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HIV and Human Security in South Africa

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To accomplish great things, we must not only act, but also dream; not only plan, but also believe. Anatole France

Two irreconcilable moral concepts are in conflict, not only in me but in all those who feel any kind of responsibility of the just ordering of society. The one is the sanctity of life, the other the duty of compassion. Alan Paton.

For Carl,

Because you also believe.

Acknowledgements

For all of those who helped me to understand that eclectic interaction between religion and politics, and thereby to actively pursue their interconnected articulation and actualisation. Mom, Dad, Carl, Dennis, for the way you raised me and shared my raising; Natalie, Ruben, Cor, Caroline, Stev, David, Adrian, Tom and Donna, for the conversations that encouraged my articulation of the arenas of religion and political economy; Paul and Dan, Vittorio and Etienne, Patrick, Chris, Fanyana, Ruben, Lynne, Gillian, and Anthoni and all of those who in personal and professional association encouraged and enabled my continued understanding and exposure to challenges both of belief and political-economy, particularly in South Africa. Thank you.

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Abstract

"HIV and Human Security in South Africa" explores the multiple dimensions of a fascinating individual, medical, economic, political and social epidemic. Its main question, *what are the responsibilities of individuals, business and government in providing human security in the face of HIV AND AIDS in South Africa?* developed out of the author's watch and work in various communities and corporations in South Africa.

The premise of "HIV and Human Security in South Africa" is one of sanctity. The sanctity of an individual is based on an inherent worth and includes the means for the development of dignity of each medically, economically, politically and socially. This human sanctity then proposes the foundation of human security, the individual freedom, medical care, economic opportunity, political stability and social cohesion that allows the actualization of that human sanctity. Human security is a precondition of the development of dignity, as without its protection the former is not possible. As such, viral infection, economic inequity, political instability and social unrest are all among the dire threats to human security and therefore to human sanctity.

HIV and AIDS is such a threat. In fact, though primarily a virus that infects and afflicts individuals, it is a pandemic affecting medical, economic, political and social arenas. The plight unleashed on human security and human sanctity by HIV AND AIDS is particularly acute in South Africa, the nation with the highest number of infected, and therefore affected, persons in the world. Caught between the local needs and global pressures to address the pandemic, South Africa is in dire straits to secure the medical treatment, economic growth, political will, and social support to contain and combat HIV AND AIDS.

The various angles of this argument are illustrated by a number of critical actors: Professor Ruben Sher, the first doctor to identify and to treat the virus in South Africa; Dr Lynne Webber, virologist at Lancet Laboratories and particularly involved in the upcoming wave of anti-viral drug resistance and in HIV and AIDS as a security threat;

Mr. Christopher Whitfield, General Manager of Lilly South Africa; Prof. Eric Buch, health policy specialist at the University of Pretoria and NEPAD; Ms. Gillian Gresak, HIV AND AIDS manager at AngloPlatinum; and Mr. Fanyana Shiburi, policy director in corporate affairs at DaimlerChrysler South Africa. Each of these individuals, alone and through their respective organizations, shed light on the links between HIV AND AIDS as an individual virus, as well as on the challenges and opportunities the pandemic poses to medical care, economic growth, political stability and society.

Throughout, the HIV and AIDS epidemic emerges as a crisis of culpability and responsibility. In other words, it is and remains a virus of individual infection with a ripple effect of affliction. It therefore demands a response from individuals, medical personnel, economic actors, entrepreneurs and investors, political leaders and policy strategists, and social and community activists to address the range of needs that it inflicts. It is in addressing these needs that the critical components of human security come to the fore, in order to facilitate the development of dignity of human sanctity.

Metamorphosis

A change of matter – but remaking
Not obliterating, not denying, not deleting
Only deifying, dignifying
A change of matter – a remodelling

From dust to dust
But divinely kindled dignity
Moulded in matter

Change, a cause of consequence
Change, a choice for transcendence
Change, a path of persistence and patience

Metamorphosis of Man to mirror Maker

(Bindenagel, 2004)

Introduction

South Africa exemplifies the need for the development of dignity enabled and expressed through reciprocal articulation and actualisation of unique and universal humanity. Apartheid denied mutual humanity. In its aftermath, South Africa attempts to embody and to exemplify hope for humanity. It must do so in particular against the haunting spectre of HIV and AIDS.

I experienced this effort with truckers whom I was teaching about HIV.

"I don't want to die alone!" This was the cry of the truckers with whom I discussed HIV and AIDS in Johannesburg in November 2004. They are long-distance drivers at KITE, a trans-continental trucking company.

These men are the visible vestige of migrant and contract labour that is the outgrowth of Apartheid's egregious exploitation of cheap manpower. This system which these truckers serve lauds the sustainability of markets, while undercutting the security of men. The truckers are lonely and alone on long-hauls, and even in the face of the scourge of HIV and AIDS they would rather risk infection than insulate themselves and die alone.

I asked, "how would you react if you found yourself HIV-positive?" Immanuel immediately responded, "I would shoot myself." Herman, young and dashing, with

smooth skin and soft brown eyes, said "I will sleep with as many people as possible so that I do not die alone." All of the truckers applauded. I stood astonished. They do not want to die alone.

HIV and AIDS is not a dissuading threat to the need for the even brief intimacy and security of a sexual encounter. In a system that objectifies people, the possibility of accountability for acquiring HIV and then for knowingly infecting another is devoid of meaning.

The disempowerment of people in the service to prosperity has deadly consequence. Men reduced to subsistence wages often lack the means to pay lobola, the bride price. Even if they are married, they are generally separated for long periods of time, straining monogamy, but beyond that leading to coerced and often violent sexual encounters. In between routes, these truckers tend to stay in Johannesburg. Their wives usually stay in KwaZulu-Natal or Limpopo, or elsewhere. They admit that both they and their wives have local girlfriends and boyfriends. A weekend getaway to another location, not to mention the transactional sex offered and accepted along the trucking routes, adds more sexual partners to the spread of HIV and AIDS.

Norm spoke up and said "I have not choice but to sleep around!" "I drink, then I get drunk, and then I sleep with whoever is available." "I have no choice."

Yet I asked, "Do you see the sequence of your choices?" "Yes", he answered. "Do you accept that you might have the choice to control those choices to enhance your life and the lives of those with whom you interact?" "Yes." However, neither Norm nor any of the other truckers can exercise those choices without enabling conditions created by the environment in which they act. Indeed, with a month or so of this exchange, Immanuel died.

What kind of calamity is this? It is a reaction to the reality of the instability and insecurity and un-sustainability of global dislocation to serve the market instead of to serve men.

These truckers need to be free both in their thinking and in their options for practicing in order to assess and to act according to their choices. These choices should be those of living in an interconnected, supportive society, not of dying alone or attenuating that loneliness through desperate behaviours.

*This recognition of interrelated life must form the new foundation of reality. Hope comes from a harrowing awareness of the precariousness of life, but also from its promise. According to the latest UNAIDS report, **AIDS in Africa**: Three scenarios to 2025, under the worst-case scenario, 120 million people stand to become infected with HIV and AIDS in Africa by 2025. According to a prominent virologist, a vaccine would only worsen the plight, as apathy to infection would increase along with the incidence and resistance, reigniting the vicious cycle.*

In the mutual recognition of our humanity, in our interdependent personhood, we make a choice to remain HIV-negative, to take care of ourselves if we are HIV-positive and to care for one another in such as manner as to contain and to control HIV, to harrow its deathly doom with life instead of allowing it to harrow hope of life with death.

In Africa the expression 'ubuntu', meaning that people are people only through other people, reveals the interrelationships between each individual self and the broader society. In combating HIV and AIDS it is necessary to understand the ways and means of the transfer and transmission of the virus. It is important to treat HIV-infected persons with anti-retroviral medications and to help them to take care of themselves and to avoid spreading infections. It is crucial to promote prevention. However, beyond the strategies to ensure sustainable existence or co-existence with this virus, it is vital to value each individual person and his or her life, and to enable each to develop his or her own dignity.

Conditions which allow for the articulation and acceptance of self, and of the ability of people to self-actualise must be created. These include healthcare access and availability of holistic wellness awareness and support, from ensuring food security through specialised care; educational opportunity and support from crèche through theoretical, practical and technical training; and employment placement through public works programs, company recruitment, mentoring and fostering.

As such, an enabling environment is established within which individuals, such as the truckers, can see a trajectory of sustainable livelihoods throughout their working lives, for which they can strive. Consequently, both they and their employers take responsibility to realise an economy that enhances both the market and the lives of the men who work within it. (Bindenagel, 2005)

As evidenced, HIV is intertwined in holistic humanity. This interdependence of development and dignity led to my interest in the interrelation between security and sanctity. It spurred me to research and to try to realise what I came to call “life beyond living”.

Inspired by the above, this study seeks to answer the following question. *What are the responsibilities of individuals, business and government in providing human security in the face of HIV and AIDS in South Africa?* It endeavours to explore the existence of the link between human security and human sanctity. In doing so it delves into the reciprocal dependence of rights on responsibility, notably of individuals, corporations and states, particularly in the predicament of the HIV and AIDS pandemic in South Africa.

In order to proceed clearly, it is first necessary to lay out the terms of reference. The main concepts around which the argument is constructed are: human sanctity, human security, and the role of the relationship of rights and responsibility to develop dignity and thereby to secure sanctity and to sanctify security. In brief, human sanctity is here held to be the intrinsic worth of individual human life. Sanctity is the essence of humanness; the articulation of and activity of self-actualisation. Human security is understood as the exercise of personal, economic, social, local, national and international agency to allow for access to actualisation, in a sustainable fashion. The role of the relationship between rights and responsibility in developing dignity is posited to be that while each individual has intrinsic rights, those rights can not be realised without the individual's as well as the local, national and international corporate and governmental systems' responsibilities for actively creating conditions conducive to the development of that dignity.

Literature Review

Human security is at once a new and an old concept. Broadly stated, the recent history of security is divisible into three phases: post-WWII security premised on military hardware, notably weapons of mass destruction (WMD) and vouchsafed in the deterrent psychology of mutually assured destruction (MAD), which held and seemed to hail triumphant through the collapse of communism in East Germany in 1989 and in the USSR in 1990; post-communist security heralded in the ascent of capitalism, which remained the dominant consciousness until the disillusionment of September 11th, 2001, reawakening the atrocities of 11/9 (November 9th, 1938, Kristallnacht); and post 9/11 (September 11th, 2001) security strategies reasserting a military agenda, albeit against a networked instead of a national 'enemy' (Hardt and Negri, 2004). Throughout this revolving security, elements of human security, the prioritisation of people and their livelihoods above or at least within military, political and economic power strictures, exist.

