

Privacy, Surveillance and HIV/AIDS in the Workplace. A South African Case Study“
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**Interview with Mr. Lennox MEKUTO, Health & Safety Coordinator NUM,
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I. NUM and HIV/AIDS

1. What are the recent NUM activities on HIV/AIDS?
2. What is the NUM' evaluation of the HIV/AIDS policy of Anglo American, Eskom, BHP Billiton?

II. Confidentiality

1. In the view of trade unions, are employers interested in identifiable HIV/AIDS data?
2. How trade unions define unauthorised disclosure of HIV/AIDS status?
3. Does fear of weak confidentiality safeguards may play the role in a weak uptake of VCT and treatment in the workplace or are there other important factors?
4. Is there a ground for trade union's concern for HIV/AIDS identifiable data treatment in the workplace? (example with the nurse)

III. Stigma

1. In the view of trade unions, what is more important, the rights of the infected or non-infected workers?
2. Are HIV/AIDS positive workers more afraid of discrimination from the part of employers or co-workers?

In the opinion of NUM weak confidentiality safeguards create significant problems in addressing HIV/AIDS in the workplace. Workers cannot enjoy full confidentiality of the doctor – patient relationship, especially when the employer is paying for testing and /or treatment. We saw many examples where occupational doctors were collaborating with employers. Especially the mine workers are in difficult situation as the mining sector, highly dependent on migrant labour and suffering from high rate of occupational injuries and low health and safety measures, is very seriously affected by HIV/AIDS.

Currently, the most urgent problems are to make companies provide treatment options for spouses of workers as well as securing confidentiality of VCT and ARV treatment. We

see that the problem of weak perceptions of confidentiality might be counterproductive in addressing HIV/AIDS in the workplace, as many workers will not decide to get tested or treated, being too scared and embarrassed that the co-workers, their spouses and community will learn about their condition.

In my view, HIV positive workers are afraid of discrimination from the side of both the employer and the co-workers. There is still a serious possibility of dismissal in South Africa if the employer learns about the worker's positive HIV status. At the same time there are many examples of discrimination from the part of co-workers who often refuse to work with a HIV positive colleague. The environment is still not conducive to understand and accept that HIV/AIDS is manageable like any other disease.

Having this in mind, NUM tries to promote the solidarity approach among workers as far as HIV/AIDS is concerned, in the spirit of the idea that everyone of us, even if today not HIV positive, may face this disease tomorrow. Consequently, we are trying to show how important the supportive environment is to manage HIV/AIDS. The HIV negative worker should protect the HIV positive colleague and encourage him/her to get treated. HIV in the workplace should be addressed in the lines of the principle of protecting the vulnerable. At the same time, HIV positive workers should understand the importance of taking precautions to protect HIV negative colleagues from infection. That is why the „know your status“ principle is so important.

In our view if VCT is to be organized in the workplace, strong confidentiality safeguards have to be implemented. In the absence of such safeguards we advice workers to go and test outside the company. However, possibly an in house VCT (run and provided by the company, not outsourced), if confidentiality of HIV information is secured, might be a better option as it is easier to have control over the whole process and to maintain the company responsibility for the outcome – getting all workers tested and, if needed, treated for HIV/AIDS.

Unfortunately, still there are cases that workers' HIV status confidentiality is being breached and the level of confidentiality of this information in the workplace is not satisfactory. Still some employers are interested in identification of HIV positive workers. However, the situation has improved a lot in the last 5 years or so. Especially, in the companies that have signed an agreement on HIV/AIDS with trade unions that covers VCT and ARV, cases of identifying and dismissing HIV positive workers are significantly fewer. Covering ARV treatment by the agreement helps a lot indeed.

As far as the definition of unauthorized disclosure, I would say that the worker him/herself is exclusively entitled to choose whether to disclose the HIV status either to the employer or the co-workers. Especially the employer, acquiring knowledge about the workers' HIV/AIDS status is **responsible** to keep it confidential.

In relation to HIV/AIDS policy of big South African companies like Anglo American, Eskom, BHP Billiton I would say that we appreciate that these companies have finally adopted their HIV/AIDS policies. However, to some extent, we feel that there is still a

lot to do. These policies broadly address issues such as wellness, education, treatment, support. Unfortunately, the companies still have not agreed to provide treatment for workers' families. Without this move, we are not moving in addressing HIV, the disease that will spread among family members. That is why there is a need to review these policies and look at practice, not only documents. Comprehensive healthcare is crucial in fighting HIV/AIDS.

Preventing the spread of HIV/AIDS is one of the most urgent current challenges for all actors, including unions. We want to promote safe sexual behaviour, using condoms, avoiding too random sexual contacts, being faithful. The unions have to say – we do not want unhealthy workers. People themselves have to take the responsibility. We want to run our campaigns having the importance of prevention in mind. HIV negative people should remain negative.