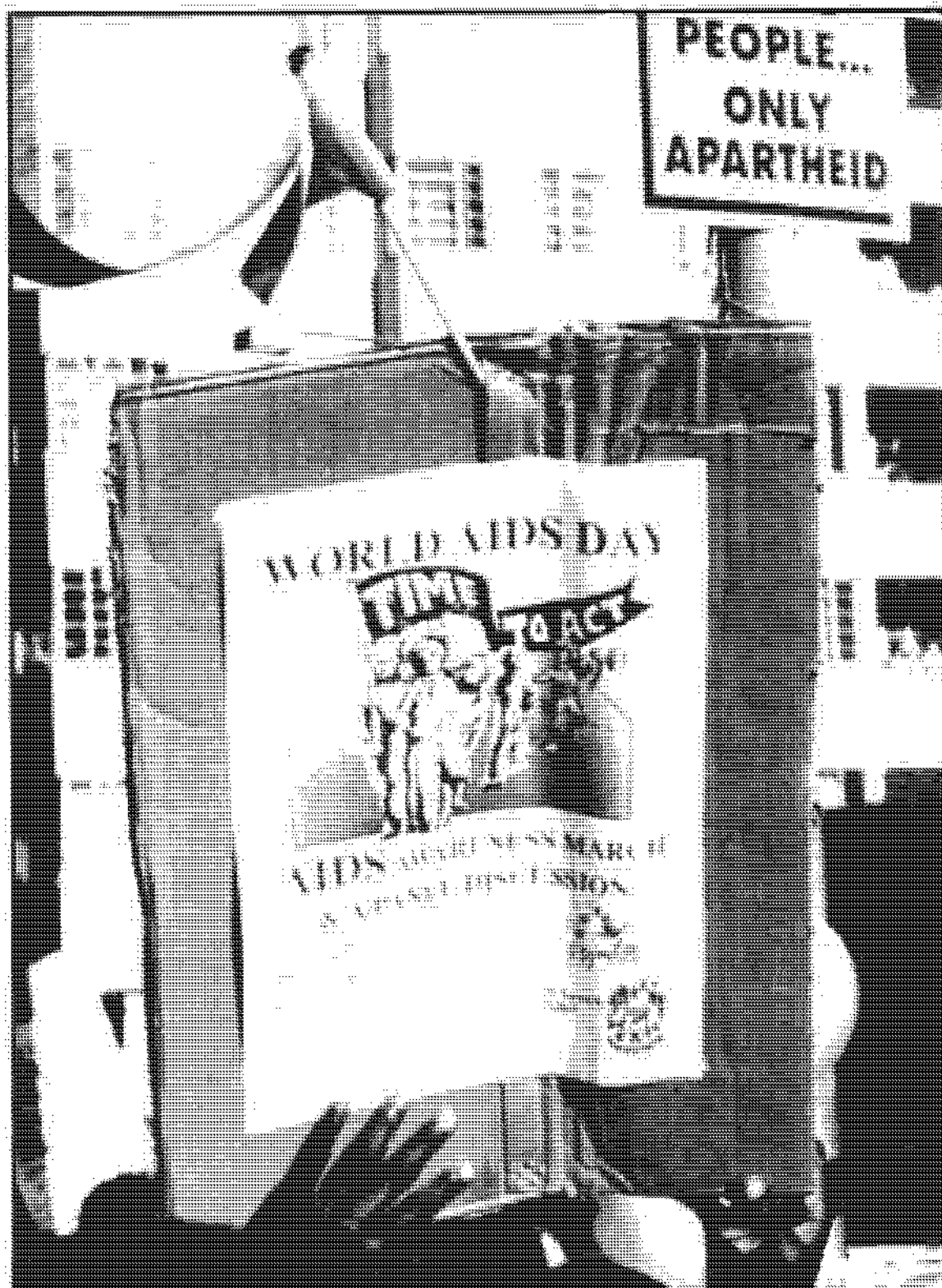
The WIG article states "the trade unions have placed the issue of AIDS firmly on their agenda. Awareness seminars and workshops are a regular feature of some unions' education programmes." However, the critical test of any HIV educational programme is whether it has empowered participants to become proactive around their own sexual behaviour with the view to practising safer sex. Success depends on people coming to their own solutions on a personal and collective level.