Exactly what human security ought to encompass remains open for discussion. On the one hand are proponents of a predominately military security. These, such as Barry

Buzan (2004), contend that security is limited to the realm of physical safety. If then, the procured physical safety promotes sanctity, and thereby the development of dignity, that is merely a by-product. On the other hand are advocates of a security that is an explicitly engendered sacred space of the development of dignity. These include ul-Haq (1998), Axworthy (1999), and Sen (1999), who argue that the tools and the taskmasters of politics, economics, and social systems must collaborate to create enabling conditions for the development of dignity. Effectively, the two approaches need to harmonise: for instance, it is imperative to procure physical security, notably in a former war-zone, before promoting political, economic and social security, and therein the hallmarks of a predominantly human society of life beyond living, of sustainable survival and prosperity. Thus is it evident that human security, comprised of military, physical, and economic, social, safety and therein sustainability, provides the crucial conditions for the development of dignity.

This is uniquely evidenced in South Africa. Beginning with the Land Act of 1913 and advancing through all of the intensifying manifestations of apartheid, white South Africa sought to secure first physical and then progressively political and economic security for itself against the black populace. This politically, economically, socially and then even militarily enshrined security buckled under the equally multi-pronged siege internally, by the liberation struggle, and internationally, notably through sanctions, brought to bear on an increasingly insecure South Africa. The entire system became untenable. This highlights the intertwined interdependence of military and political, economic and social dimensions of security. All are vital to a human security which sustains the development of dignity of people.

South Africa has learned this lesson and is advancing it. A human oriented approach to development within a physically secure arena is articulated in the Kampala Document of 1991, (as authors Keller and Rothchild, 1996, write), in the charter of the African Union (AU), and in the New Partnership for Africa's Development (NEPAD). In addition, particularly from South Africa's point of view, the pushes for peace in the Ivory Coast

(2005) and the Democratic Republic of Congo (2003) should translate not only into physical security but also political stability, and economic opportunity and sustainability.

Such peace should translate into such security and sustainability. This 'should' illustrates a vital component of creating the conditions of human security and the development of dignity, namely responsibility. This prescription features prominently in the dialectic of the development of dignity.

Philosophically, Michael Novak's *The Universal Hunger for Liberty* (2004) and Jonathan Sacks' *The Dignity of Difference* (2003) illuminate the role of individual, corporate and national responsibility in realising the right of development. Explicitly, Sacks (2003) argues that human beings can and should exert control over their environment to forge a more equitable economic arena. In so doing, he echoes Kant (Groundwork, 1996) who extolled the argument that human beings are ends in themselves and not means, and Augustine (1994) who advocated the role of polities as arenas established to ensure the equitable existence of human beings.

Practically, the World Bank argues for client countries' ownership of development. McNamera, one of the first presidents of the World Bank, and Wolfensohn, the outgoing president, shared similar notions of reciprocal responsibility in rendering human rights through broad-based human security (Mallaby, *The World's Banker,* 2004). Stiglitz (2003), in his critique of globalisation, also advocates economics as the means to the ends of human development and sanctity, as opposed to subverting humans as means to worship the economy. Specific to the South African context, Mhone and Edigheji (2003) and Terreblanche (2002) lay the onus on globalisation to engender economic opportunity to enhance and sustain the development of dignity. Leftwich (1993) and Mills (2002) also apply and advance this argument into Africa, highlighting the reciprocity between physical and broad-based human security, and political, economic and social stability and sustainability.

As Mills notes, the ability to take responsibility rests on access. This is of particular importance in the AIDS arena. In that case, as will be shown in this study, this access must be of individuals to healthcare and to sustainable economic livelihoods; of corporations to amenable economic and profitability conditions; and of government to favourable climates and conditions for investment and service delivery both nationally and internationally.

AIDS, which strikes individuals, is a social and a structural menace. It has enormous micro and macroeconomic implications, causing human resource shortages and wreaking market havoc, which in turn imperils both physical and broad-based human security, as relayed by Parker (2000) and Whiteside (2001), respectively. Prins (2004), Buch (2004) and Schoenteich (2001) all illustrate this stark reality. Succinctly summarised, they note that while HIV and AIDS as a virus affect an individual, the fallout of that affectation has adverse implications on familial integrity, sustenance and survival; on particularly agricultural and industrial production and thereby on market productivity and purchasing power; as well as on political and social stability. Ultimately, HIV and AIDS insidiously undermine all dimensions of human security.

In order to combat this crisis, it is vital to address HIV and AIDS at its causes. Some of these hark back to the entrenched structural systems, such as migrant labour and lack of skills, of the apartheid era. Others are outgrowths of a cycle of inability of access to investment and employment, service delivery and healthcare. Finally, the challenge of HIV and AIDS in South Africa is also attributable to a dearth of responsibility, of individuals, of corporations, and of government.

Solving this conundrum is complicated, but possible. Nattrass (2004) acknowledges the interaction between poverty and HIV and AIDS and HIV and AIDS and poverty, while championing the role of various actors' responsibilities to address both issues. Increasingly, medical doctors such as Professor Ruben Sher of the Disease Management Foundation, Dr Lynne Webber of Lancet Laboratories, Dr Okey Nwanyanwu of the U.S. Centres for Disease Control, and Dr Ernest Darkoh of the Broadreach Foundation are

lending their voices to plead for personal and political intervention and responsibility. Business leaders such as Christopher Whitfield of Lilly South Africa, Gillian Gresak of AngloPlatinum, and Fanyana Shiburi of DaimlerChrysler are also bringing business into the quest of socio-economic stability and responsibility. Governmental leadership still leaves much to be desired, but the South African anti-retroviral roll-out and the reignited campaigns for bridging the first and second economies are a promising start. Individually, corporately and governmentally, it is possible to defeat the HIV and AIDS epidemic, in all of its myriad dimensions. The success of such an initiative hinges on the implementation of cross-collaborative human security endeavours to create enabling conditions for an environment conducive to the development of dignity.

Human Sanctity

Human sanctity is the premise of peoples' worth. "All persons have the same intrinsic worth. They are unequal in talents, in contributions to social life, and in valid claims to rewards and resources. But everyone who is a person is presumptively entitled to recognition of that personhood" (Sacks, 2003, 206). Accordingly, each is entitled to "the basic conditions that make life possible, tolerable and hopeful" – to what they need to sustain "their dignity and integrity as persons" (Sacks, 2003, 206). This recognition of the fundamental rights of each individual is the foundation for the responsibilities of each to secure that sanctity and sanctify security.

Following this recognition is recourse to action.

> We are not powerless in the face of fate. Every technological advance can be used for good or evil. Every economic order can be exploited, allowed to run free, or directed by considerations of justice and equity. There is nothing inevitably benign or malign in our increasing powers. It depends on the use we make of them. What we can create, we can control. What we initiate, we can direct. With every new power come choice, responsibility and exercise of the moral imagination (Sacks, 2003, 85).

This action to defend sanctity and security is demanded of all: "The scope of our interconnectedness defines the radius of responsibility and concern" (Sacks, 2003, 121).

This responsibility charges individuals, companies and governments with the role to create conditions for the development of dignity.

Human Security

Human security intends not only to provide and protect physical security, i.e. living, but also to enable self-expression, life. The central focus in the human security paradigm is the human person (ul-Haq, 1998). Fundamentally, the formula of human security flows from the idea of the inherent dignity: of each individual human person and of the impetus of each for development. For the purposes of this study, human dignity will be defined as the intrinsic worth of each human being as an end, not a means, in itself.

As such, human security encompasses a wide expanse. In ul-Haq's words, human security entails "security of people, not just territory; security of individuals, not just nations, security through development, not through arms, security of all the people everywhere" (1998). This entitles all human beings to "a bundle of basic resources, both material and psychosocial, that constitute an indivisible set of necessary inputs and conditions for stability and well-being" (Learning, 2001). These must be resources to which people have recourse in order to earn their livelihoods. Resources which are merely handed out do not constitute genuine human security, as they are not constructive in enabling human beings to earn and to sustain lives and livelihoods. In other words, according to the Global Environmental Change and Human Security Project (2001), human security includes the "capacity and freedom to exercise the options and the ability to actively participate in these options" and also "meaningful participation in the life of the community." Human security is also envisioned to protect against the loss of these rights before they even occur, unlike human development which assumes these rights, effectively premising development on security.

Protection against insecurity is vital, particularly in an increasingly perilous and interconnected world. Insecurities include the lack of or limited access to resources for basic survival, to education and economic participation and productivity. They are caused

by lack of mobility or forced mobility, notably refugees, violent conflict and collateral damage, socio-political-economic inequality, health (virus), and repression (military, political, economic, religious), coerced or implied, and aggravated by the geo-political framework, globalisation, states, and non-state actors, including private and public enterprises as well as non-governmental organisations (NGOs) and international governmental organisations (IGOs).

These conditions and imperilling constraints on security can not be ignored. Indeed, "all development work takes place in distinctive political-economic contexts that shape the parameters of purposeful change" (Pieterse and Meintjies, 2003, 349). The constraints and the contending development must therefore be engaged cooperatively to create conditions conducive to the development of dignity. Those who endeavour toward this end must include individuals, corporations and their increasing national, multi-national and international clout, and governments and primarily political will.

It is the task of government to confront the constraints and to create human security. In a still-existent nation-state system and particularly in a democratic dispensation it is the responsibility of government to lead individuals and corporations by its example, as well as through policy processes. This in particular because

> A relationship of interdependence between two or more economies or between such economies and the world trading system becomes a dependent relationship when some countries can expand through self-impulsion while others, being in a dependent position, can only expand as a reflection of the expansion of the dominant countries, which may have positive or negative effects on their immediate development (Lukes, 1991, 89).

In so doing, government, and its increasingly interdependent associated actors, individual, corporate, NGO and IGO structures, enacts an enabling human security environment for the development of dignity.

Rights and Responsibility

This reciprocal relationship is too often neglected. As argued above, the government is responsible for procuring the conditions of human security for the development of dignity. However, the final incarnation of the rights to sustainable livelihoods, through healthcare and economic access in particular, depends upon individuals and corporations, as well as sweepingly stated, the international community.

The failure to assume such responsibility can result in the collapse of healthcare and health, unstable employment and markets, and ultimately in insecure polities and economies. As a teetering case in point, Michael Small (in McRae and Hubert, 2001) points out that with regard to post-conflict resolution in states, notably also South Africa in its first post-apartheid decade, the failure to adequately address issues of security on personal, political and economic dimensions has resulted in an astronomical rise in crime attesting to the precarious displacement of the rights and responsibilities of human security. Further fallout could result in diminished democracy and development.

Human Sanctity and Security and HIV

Assuming responsibility, individually, corporately, governmentally, is an arduous endeavour. This is aptly illustrated by the challenge posed by HIV AND AIDS.

AIDS infects individuals, but it affects entire societies. Furthermore, hidden behind stigma and denial, HIV AND AIDS is evocative, and erodes not only individual responsibility, but especially in South Africa, government evades responsibility, with devastating effects. Human security, in its many facets, is severely compromised.

This need not be the case. HIV is a real threat to human security, but human beings do have the clout to control their physical and socio-economic destiny. Human beings are the ends not the means to their own dignity, the development of which is made possible by the tools of physical stability and security and by socio-economic innovation and

production. In so being, human beings must also be responsible: to not let themselves be infected, or not to infect others; to be cared for and treated, and to care for and treat others; to strive against stigma; and, in conjunction with corporations and government, to contribute to conditions which enable political, economic and social development of dignity.

Purpose of the Research

The purpose of the research is primarily to relate human security to the HIV and AIDS crisis in South Africa. It is secondarily to develop recommendations for policy and practical intervention to enable the development of dignity. It seeks to understand human security and HIV particularly with regard to the responsibilities of individuals, corporations and government in addressing the latter in order to achieve the former.
In order to do this, the research will first seek to identify the interrelations between human security and human sanctity as regards the development of dignity. The study will then analyse an array of responses of actors in the HIV and AIDS arena with respect to the allocation of responsibilities in attaining human security in South Africa. Finally, based on the theoretical and practical results of this research, the study will conclude with some concrete policy recommendations.

The necessity of establishing policy and practice on human security is continually increasing, while globalisation, the decline of state sovereignty, local aspirations and global hegemonies mount their pressures against it. It is a personal as well as political responsibility for global citizens to establish and safeguard security and dignity. This study aims to enable another step to be taken in the direction of that procurement and protection.

This research is especially valuable because human security paradigms have not been comprehensively applied to the HIV and AIDS pandemic. As such, it will be useful to highlight the interconnections between human security and HIV and AIDS.

Consequently, in analysing this interrelation, the study endeavours to contribute to effective policy responses to attaining human security even in the face of HIV and AIDS.

Research Question

Rising HIV incidence is a dire problem for South Africa. It is a problem because as an outgrowth of the lack of access and opportunity for sustainable livelihoods, it imperils human sanctity and security. Consequent of this peril, it leads to social and structural instability and insecurity, further undermining human sanctity and security.

This study therefore seeks to ascertain the human security implications of HIV and AIDS and its impact on the development of dignity in South Africa. It seeks to answer the following question: *What are the responsibilities of individuals, business and government in providing human security in the face of HIV and AIDS in South Africa?*

Research Method

The research question emerged from the exposure and experience initially accumulated without an analytical intent over a period of two years. This included corporate work at DaimlerChrysler and Lilly South Africa. It also encompassed interactions and work in squatter camps and townships in the greater Johannesburg-Pretoria metropolitan areas, principally in Lawley and Soweto, Eesterust, Mamelodi and Soshanguve under the auspices of Soya Life, Tsa-Botsogo Community Development, the National Youth Organisation, and personal initiative. The latter resulted in a strategic plan for healthcare intervention, educational support and employment placement, entitled Life Beyond Living, presented to the Minister of Health in early 2005. My exposure at both the grassroots level to peoples' daily struggles for survival, juxtaposed with the national and international policy and practical pressures and politics which seemed to undermine sustainable sanctity and security, piqued my interest. Therefore, throughout this period, I took detailed observation and field notes, and collected information through informal interactions and interviews, through which the study question eventually took shape.

As such, these notes form the background and the backbone of the study. They were compiled between June 1st, 2003 and April 30th, 2005. They were either recorded during or directly after the observations which they describe. They were then immediately loaded into and filed on a computer. Later, they were scoured for themes, resulting in the study question concerned with analysing the responsibility of individuals, corporations and government with regard to addressing HIV and AIDS in South Africa.

Having thus identified themes, I proceeded to read and research through secondary documentation as well as through dialogue with a host of policy advocates and practitioners about the interrelations of individual, corporate and governmental responsibility in creating humanely secure conditions against the onslaught of HIV and AIDS. In that process, I identified a few select actors with whom to conduct in-depth interviews to flesh out this information. They were ultimately chosen particularly for their positions in South Africa poised between grassroots affectations of HIV and AIDS and the national and international arena from which HIV and AIDS policy is advocated and administered, their relevant expertise given the question being researched, and finally their proximity and availability. Ultimately, I interviewed: Christopher Whitfield, as the CEO of Lilly, a pharmaceutical giant, which gave South Africa's AspenPharmacare the only freezer on the continent large enough to house anti-retrovirals, and who in his personal and professional capacity completed a certificate at the University of Cape Town in public policy while advocating for pharmaceutical market access under the Medicines Control Act in order to guarantee the availability of medications; Gillian Gresak at AngloPlatinum because of her access not only to the companies employees and their communities, but also to the World Economic Forum in Davos, where issues of corporate and community sustainability are debated even if policies are not prescribed; Fanyana Shiburi at DaimlerChrysler because of his mobility between corporate social investment of the company and advocacy at corporate policy debates of the South African Parliament; Professor Eric Buch as a public health policy expert and as the drafter of numerous NEPAD health strategy documents; Professor Ruben Sher, as the eminent expert on the history of AIDS in South Africa, as a clinician, and as an advocate of medical but also multi-faceted interventions to address the epidemic; and Dr Lynne

Webber, as the head of the largest virology laboratory in South Africa, which tests, among other, routine diagnoses, for drug-resistant stains of HIV and AIDS, and who as a clinician and as a professor is cognisant of and engaged in ameliorating the effects and affects of HIV and AIDS and is also keenly aware of the individual, corporate and governmental roles necessary to be played to stem the tide of the pandemic. All of these in-depth interviews were again supplemented by observation and field notes, in an endeavour to flesh out the grassroots through the global spheres of human security and responsibility with regard to HIV and AIDS in South Africa.

The accumulated exposure, experience, dialogue and data serve to support an argument and analysis for a holistic approach to securing sanctity and sanctifying security through reciprocal rights and responsibilities. The challenge of HIV and AIDS instigated the questions and then the quest for answers throughout the initially non- and then academic observations and analysis of this essay, and therefore forms a background and also a foreground for its argument for the responsible relationship between human sanctity and human security. The epidemic is articulated as a concrete example of the reasons and need for this argument to be put into policy and practice, which in some other cases is and ought to be extended. This method thus portends that understanding the underlying systemically interrelated local, national and international human security situation and stipulation, which reach beyond HIV and AIDS, reveal requisites for the quest to create conditions for the development of dignity.

Research Strategy

Theoretical Position. Though the observations which led to the research questions explored herein were arrived at without initial concerted academic intent or analysis, they are nonetheless derived from a particular point of view. I, the author, grew up amidst a Western, neo-liberal intellectual framework with a notable emphasis on freedom to realise personal potential. This was particularly nurtured during my childhood and adolescence in the United States, and in Germany – West, East and Reunited – and as the

daughter of a U.S. Ambassador exposed to and interacting in school as well as in diplomatic, governmental, business and private spheres.

Driven by these experiences of the fervour of freedom and the derived necessity of political-economic structures that enabled the exercise of human dignity, my worldview is explicitly influenced by the desire for freedom wrought in the wreckage of the Berlin Wall, and informed by the theology and philosophy of the Moral Law as written in all human hearts and accessible through the faculty of reason, of Augustine and Kant, in particular. As such, I understand the dilemma of the development of dignity to be the securing of sanctity, both physically and more broadly psychologically, as in life beyond living.

I acknowledge that there is no universal language or worldview, but that each individual point of departure is shaped by inherited history and contemporary conditions, by familial and socio-cultural systems, and personal preference. As such, I note, too, that no language or world lens is without its limits. Consequently, the theoretical point of view of this essay is informed by an internationalist perspective, and infused with a particular understanding of the intrinsic dignity of human beings, a point of view being continuously challenged and renewed by exposure and experience in South Africa.

Practical Position. In order to converge the conceptions of the South African national situation and the international system, the I spent over ten months living and working in communities, with companies and corporations, and government and universities and schools in the greater Pretoria area in South Africa, while also living with South African Afrikaners, English, and Africans. Having in the process of this exposure and experience noted the systemic recurrence of issues of sanctity and security, and rights and responsibility, I decided to conduct a more thorough study of the conditions of those concerns with the object of rendering recommendations that would offer opportunities to contribute to the development of dignity.

Limitations of Research

Human security has the potential to involve all individuals and all nations. Given such scope, it is impossible to assess and analyse it from all of those perspectives. Further limitations within South Africa include the communities chosen due to the author's exposure and experience, the dialogue and discussion partners available and accessible to me, and the units of analysis of sanctity and security, rights and responsibilities, which though discussed from various points of view, ultimately taken from the author's the vantage point coloured by continental philosophy and practical grassroots and global exposure and interaction notably in South Africa. As such, this study's research will focus on the idea of human security and its relationship to sanctity as regards the responsibilities of individuals, corporations and government to create conditions for the development of dignity in the case of the HIV and AIDS pandemic in South Africa.

Honing Human Sanctity and Security

The Red Cross recently launched a campaign for orphans and vulnerable children. It did so by posing the poignant question: If children are orphans, what are we? Indeed, what are we?

Who are these orphaned and vulnerable children? Where are these orphaned and vulnerable children?

Some of them are those in the care of the Sisters of Charity, in Winterveld. In the care centre, four Sisters and a few volunteers currently care for 72 children. Most of them come from the surrounding communities. A few still have family to whom they might be returned. Many are disabled, suffering from cerebral palsy, unable to focus, speak, or take any care of themselves.

Some sit strapped into high chairs that look rather like car seats on stilts. Others sit in what seem to be car seats on wheels and wheel themselves about in an adapted form of independence. Yet most of them loll about, unable to talk or perform really any tasks.

In cribs lay the sickest children. These include many more suffering from cerebral palsy. On young girl lay with her pelvis perpendicular to her torso, her legs askew actually forming the letter S. Where is the sanctity surrounding her?

There are many of them, and the numbers are mounting. Most of their parents have died. Many of their grandparents are too old or too sick to care for them. Who will hold them, as they live or die?

The yearning for attention and care was so painfully apparent: and there were so many of them! Initially scared eyes peered through teary lenses, but then began to grin. Two little boys returned again and again to be picked up and allowed to touch my hair and to reach up at bat at one of the many dolls and toys hanging like mobiles from the ceiling. One little girl in particular kept coming back to me, standing before me in her little blue dress, with her lovely brown eyes looking, and looking. Tentatively she finally took my hand and let me lift her up, too.