Peer Educators, Aids Policy Negotiators

Training within the unions and workplaces needs to focus on developing a wide layer of peer educators among respected and, if need be, elected members of the workforce. Courses need to address the necessary basic HIV facts and myths, fears and concerns related to the epidemic. They must deal with the politics of health, including the importance of progressive primary health care. Discussion on sexuality, gender issues and the negotiation of safer sex, as outlined by Oskowitz and McKay in the last edition of *Critical Health*, is essential.

Training programmes need to address the essential elements involved in negotiating comprehensive workplace policies with management, for inclusion in collective bargaining agreements (CBAs). This includes union controlled and management financed workplace education, free and freely available condoms, counselling services, medical aid, provident and pension funds, lifestyle clauses that address migrant labour and other relevant issues, and the general rights of HIV positive workers. Where policies are as yet not fully developed, workers need to know how to utilise the unfair labour practices legislation in defending themselves from unfair discrimination.

The above components are critical in any attempt to equip and motivate participants to become health cadres in the unions, workplaces and in commu-



Fortunately no one dies from verbosity. *Photo: Ismail Vawda*

nities in which they live. Appropriate education programmes are essential in order to mobilise the strength of the unions to combat the epidemic. The WIG article makes the very important point that functional health and safety structures need to be established before AIDS work can really begin to take root. But it is necessary to start running pilot training programmes in the unions as soon as possible and to integrate this work into the structures once they are established.

COSATU Moves Forward

The WIG article in question also states "NUM, FAWU, MEWUSA, SACWU and TGWU began to engage employers on the issue of an agreement." However, to date, there are only a handful of CBAs that include AIDS policies, namely between NUM and the mining industry, between Premier Food Division and FAWU, and between TGWU and a few companies in the transport sector. At its recent Health, Safety and Environment Policy Conference, COSATU faced up to this grim reality. It is finally addressing the general relegation of health and safety issues to paper policy. The conference charted a way forward to develop a fighting strategy around HIV prevention and HIV discrimination. Delegates used the Organisation of African Trade Union Unity (OATUU) resolution on HIV/AIDS as a guiding document and adapted it to suit the South African context. Delegates also recommended that the section dealing with economic issues be included in COSATU's Reconstruction and Development Programme.

The conference represents an important advance in that an attempt is being made to utilise the democratic and fighting tradition of the trade union movement to lead the struggle to contain the HIV epidemic and the plague of panic it has given rise to. The intention to develop union cadres into peer educators is a vital step forward. It is now up to the affiliates to put the resolution into practice, for it is only in practice that we will achieve success.

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COSATU Health, Safety and Environment Policy Conference Resolution

Economic Rights

Spreading of the epidemic can be limited by:

- * employment and living wage;
- * education;
- * confidentiality of infected workers; and
- * free comprehensive health care.

Workplace Rights

Workplace policy has to include:

- * education for all workers done during company time;
- * job security;
- * awareness and information;

- * training people to be able to talk to others openly (peer educators);
- * test to be freely available at the workplace by choice; and
- * health care that provides counselling services and free, freely available condoms.

Social and Cultural Rights

- * rights to say no to sex;
- * freedom of choice for sexual practices including the right of both partners to demand condoms; and
- * right to education and information, in particular, making women aware of their rights and to provide training that allow them to assert those rights.

Other Rights

State to protect prisoners against forced sexual encounters and to ensure provision of condoms to all prisoners on demand.

Union Action and Structure

- * Health and Safety co-ordinator
- * COSATU AIDS Task Force
- * Regional health and safety committees

Shop-floor Health and Safety Committees

- * AIDS task force which must be composed of representatives from affiliates to monitor AIDS component of health and safety work;
- * This structure to apply to affiliates;
- * Health & safety co-ordinator to be appointed as a matter of urgency; and
- * Endorse the proposal for the health and safety centre

Education and Training

- * Regions to take the AIDS work forward; and
- * Branch education committees and regional executive committees need to be won to the need for peer educator courses. This work is to become part of the health and safety structures, such training needs to be encouraged and take place as soon as possible.

Alliances

- * COSATU needs to work in the National AIDS Committee of South Africa (NACOSA)
- * NPPHCN NAP needs to be tapped to help conceptualise and facilitate training along with other progressive AIDS NGOs as well as occupational health and safety organisations who are involved in comprehensive peer educator training.