One of the Sisters told me that when she arrived she let no one touch her. The statement reminded me of the stories of Chinese orphanages in which children were touched so infrequently that they lost their human connectivity and eventually not only failed to connect and to communicate, but even to eat, until they died. Who will ensure that this one does not die?

These are the orphans and vulnerable children. If children are orphans, what are we? They are South Africa's, and our, futures. We must be their sanctity and security.

(Bindenagel, A. The Sign S., 2004, unpublished).

Introduction

What is it to have sanctity? What is it to have security? Are sanctity and security related? Both reason and revelation attribute to human beings an intrinsic worth.

> It is not listening to the Law but keeping it that will make people holy in the sight of God. For instance, pagans who never heard of the Law but are led by reason to do what the Law commands, may not actually 'posses' the Law, but they can be said to 'be' the Law. They can point to the substance of the Law engraved on their hearts – they can call witness, that is, their own conscience – they have accusation and defence, that is, their own inner dialogue (Rm. 2:14-15).

The realisation of this intrinsic worth, sanctity, relies upon a realm of security. As such, sanctity depends upon security for it to be procured and protected. It is the reciprocal responsibility of individuals, corporations, and government to create the secure conditions for sanctity's development of dignity.

Human Sanctity

Sanctity is the essence of humanness. It is the articulation and activity of self-actualisation, both individually and interactively. Human sanctity is inherent and inviolable.

It is deifying. Divorced from divinities, Enlightenment thinking defined sanctity as a function of rationality. It added a new dimension to intrinsic sanctity, namely the ability of human agents to develop their dignity. In this sense, the inherent sanctity of human beings is derived from their status as rational beings; as ends, not means. While the assertion and attribution of sanctity as articulated through revelation often causes crises articulated in a modernist, rationalist world, intrinsic human dignity depends on the actualisation of both dimensions. This argument utilises human sanctity in both senses: human beings revealed as holy as well as wholly rational beings.

The distinction between the ultimate ends of a person and of the means to an alternate or ulterior ends of an action embodies the dilemma of globalisation: whether globalisation is oriented towards the ethics of securing sanctity of human persons, or whether human persons are programmed for the efficiency of the global market. In order to develop this

dignity, human beings must be active agents in their own actualisation. "We are born persons, but how we defend and enhance our humanity depends very much on the enabling process of individuation, and the concessions individuals are able to negotiate from mitigating factors such as society, political apparatuses, economic structures, and culture" (Nyamnjoh, 2003, 4). Human beings must first of all have the conditions in which to develop dignity, in conditions conducive to securing sanctity.

This responsibility is the duty to develop dignity. It is the individual, economic, political and social mandate to secure that sanctity through developmental means of an enabling economic environment for livelihoods, for life beyond living. Indeed, the responsibility of individuals, of corporations and other economic actors, of government and of society broadly is interdependent in creating conditions conducive to the development of dignity and thus to the reality of human beings' intrinsic worth.

As the Club of Rome argued in the 1970s, it is possible to design a state of global equilibrium to meet the needs of each person. Such a state, in conjunction with corporations and social institutions, would be an enabling environment in which "each person has equal opportunity to realise his individual human potential" (Kroc, 2000). The expression of such opportunity would be through work.

Work must enable people to secure their living. Furthermore, "mankind's livelihood requires his active participation. … This active participation of man in the creation of his own wealth is a sign of spiritual greatness. In this respect we are, as it were, imitators of God" (Sacks, 2003, 87). As such it must allow for innovation beyond the mere struggle for daily subsistence. Work must be a means of worthiness. Therefore work must encompass not only wage employment, but also ways of securing a livelihood, a means of 'making a living' (Sacks, 2003). In enabling workers to make a living to develop their dignity as whole selves, work becomes a stratagem for securing sanctity. Finally, work promotes life, "is the foundation of just, participatory and sustainable societies" (Van Drimmelen, 1998, 89). It is the basis of sustainable livelihoods and thereby of life beyond living.

Sanctity and Freedom

Fundamentally, to be an exercise in worth work needs to be a function of freedom. This freedom is vital to human beings as causal agents of choice. Choice confers worth, or dignity because it is exercised not merely intrinsic, because it allows human beings themselves to hold sway over their own development. As Kant says, "autonomy is the ground of the dignity of human nature and of every rational nature" (1997, 43). This has important social implications.

The autonomy of the individual is the premise for society's security. This is due to the fact that "the success of society is to be evaluated, in this view, primarily by the substantive freedoms that the members of that society enjoy" (Sen, 1999, 18). This is because the freedom of individual members of society is a principle determinant "of individual initiative and social effectiveness", thereby fostering overall opportunity to have outcomes which contribute to individual well-being as well as to that of the broader society (Sen, 1999, 18). In turn, the security of society must promote the security of individuals, to creating the enabling environment for the exercise of these freedoms. This reciprocity enables the control of development of dignity.

Such control faces a unique challenge in the era of globalisation. Globalisation impinges upon individual agency. In the fell swoop of intersecting local and global spheres of power and influence, individual control diminishes over conditions conducive to developing dignity. Overcoming the crises of persistent poverty, unfulfilled elementary needs, famines, chronic hunger, violations of political, social, economic and human freedoms, and worsening threats to the environment and the sustainability of economic and social life binds all of humanity together with increasing insistence to intervene, to develop dignity. "It is important to give simultaneous recognition to the centrality of individual freedom *and* to the force of social influences on the extent and reach of individual freedom. To counter the problems that we face, we have to see individual freedom as a social commitment" (Sen, 1998, xi). In recognising the interrelation between individual freedoms and economic, political and social sustainability, it is

important to note that the object of such freedom is to exercise it to achieve sustainable livelihoods. Consequently, it is crucial that individuals, in conjunction with corporate and economic, political and social actors assume the imperative of responsibility to render an enabling environment for the exercise of that control. Only such concerted coordination will result in the individual agency for work, in economic growth and viability, in political stability, in social integrity and thereby in overall sustainability of livelihoods and life beyond living.

Furthermore, this interactive freedom must be expressive of equity. Making equity real is what Adam Smith proposed as the moral philosopher became the founder of economic science. He did so with a distinct ethical direction. "Economics, in other words, was originally seen as a normative theory about the production and the distribution of the means to live, clearly related to ethics, history and political science" (Van Drimmelen, 1998, 1). Most famously echoed down to the above line to open the gates of opportunity in theory as well as reality, Adam Smith did not "advocate maximising the 'wealth of nations' as an abstract goal without regard to distribution; he believed no nation could be strong or happy if most of its people lived in poverty and misery" (Van Drimmelen, 1998, 1). In other words, he advocated individual agency, economic innovation, political intervention and social support in order to realise the exercise of development of dignity. Consequently, states must both in policy and practice assert and seek to attain economic equity within economic globalisation for the good of their individual citizens and for the social stability, sustainability and success of their states.

Human Security

This is the *raison d'être* of human security. Sanctity is the prerequisite of security, and security must protect sanctity. Indeed, the paradigm of human security – the ability of human beings to develop dignity – assumes that human beings possess an intrinsic sanctity worth securing, in a re-confirming cycle.

Fundamentally, the need for human security is instituted by instance of insecurity. These imperil individual sanctity, as well as economic, political and social sustainability. These invoke the necessity of intervention.

Instances of insecurity will always exist. In fact, modernity and the modern project exemplify a modus of increasing and interrelated insecurities. Modernity, from the onset of the Industrial Revolution and through the onslaught of the technological revolution, ushered in unprecedented flourish of fast-paced change: from villages and fiefdoms to nation-state and then to international organisations; change from exchanges to fixed currencies to floating currencies; change from body to mind, from mythos to logos, from revelation to reason; and change from the inertia of matter, of nature to the incessant movement of natural selection, evolution and particle physics. Each of these crises of change – political, economic, social, philosophical, and scientific – escalated the amount of uncertainty of the shrinking world systems in which human beings struggled to secure their sanctity.

The pace of such change is accelerating. Though this benefits the expanding agency and arenas of multi-national organisations and supra-state structures, human beings can not cope with such constant flux affecting both surrounding society and self. The unwieldy "politics of insecurity" threaten social constructs and cohesion, and consequently imperil the sustainability and stability of individual and collective lives and livelihoods (Sacks, 2003, 68). Human beings are uniquely made to adjust and adapt to their surroundings, able to transmit those adjustments and adaptations from one generation to the next, but they "are not made for constant, relentless alternations" of themselves and their environment (Sacks, 2003, 69). Such a deluge of change severely compromises human beings' ability to develop their dignity.

Thus although human beings are by nature adaptive, the penetrating pressures of politics and power, economic and social change increasingly threaten the access to resources and opportunities to engender livelihoods (Sacks, 2003, 69). These instigating insecurities include the lack of or limited access to the means of survival, to education and economic

empowerment, to life beyond living. As the mobility of modernity sweeps the globe through globalisation, these pressures of insecurity are only mounting. As ul-Haq notes, "the same speed that has brought many modern projects and services to our doorsteps has brought much human misery to our backyards", with the result that "every drug that kills, every disease that silently travels, every act of terrorism" constitute "human security concerns [that] are more global today even than trade" (1998). Yet despite this globalisation, there is no guarantee of mutual intelligibility, no self-interpretation, no self-validation (Toulmin, 1990, 105). Consequently, while the ability to protect human sanctity dissipates, the demand to procure human security desperately rises.

Development of Human Security

Traditional, physical security set a limited stage for human security. It emerged in the 17th Century as communities and fiefdoms were forming nation-states, in an effect to protect territorial, physical, integrity. This security was about "how states use force to manage threats to their territorial integrity, their autonomy, and their domestic political order" (Kroc, 2000). As a by-product, human beings also benefited from physically-bounded state security. It physically secured people's existence to an extent. It allowed some space for their exercise of individual agency to attain livelihoods. However, it did not directly affect their development of dignity.

Only in the changing circumstances of the Cold War in the 20th Century did the emphasis begin to shift from such physical state security to a more broad-based human security. The initially subtle and then more substantial re-focus began theoretically and then became increasingly practical. In the mid-1970s international relations and security studies scholars working with the multinational World Order Models Project (WOMP) began to focus on facilitating "a more stable and just world order, and as part of this endeavour drew attention to the problem of individual well-being and safety" (Kroc Institute, 2000). This initial initiative interrelated dignity and security.

Other academics and then active agents followed this trend. The Club of Rome, also in the 1970s, articulated a "world problematique" consisting of crises facing all of humankind: poverty, "degradation of the environment, loss of faith in institutions, uncontrolled urban spread, insecurity of employment, alienation of youth, rejection of traditional values, and inflation and other monetary and economic disruptions" (Kroc Institute, 2000). In addition, the Club cited the further disruptions of "accelerating industrialisation, rapid population growth, widespread malnutrition, depletion of non-renewable resources and deteriorating environment" as infractions against human dignity (Kroc Institute, 2000). It called for "ways of conceptualizing global development and, ultimately, global security to sustain and improve those life changes" (Kroc Institute, 2000). It argued for a new security that encompassed a greater degree of individual, and interdependent, freedom to develop dignity, above and beyond the mere security of state territorial integrity.

This train of thought increased in intensity. In the 1980s, further invocations occurred. German Chancellor Willy Brandt chaired the Independent Commission on International Development Issues. In 1980 the Commission released the *North-South Report*. The introduction intimated that it was not only human beings' objective to survive, but that sustainable survival was humankind's obligation. The report then digressed from traditional state security concerns of territorial integrity, to deliberate on security against "world hunger, mass misery and alarming disparities between the living conditions of right and poor" (Kroc Institute, 2000). Harking back to U.S. President Franklin D. Roosevelt's Four Freedoms speech during World War II, the report asserted the need to provide security "first and foremost, for human beings – in all parts of the world" (Kroc Institute, 2000). As such, the report heralded the reciprocity of securing sanctity to sanctify security.

In a similar vein, the Independent Commission on Disarmament and Security Issues centralised previously sidelined security concerns. While continuing to acknowledge traditional state and military security threats and concerns, the Independent Commission's report on 'common security' asserted the increasing intensity of

individual, economic, political and social security threats posed by "poverty and deprivation and by economic (in)equality" (Kroc Institute, 2000). It also vouchsafed a new version of common security, one that secured sanctity, a situation wherein people live "in dignity and peace, that they have enough to eat and are able to find work and live in a world without poverty and destitution" (Kroc Institute, 2000). Thus in a waning days of the Cold War, dignity and development were increasingly regarded as intrinsic to individual, economic, political and social sustainability and security, globally.

This notion intensified in the wake of the Cold War. The 1990s witnessed a flourish of security activity. In 1991, the Stockholm Initiative on Security and Governance called for *Common Responsibility in the 1990s*, in which the responsibility of security reached beyond "political rivalry and armaments" to "threats that stem from failures in development, environmental degradation, excessive population growth and movement, and lack of progress towards democracy" (Kroc Institute, 2000). Slowly but surely the realm of security relied on rendering a more humane environment.

With the infatuation with a new security gathering momentum, in 1995 the Commission on Global Governance's report, *Our Global Neighborhood,* similarly extended broadened the notion of security beyond "the traditional focus on the security of states to include the security of people and the security of the planet" (Kroc Institute, 2000). The comprehensive concept of security encompasses military, territorial, political, non-state, environmental and even natural security (Kroc Institute, 2000). This added to, but did not replace traditional security dimensions. It "never intended to be an alterative to […] traditional foreign policy concerns" but as "a complimentary, new instrument with which to respond to the new conflicts and the complex crises which they engender" (McRae and Hubert, 2001, 250). It shifted focus: "What is central – or should be central – is the protection and welfare of the individual citizen or human being" (Kroc Institute, 2000). This fusion of traditional and human security recognised the reciprocity of individual sustainability and state stability.

Consequent of this inter-connectivity, politically as well as practically, through the United Nations, the European Union, the African Union and the New Partnership for African Development (NEPAD), and multinational corporations, to a name a few forces, the classical, "unilateralist notion of security must give way to *cooperative security*" (Kroc Institute, 2000). This cooperative security has a neo-classical mandate: not only to protect the integrity of state, but further to protect the dignity and development of states' citizens. Thus it is interconnected, mutually reinforcing security of sanctity which provides the plausible argument for sanctifying security of individuals, internationally.

Human Security Rationale. This human security is integral to human intrinsic sanctity. It is also inextricable from the integrity of state stability. Fundamentally, it is "a conception of security that is centred above all on the sanctity of the individual [which] may be called *human security*" (Kroc Institute, 2000). Mahbub ul-Haq, Lloyd Axworthy, and the United Nations Development Fund (UNDP) in 1994, honed the concept of human security.

Ul-Haq, a well-respected development economist and a consultant to the UNDP, first helped to launch the human development index (HDI). Then he spearheaded the human security initiative. Another prominent human security proponent was Canadian Foreign Minister Lloyd Axworthy, who led the Canadian government and other middle powers' endorsement of the human security venture. He argued for a new concept of security, one that centred on the interests of lives of people, not on those of countries. "We must move away from arms and use the emerging peace dividend to finance the social agenda of humankind" (Axworthy, 1999). The United Nations Development Fund constituted a further contributor to the concept of human security. The UNDP officially endorsed the doctrine of human security in 1994, and laid out its primary principles. These included the protection from the threat of disease, hunger, unemployment, crime, social conflict, political repression, and environmental hazards (UNDP, 1994). The report explicitly listed seven elements of human security, namely economic security, food security, health security, environmental security, personal security, community security, and political security (UNDP, 1994). In brief, human security is concerned with human life and

dignity, with how people live and breathe in a society, how freely they exercise their many choices, how much access the have to market and social opportunities – and whether they live in conflict or in peace (UNDP, 1994). It emphasises that human beings are agents requiring and acting in enabling environments to develop their dignity.

In order to achieve this goal, human security deals in two dimensions. In the first instance, "the idea is for people to be secure, not just for territories within borders to be secure against external aggression (Human Security Now, 2003, 6). As such, the human security framework enfolds the individual, and then expands to include socio-communal conditions, and national and international spheres, encompassing physical, economic, political and spiritual freedoms. As such, human security contains "security of people, not just territory; security of individuals, not just nations, security through development, not through arms, security of all the people everywhere" (ul-Haq, 1998). In addition, human security should include "a bundle of basic resources, both material and psychosocial, that constitute an indivisible set of necessary inputs and conditions for stability and well-being" and the "capacity and freedom to exercise the options and the ability to actively participate in these options" to enable the development of dignity (Definitions, 2001). In the second instance, human security tries to insulate people from threats to their lives and livelihoods. These threats primarily include the resurgence of or endemic violence, compromising peace, particularly as in transition states such as South Africa (McRae and Hubert, 2001, 86). They also include "extreme impoverishment, pollution, ill health, illiteracy, and other maladies" (Human Security Now, 2003, 6). This is a tall order.

In order to do this, people need positive prescriptions, as well as negative protections. More importantly than those positive ideals, human security mandates initiatives to insure against the loss of the freedoms and abilities to develop dignity before they even occur; in so doing, it is a negative instigation, guarding against insecurity as opposed, initially, to garnering security. As such human security "seeks to protect people against a broad range of threats to individuals and communities and, further, to empower them to act on their own behalf" (Human Security Now, 2003, 4). Human security aims to enable people to

access their own actualisation. Axworthy insightfully writes that people are increasingly exposed to an expanding array of trans-national threats. These include "opening markets, increased world trade, and a revolution in communications" all of which are on the one hand highly beneficial and on the other instigators of a "wide range of threats" (Axworthy, 1999). As a result of such opening and intercommunication, "transmission of pollutants to infectious diseases – are global phenomena in both their origins and their effects" and "economic shocks in one part of the world can lead rapidly to crises in another, with devastating implications for the security of the more vulnerable" and even the seemingly less vulnerable (Axworthy, 1999). As he makes clear, human security is cyclical: in aiming to protect against insecurities caused by the military, human rights violations, governmental incompetence or corruption, lack of education, and health hazards, human security protects against the very instability which is likely to result in military or state insecurity. It aims to guard against the destabilisation of states and thereby the security of citizens by reducing and removing "the insecurities that plague human lives" (Human Security Now, 2003). Human security is pre-emptive protection. As such, it is the mirror image of human development.

Security vis-à-vis Development. Human security and human development are distinct. Where human security auspiciously stipulates that human beings develop their dignity themselves, within a secure situation, human development generously aids development of human dignity in a pre-supposed secure environment. Therefore, human development presupposes a situation of human security.

Human security and human development do both contribute to the development of human dignity. Both premise their paradigms on human freedom and fundamental access to actualisation. Human security focuses on forestalling the "downside risks" to human sanctity and security (Human Security Now, 2003, 10). Focusing on the risks of economic downturns and to natural disasters, human security "recognizes the conditions that menace survival, the continuation of daily life and the dignity of human beings" (Human Security Now, 2003, 10).

Human development, on the other hand, intervenes to enable "upside" development. Like human security, it also aims to remove "various types of unfreedoms that leave people with little choice and little opportunity of exercising their reasoned agency" (Sen, 1999, xii). However, unlike human security which restricts itself to removing those unfreedoms and allowing human beings to become independent actors initiating their own actualisation, human development actually gets involved in aiding actualisation. In particular, it promotes the neo-liberal promise of "growth with equity" championing the notion that growth benefits all, at least over a period of time (Human Security Now, 2003). Human development has an optimistic, buoyant quality, since it is concerned with progress and augmentation of human actualisation, through expanding opportunities and opening doors, and helping people to go through them (Human Security Now, 2003). Human development is "out to conquer fresh territory on behalf of enhancing human lives and is far too upbeat to focus on rearguard actions where the notion of human security becomes particularly relevant" (Human Security Now, 2003). Yet precisely because human security protects from negative risks and human development employs the protection to allow human beings to capitalise on their safety, the two approaches contribute to both autonomous and augmented actualisation.

The different emphases of their approaches are significant. Cautious human security has an aim divergent from the zealous goal of human development. Consequently, human security and human development complement each other.

Challenges of Human Security. This complementarity is critical. This is because, though very comprehensive, it is useful to point out that contrary to criticism, especially by Barry Buzan, human security is not meaninglessly broad. It deals particularly with the challenges posed by the structures of the "geo-political framework, globalisation, states, non-state actors especially increasingly multi-national corporations, violent conflict and its collateral effects, political and economic repression or marginalisation, and disease" (Human Security Now, 2003). It recognises that while each state and individual has the *right* to survival and self-expression, or success, each also has a *responsibility* to realise that right. As such, fundamentally human security faces the challenge of these questions:

What are its boundaries? Who is bound to them? Who and how can security protect them and enable the development of dignity?

Human security is as such universal, global, and indivisible (Axworthy, 1999). Its immediate challenges will continue to impinge on individual and state rights and ability to realise those rights. Due to the fact that the global arena is constantly encroaching on the local, the ability of individuals to develop dignity is increasingly in dialogue locally and globally. National and international, individual, economic, political and social sustainability and stability depend upon human security.

HIV and AIDS in South Africa

Who determines, who decides who holds power and who possesses humility? HIV and AIDS dole out not only disease but also duty.

Two DaimlerChrysler executives' and my own images reflect in the glass entryway doors. Our mirrored reflections exude power. We wear black suits. Our trench coats flair. We embody confidence. We stride in synchronised gaits. Our heads are held high. Our three personages - two tall men and one small woman – seem to possess power.

W are all three involved in the company's award-winning HIV and AIDS workplace and corporate social responsibility program. On this particular morning we just returned to the DaimlerChrysler headquarters in Centurian after spending a morning at Cotlands Baby Sanctuary in Johannesburg, which DaimlerChrysler helps to support financially. Our thoughts linger there.

Wrought-iron cribs and twin beds fill the house. Bambi decorations grace the girls' room. Mickey Mouse decks that of the boys.

The walls are decorated with pictures and drawings. The windows let in light.

The curly-haired youngsters come careening down the corridors at the end of their school day, entwining their tiny hands around those of their visitors, and leading them to lunch. The healthier little ones sit upon brightly-coloured chairs, one little boy refusing to let go of my fingers. Another little boy, the edges of his small chin jagged, lay sedated with morphine upon a couch in the same room, breathing laboriously, barely lifting his eyelids. A little girl whined weakly in her crib, lamenting the oxygen tube which ran into her nose to allow her to breathe. A week-old baby girl with a tuff of softest curly hair lay wrapped and warm and nearly weightless in my arms.

The elusive power of the executives evaporates. The small dolls held in each of our hands evoke humility. Each doll is a reminder of the HIV and AIDS babies we just visited.

Who determines, who decides who holds power and who possesses humility? HIV and AIDS dole out not only disease but also duty.

Fast forward. Thirteen hundred boys and girls, ages five through twenty-five, cavort in an over-crowed school complex. There are two teachers. There are chalkboards, but no chalk. There is no paper; no pens. There are no books. There are two long-drop toilets.

Who determines, who decides who holds power and who possesses humility? HIV and AIDS dole out not only disease but also duty. Each one of us determines, each one of us decides to hold power and to possess humility. Each one of us must deign to accept the duty to herald dignified development. (Bindenagel, A. Power and Humility, unpublished 2005).

Introduction

The above narrative paints some pictures of HIV and AIDS in South Africa. It relays the reality of the stark contrast between power and humility which characterises the causes, the consequences and the cost of this raging pandemic. HIV and AIDS demand power and deign humility.

This section seeks to explain HIV and AIDS within the contours of human security and the conditions of the development of dignity. In order to do so, it will first lay out the broad arena of HIV and AIDS in South Africa, broaching the intersection of individuals, economic actors, the political arena, and society. It is critical to comprehend HIV and AIDS as it interacts in all aspects of human life, and also to understand that interventions against it are of an interwoven nature. This section will secondly address the gap between policy promises and policy practice with regard to HIV and AIDS in South Africa. It will delve briefly into proposed means to bridge this gap. Finally, this section will set the stage for the next chapter, which will address issues of HIV and AIDS and responsibility as a means towards the ends of human development of dignity.

The AIDS Arena

AIDS is a disease. It is a virus of the individual body. It is a virus which does veritably kill its human hosts. It is exercising this ability incredibly effectively.

The AIDS pandemic is the worst health crisis to hit the world since the plague ravaged Europe in the 14th Century. AIDS has flung open the doors of humanity and is filling the house. As of 2004, between the onset of the epidemic in 1981 and that year, over 42 million people were reportedly infected, and over 21.8 million were reported to have died. Millions more are expected to die by 2020. In addition, 50 million orphans are expected in Sub-Saharan Africa by that year.

South Africa is seeing a steep increase. The latest AIDS statistics released by the government agency Statistics South Africa revealed that "annual AIDS deaths increased 57 percent from 1997 to 2003". In exact numbers, the report announces that "499,000 of South Africa's roughly 44 million people died in 2002, up sharply from 318,000 in 1997" (SSA 2003), with much of the increase attributed to AIDS and its attendant diseases. The increased mortality is notably striking young women and children under the age of 15. South Africa is not alone with such sobering statistics. Russia is also tallying an increasing death toll. So is China. So is India.

For an instant, there was a glimmer of good news. After over a decade of dying and death, modern medicine came to the rescue. Due to the innovative anti-retroviral drug regimens of the 1990s and early 2000s, initially comprised of numerous anti-AIDS drugs combined with anti-AIDS side effects drug regimens, often numbering near 40 drugs a day for AIDS-sufferers, the tide of HIV seemed to stem. The drug regimens became more streamlined reduced down to two or three tablets a day. Secondly, however, though they did and do prolong life, they do not impede HIV and AIDS. "Even though the anti-retroviral 'cocktail' has extended many lives, some infected people still deteriorate and end up with AIDS, but that process usually takes many years" (Perez-Pena and Santora, 2005). Consequently, AIDS experts and public health officials cautioned that chronic drugs did not spell a cure for this deadly virus. They warned that multi-drug resistance would emerge, thanks to the rapid mutability of the virus.

Their warnings were often muted in the wake of the miracle drugs. As a result, complacency, often known as "AIDS fatigue" began to creep into attitudes and actions regarding the virus. "The medications gave people a false sense of security. It gave them a sense that they could do things that before were a death sentence" (Perez-Pena and Santora, 2005). They could; for a little while. Complacency has contributed to slack sexual behaviour. The incidence of infection is on the increase. Now resistance to drug regimens is emerging, first against one drug, then against another.

The global numbers are expected to grow. On February 14th, 2005, New York City officials released a warning about the warrior virus. It is stronger and stridently vindictive. According to the news releases, a new strain of the virus has been detected, which merges two unusual features: both "resistance to nearly all anti-retroviral drugs used to treat the infection and stunningly swift progression from infection to full-blown AIDS", a process which usually takes between seven and 10 years (Perez-Pena and Santora, 2005). This rising threat of a virulent recurrent of the cycle of HIV and AIDS only highlights the inadequate attempts to address the virus's causes and consequences.

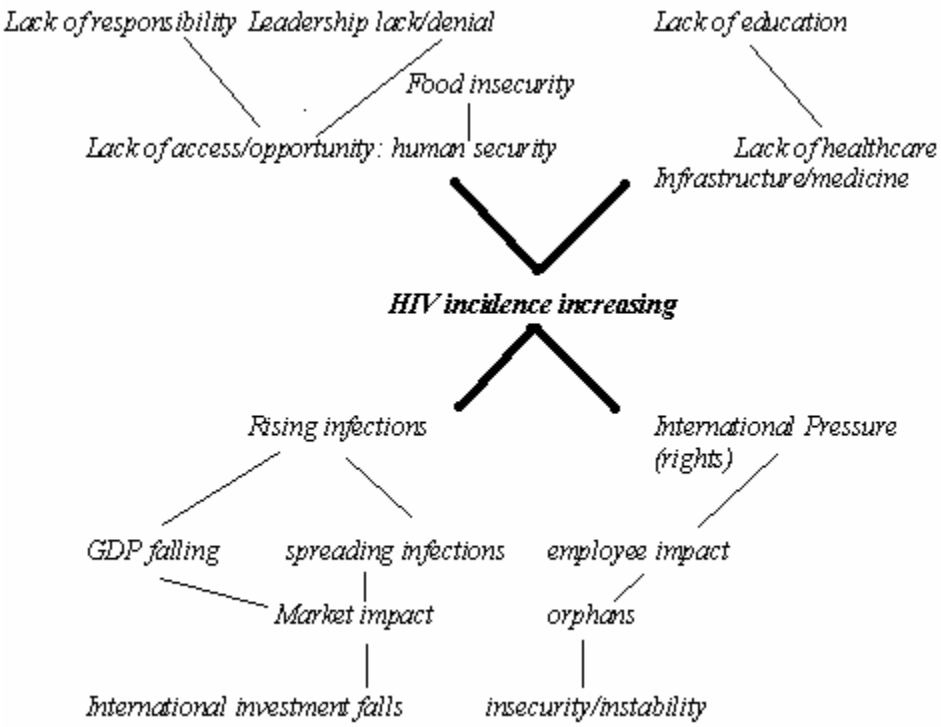


Figure 1

As evidenced in Figure 1, HIV and AIDS is a brilliant strategist. It draws on lack of healthcare and medical infrastructure, on food and livelihoods insecurity, and on lack of education and responsibility – perceived or in practice – to spur rising infection. This increase results in spread of the virus, with implications that range from personal and employee, to falling GPD, with market impacts, and insecurity and instability. The cyclical nature of infection and impacts is difficult but necessary to break. First of all, however, each of the elements must be recognized in order to be remedied.

HIV and AIDS infects through the most intimate of human interactions, sex, and in South Africa primarily heterosexual sex and thus also through the transmission of new life. Given modern technology but also myriad forms of stigma, it is on the one hand virally well-studied and on the other virulently under-stressed. As Professor Ruben Sher, the first medical doctor in South Africa to identity and to treat HIV and AIDS, says, people did not see the virus and refused to see the virus (Sher Interview, 2005). Without seeing, they did not believe. So the virus hid and still hides behind pneumonia and a tuberculosis epidemic, belying its own lethal power. So through phases of discovery and prevention, and bio-medical and currently some multi-faceted interventions, HIV and AIDS entrenched itself into society and there it remains, proving itself intractably difficult to eradicate.

HIV and AIDS is a polemical example of a problematic that is at once individual and local, national and international. Though a medical condition, it is fuelled by the surrounding socio-economic and political contexts. Lack of information and knowledge, of education, coupled with a lack of personal will and responsibility for sexual behaviour forms one set of causes of the epidemic's spread. A catalyst to this lack of responsibility in particular is lack of food security, healthcare infrastructure and access to treatment. In addition, social structural crises such as lack of access to employment opportunity and sustainable livelihoods, stemming in South Africa from the Apartheid era but continuing to plague the nation today, push people into desperate behaviours to secure their immediate survival, such as transactional sex or migrant labour with its attendant sexual favours, at the expense of their and their children's long-term living. These individual and local causes feed into a cycle which has caustic national and international consequences. Rising infections imperil workers and the companies which employ them, threatening productivity, a fall in profits, and ultimately a drastic decline in GDP, estimated to reach 17 per cent in South Africa by 2020 (World Bank report). In the face of the danger that companies might depart South Africa, coupled with international pharmaceutical and governmental pressure, South Africa has begun an anti-retroviral roll-out. However, the expense of the immediate treatment, without adequate resources to counteract the concerns of food insecurity, other medical treatments, and opportunities

for employment means that transactional sex and sexual favours, as well as newly drug resistance and therefore the threat that the entire cycle of infection will begin anew with more lethal repercussions, continue. Due to all of the contingencies in the causes and consequences of HIV and AIDS, public policy has a critical role to play in containing and controlling the epidemic.

Policy Arena Considerations

The complexity of the HIV and AIDS case lends itself to careful consideration. Of particular importance is the complex interaction of the local and global political—economic arenas in addressing HIV and AIDS. It is critical that South Africa take into account the needs of its local populace, particularly regarding the security of basic needs such as food, clothing, shelter, education and employment opportunities, while at the same time balancing the grassroots satisfaction of these demands with the necessary global market access and investment allure that will make such procurement possible. The precarious inter-linkages between local and global are too often ignored, at the expense of an enabling and engendering environment for the security and sustainability of social and political - economic development, of dignity in the face of HIV and AIDS, in South Africa. As such it is imperative that policy and practical initiatives against the virus deal with both micro and macro pressures to make fighting the virus veritably feasible.

Given this South African situation regarding HIV and AIDS, it would behove policy-makers to utilise the Fox, Schwella and Wissink (De Coning, 2002), elite and systems models, albeit with some modifications in order to position itself between the political and the practical spheres regarding AIDS and to be able to design an appropriate and effective interventionist implementation scheme. In doing so it is vital that the viciousness of the virus be taken into account in all of its medical, social, economic and political dimensions. Only a multi-faceted solution involving individuals, business, government and behavioural, social, economic and political will and real initiatives will be able to made headway against this sinister strategist.

The modified model for this multi-faceted solution might look like this. Within the systems model of international demands and local needs, in the control of a governmental elite, mandated by the masses, that has the power to negotiate between the global and local arenas, is a policy process that systematically ponders the following steps: initiation, agenda-setting, processing the issue, considering the options, making the choice, publication, allocation of resources, implementation, adjudication, impact evaluation and feedback. This multi-tiered approach is invaluable for an issue as multi-varied as any attempt to address and even solve the HIV and AIDS dilemma.

Due to the international constraints and demands juxtaposed against local needs, the systems model is necessary to set the context for the macro setting in which any solution to the AIDS crisis in South Africa must be devised. As much as it is important for South Africa's macroeconomic policies to be synchronised with the international market-mantras, it is equally if not more vital for South Africa to have a stable and sustainable micro economy to provide the long-term assurance to the macro level of the viability of its employment, purchasing and growth and investment powers.

The only way that both macroeconomic and microeconomic concerns can be adequately understood and thereby addressed is through South Africa's elite leadership. This leadership, particularly under President Mbeki's economic prowess, must be able simultaneously to assure international regulators and investors of South Africa's ability to adhere to and to succeed in economic growth according to international guidelines, while also satisfying local requisites in healthcare and sustainable livelihoods in order in turn to secure the microeconomic strata for the mutual benefit of the global and the local spheres. The elite must therefore be linked to the masses, but it must be able to lead by maximising both grassroots and global returns for longevity of society and the state.

Finally, the actual policy process and implementation, taking place between these local and global arenas, is best met by the Fox, Schwella and Wissink model. This is primarily because only this model allows first for a phase specifically allocated to processing the issue. Furthermore, as illustrated above the HIV and AIDS is so intertwined with other

issues that it requires much processing. Finally, because it particularly emphasises the allocation of resources, HIV and AIDS intervention has long been a debate about resources. As such, policy and practical intervention against HIV and AIDS remains beholden to channelling of resources to control the epidemic and its attendant causes and consequences.

Such is a theory of a model to mitigate and manage HIV and AIDS in South Africa. In practice, the application of such a model is complicated, but possible. It might look like this. First, it is vital to emphasize the choice that South African elites have to make. Namely, they must take into account the wide arena wherein HIV and AIDS impacts, notably including international pharmaceutical and governmental pressures, shorter - and longer-term access to the international political-economic arena, shorter- and longer-term national survival and sustainability of South African citizens and the state. In choosing the policies they prescribe and implement, these elites must balance between these international and national dimensions. In so doing, they can capitulate to international pressure in the short-term, greatly jeopardising the state's long-term political and economic survival and stability. On the other hand, they can abandon international demands in the short-term in favour of full-scale intervention for the survival of the state's citizens, in the hope of cementing a local stability and sustainability and a re-entry into the international market sphere. Finally, these elites can try to strike a compromise. They can wrest control of enough affordable intervention to salvage or maintain a great enough segment of the South Africa population to secure skills in this generation and social stability. Thereby they can see to incur some investment, and enable education and employment for the next generation. While doing this, they can attempt to remain selectively active in the international market economy and keeping the door open for greater access and investment in the future. The compromise position is preferable, if daunting in its possible success.

In order to facilitate this last, most optimal, choice, the application of the Fox, Schwella and Wissink model would look like this in the AIDS arena in South Africa: the problem, broadly stated, is the rising incidence of HIV and AIDS and its vicious cycle of incisive

social, economic and political causes and consequences. The agenda is to address the relationship between these causes and consequences in such as way as to habilitate personal survival and socio-economic and political stability and sustainability of people and the South African state. In processing the issue, the magnitude of all of the attendant problems must be taken into account in the shorter- and longer-term, in relation to the available capacity and resources of the government to ensure the greatest good for the greatest number of its citizens. Part of this capacity must be the creation of an enabling policy and practical environment for dialogue about a problem and the potential solution to it, respectively. This capacity procurement is the prerogative of government, of political leaders, of administrative management, and of analytical support staff. Armed with the reigns of responsibility, these leaders and supporters must evaluate the environment in which the policy problem occurs and in which a practical solution must also be engendered.

A continual survey of the constantly changing environment, taking into account shifting global and local trends, and confronting the real constraints on resource allocations, from a multi-faceted but centralised policy expertise unit is perhaps the best way to achieve a simultaneously expansive and also streamlined approach to policy dialogue in conjunction with a concrete deliverables of a solution. In such a multi-dimensional policy development and delivery arena, it becomes possible for government to facilitate intergovernmental coordination with in a lively discourse environment and to ensure that the governmental priorities are delivered into practice.

The HIV and AIDS arena is a complex compilation of local and global dimensions that are individual, economic, political and social. In order to intervene to render individual and state sustainability and security, multiple local components are required: anti-retrovirals; access to clean water; sanitation; housing; nutritious food; education and employment. Indeed, the Minister of Health, Manto Tshabalala-Msimang "argued that anti-AIDS drugs alone would have scant effect," given the crises of "clean water, sanitation, nutritional food and adequate housing" (Gumede, 2005, 160). While controversial, her comments are not without elements of truth, as the attendant effects of

such lack of human security increases vulnerability to HIV and AIDS infection. However, infection itself is not due to such human security lacks, nor is satisfaction of those lacks a solution in lieu of medical treatment. These interventions should be interlinked, not mutually exclusive. Ultimately responsibility, for individual sexual behaviours, for corporate, governmental and social responsibility to enable employees to earn a living wage to allow for gainful livelihoods and to guard against the desperate measures which all too often result in the spread of the virus is also vital.

The more macroeconomic impacts of HIV and AIDS incidence include falling GDP, a shrinking market base, and a dissuasion of investment. The International arena and its actors add another dimension to this national dilemma. In particular, given these crises, international pressure to provide treatment based on an argument for rights is potentially problematic. This is because if in giving treatment for survival an intervention ignores the need for sustained livelihoods it might actually contribute to HIV infection, in a recurring and accelerating exacerbation of unsustainable insecurity and instability. Even if not directly contributing to infection, international pressures can have an adverse effect on the interventions against the epidemic. For instance, when the South African government first considered the idea of an anti-retroviral roll-out, the U.S. pharmaceutical industry lobbied the Clinton Administration, "which threatened sanctions if South Africa went ahead with plans to push through legislation to facilitate the import of cheaper generics" (Gumede, 2005, 156). Then even "high-profile offers of cheaper drugs from the U.S. administration came with punishing strings attached", allowing South Africa to "avail itself of some $1.5 billion in the form of export-import loans, at commercial interest rates, to buy American drugs at market prices" (Gumede, 2005, 157). Similar contingencies are attached to the lauded President's Emergency Program for AIDS Relief (PEPFAR), launched under the Bush Administration. South Africa must negotiate a space for itself, its HIV and AIDS infected and affected, between the confines of grassroots needs and global demands.

The enormity of the crisis demands safeguards against complacency or apathy. It also needs careful consideration with whatever adjustments to the micro or the macro spheres

are necessary to keep the precarious balance of short- and long-term medical, social, economic and political solutions in line with international investment criteria and national growth and development demands. With political will and phased, multi-faceted implementation, it is possible to apply these inter-imposed models to address and to intervene successfully against the HIV and AIDS epidemic in South Africa.

These multivariate interventions, ideally offered through partnerships between individuals and NGOs, business and government, should be publicised throughout the country by word of mouth, in the media and through official corporate and governmental channels so that all people have a chance to know about them. The allocation of resources should mirror the intensity of HIV and AIDS prevalence, since in tackling the infection rate sooner rather than later, the tide of infection should stem and the tidal wave of incidence and therefore of resources should then diminish. This is especially the case as South Africa is caught between local and global demands.

Thus it is vital to view the HIV epidemic in South African in light of structural conditions, and to devise interventions which take into account the various pressures of the polemic. Therefore these causes and consequences cry out for responsibility and for intervention to reduce HIV incidence, and to enable the development of dignity within and ultimately outside of this epidemic.

Acknowledging the wide array of challenges facing South Africa in the HIV and AIDS arena, the problem remains polemical. Nonetheless, there are appropriate, practical solutions that can be implemented to address the various dimension of the crisis in tandem so that genuine progress in containing and combating the pandemic is possible. Most important is the power of political will, buttressed between local and global spheres. Then are the capacities and resources of implementation through coordinated social, economic and political channels spearheaded by individuals, businesses, and the government, utilising resources allocated to provide support and sustainability of lives and livelihoods of people and the state in both the short- and the long-term. Finally there is the need for responsibility on behalf of all involved parties to enable prevention and

treatment of causes and consequences of HIV AND AIDS, to avoid drug resistance, to enable education and employment, to break the vicious cycle of interdependent virus and poverty for the success of South Africa's citizens and state.

AIDS and Responsibility

Introduction

Responsibility is the critical component of human security. This is because human security relies upon individual, economic, political and social responsibility in order to be realised. Human security requires individual agency for personal behaviour and broader economic, political and social participation; economic activity for innovative and sustainable livelihoods; political policies and implementation for enabling environments; and social cohesion to preserve the reciprocal integrity of each of those otherwise independent responsibilities in a stable local and global sphere.

This is particularly evident in the face of the HIV and AIDS epidemic. The epidemic constitutes both a direct and an indirect threat to individual, economic, political and social survival and sustainability and thereby to human security. Given the ramifications of this virus's existence and spread, the responsibility to counter-act its causes and consequences is equally expansive.

South Africa exemplifies an especially unique case of responsibility. A society slowly emerging from long decades of socially constructed inequalities, it must address those local demands of redistribution. It must also contend with its intensifying entry into a global cadre of an ostensibly free-trade environment. HIV and AIDS threatens the success of both short- and long-term goals. The only way in which South Africa can effectively harness the human security to control its local and global development, growth, sustainability and success is through multi-faceted responsibility in the face of HIV and AIDS.

Who holds the power to combat this calamity? Who will bend the power for the benefit of human beings? Who will make power beholden to humility?

Individuals must take responsibility for their behaviour. This includes behaviour as it directly affects them as well as behaviour which directly or indirectly affect those with

whom they interact. “It's just a sin in our society, where we know how it's transmitted from one person to another, and we should be able to get people to conduct themselves such that they don't catch it themselves, and certainly that they don't infect anybody else” (Perez-Pena and Santora, 2005). This is of particular consequence, as even if an individual allows him or herself to become infected with HIV and AIDS, he or she still retains the responsibility not to spread the virus, either in its received form or in a more resistant form, either to other sexual partners or to a potential child.

Economic actors, especially businesses, must also take responsibility. Their responsibility derives not merely from the bottom line which is considerably compromised due to illness and sick leave, lack of knowledge retention, recruitment and training costs, but also from the impact on their markets and on the surrounding socio-economic environment whose sustainability and stability is vital for the survival, and success of business. This point is of particular interest in an increasingly global business environment: although business could, and indeed in some cases does, relocate according to efficient labour and import/export tariffs and other economic considerations, many businesses are already entrenched in South Africa. Should they depart, not only will South Africa suffer, but those businesses will have to reinvest their capital, and that more likely than not under equally precarious conditions, notably regarding HIV and AIDS. China and India and Eastern Europe, locations boasting employment efficiency, low-cost capital investment and increasingly free tariff zones, have yet to confront their HIV and AIDS epidemics and are actually repeating the same mistakes seen in South Africa. Thus it would behove business to take advantage of the lessons learned in South Africa and to partake in its survival sustainability and success in building good business and human security.

In order that such an enabling environment exists, government must assume responsibility. Government’s responsibility is multi-fold: on the one hand, in a democratic dispensation, particularly one concerned with redistribution and development, it has a responsibility to provide basic subsistence for its population, which might arguably include ensuring food security and HIV and AIDS treatment; on the other hand,

it has a responsibility to create conditions conducive of business practice and employment and entrepreneurial opportunity for its populace to be able to provide for its own livelihood. In so doing, the state has the responsibility to negotiate between local demands and global criteria for redistributive intervention and for aid and trade incentives, all of which are vital components of human security.

Finally, society also has a responsibility. This responsibility is not only multi-faceted but also multi-tiered. It begins with the necessity of personal, corporate, political and social responsibility. Civil society actors, such as faith-based organizations (FBOs), are particularly important in this quest for human security as a protector of human sanctity and a facilitator of the development of human dignity. Leadership, individually, corporately, politically and socially is paramount. It must link all levels of society, from those seemingly insulated from immune deficiency in the highest echelons of power through those most precariously vulnerable. However, the virus does not discriminate.

All are capable of being infected. All are culpable. All are responsible.

Assuming such responsibility is a daunting task. *What are the responsibilities of individuals, business and government in providing human security in the face of HIV and AIDS in South Africa?* Yet individuals, business, government and society do have responsibilities that they must assume and upon which they must act. It is in recognising and accepting this responsibility that the development of dignity can be realised within real conditions of human security.

Ascertaining answers to the above question took the better part of two years. Supplementing observations gathered between squatter camps, townships, middle-class neighbourhoods, elite golf estates, medical offices and laboratories, corporate boardrooms, governmental department visits, and Church attendance, I undertook in-depth interviews with a select group of actors. All are involved in individual, business and governmental responses to the HIV and AIDS epidemic in South Africa. Most also shed light on necessary social interventions as well.

As stated in the aforementioned *Research Methods*, the final interviewees were chosen with a view toward their mobility and access to people and power between grassroots, local and global interventions against HIV and AIDS, in conjunction with their relevant expertise in policy and practice given the question being researched, and finally their proximity and availability. Ultimately, I interviewed: Christopher Whitfield at Lilly SA; Gillian Gresak at AngloPlatinum; Fanyana Shiburi at DaimlerChrysler; Professor Eric Buch as a public health policy expert; Professor Ruben Sher, as the eminent expert on the history of AIDS in South Africa, as a clinician; and Dr Lynne Webber, as the head of the largest virology laboratory in South Africa. All of these in-depth interviews, together with the accumulated observations and field notes, illuminate various elements of individual, corporate, governmental and social responsibility in realising human security with regard to HIV and AIDS in South Africa.

Setting the Scene

It is useful to undertake to understand some of the history of HIV and AIDS in South Africa in order to delve into the crucial duties of responsibility. This is because a epidemic might, and indeed does, begin as an isolated medical issue. However, in becoming an epidemic individuals, corporations, governments and societies are implicated. This directly imparts responsibility.

As the first physician to identify and to treat HIV and AIDS in South Africa, Sher relates this trespass from individual crisis to corporate, political and social calamity. The transgression occurred between the early and the mid-late 1980s. The virus crossed a threshold. It registered alarm because in 1982/1983 the first homosexually-transmitted cases of HIV and AIDS were recorded in South Africa, and in between then and 1987 the first heterosexual cases were registered. The virus belonged no longer to a marginalised population, but to the mainstream.

Suddenly it was not an aberration. It moved from an ostracised and sidelined segment of the population, into the majority. Furthermore, it was spreading. It was spreading rapidly,

causing concern for an impending catastrophe. Only a few individuals, corporations, politicians and social actors were paying enough attention.

The few found themselves facing one of the greatest human security threats in human history. Already at that time, Sher and a couple of colleagues conducted a survey to assess the situation. Using Abbott's test to detect HI-anti-bodies, the doctors tested "about 50,000 people working on the mines, that was a high risk group because many miners came from Malawi, Zambia, Zimbabwe, [and] Mozambique, and already we knew that the AIDS epidemic was there" (Sher Interview, 2005). It was then still north of South Africa, but spreading south.

Indeed, migration posed a catalyst to HIV infection and incidence. "Many of the miners didn't have their wives here [in Johannesburg], so there they all had girlfriends, so they were all promiscuous and we knew that HIV was present in the countries to the north" (Sher Interview, 2005). The trend intensified. In addition to the miners, there were "truckers, long distance truckers that were picking up the virus on those various countries. There were ANC freedom fighters that came down here for military purposes; and they were living in the camps where the HIV rate was very high", "and they would come to see their girlfriends here and so the virus began to spread in a silent manner" (Sher Interview 2005). Sher and his colleagues tried to blow the whistle and sound an early warning. After testing the miners, they released the results: the overall prevalence was 3.76%, and marked the beginning of a major epidemic. Though the warning was largely ignored, the epidemic which these early low rate ignited is very much in evidence today.

Today incidence rates stand at nearly 30% of South Africa's population, with variations across the nine provinces. That incidence is rising. It slowly spreads south, with higher rates in Limpopo and the north, slightly lower rates in the Western Cape (SSA and Sher Interview, 2005).

Indeed, as the insipient virus spread, it infiltrated not only through migratory routes, but into the more settled populace. Women have gradually come to bear a greater burden of infection than do men, due to a variety of biological and cultural factors such as a more fragile genital tract and an inability to negotiate safer sexual practice. These conditions were and to a large extent still are exacerbated by the invisible and long incubation period of the virus, divorcing infection from death. This is further exacerbated by attendant socio-economic pressures of survival, and entrenched by of the lack of business and political will.

The causes and consequences of HIV and AIDS are caustic. They exacerbate the individual, economic, political and social perils which endanger human security in South Africa. The crisis demands attention. It, in all of its ardent humanity, cries out for responsibility.

This inherited lack of responsibility is resulting in dire consequences. The current death toll is only the tip of the iceberg. Infection and incidence is on the increase. The only counter-action to these crippling causes undermining conditions of human security is for actors, individual, corporate, political and social to assume active responsibility. It is possible, and it is imperative, for the future sustainability and stability of a humanly secure South Africa that this responsibility be realised.

Individually

HIV and AIDS is a virus mired in a multitude of dimensions. At its most basic it is a virus. It is the human immune deficiency virus, which once it has decimated the immune system of its host results in acquired immune deficiency syndrome. The key verb HIV and AIDS is 'acquired'. As Whitfield notes, "it's certainly not going to sneak up on you and tap you on the shoulder" (Whitfield Interview, 2005). Recognising that HIV and AIDS is acquired is crucial to unlocking any counter-attacks against it.

Sher asserts this same sentiment. He affirms that "you don't buy HIV in the bazaars" (Sher Interview, 2005). Furthermore, given the increasingly available information about the virus, indeed more is known about this virus than any other in human history (Webber Interview, 2005), HIV would not be a commodity in demand at any bazaar.

Nor should it be. Yet it is bartered, at bargain prices, all the same. Indeed, the analogy of exchange, such as occurs at a bazaar, is an apt one for the HIV and AIDS arena. HIV and AIDS transmission is based on trade: trade of bodily fluids; trade of bodies for food, for clothing, for shelter, for rent, for school frees, for luxury; trade between mother and child. Most poignantly, in the face of a pandemic, one whose promulgation depends upon sex, you need, as Sher asserts "two things, you need an agent, which was the HIV, and you need promiscuity" (Sher Interview, 2005). Promiscuity has many causes – and more consequences.

On the one hand, promiscuity is a function of the above-mentioned migratory conditions. Increasing mobility promotes, or at least facilitates, promiscuity. Indeed, both before but intensifying after 1994 when taxi routes through South Africa spread, HIV and AIDS flourished along those same routes. The greater mobility provided by taxi services between urban and rural areas, like airplanes enabled the transmission of the virus across continents, spread the virus throughout the country. In conjunction with dire and often destitute economic conditions which promoted survivalist strategies such as transactional sex, this mobility added to the trade in viral transmission. "You know what taxi drivers tell you, for sexual favours, a free lift" (Sher Interview, 2005). Despite the lethal nature of the virus, immediate needs took precedence over future impending death.

Yet that death now stalks South Africa. The solution lies within the scenario of trade: selective trade. Individuals must assume responsibility to choose how to conduct their sexual transactions.

Despite the knowledge of such lack of responsibility, precisely this continues to occur. Webber deals with these dire repercussions every day. She says, "prevalence is

continuing at an alarming rate, and we see it in all race groups, not only in the black and other race groups, but in all ethnic groups and we do see it in the white population […] it is a disease that is affecting all race groups in South Africa" (Webber Interview, 2005). Particularly concerning about this increasing prevalence is the issue of sero-conversion, where people who initially test HIV- negative in fact convert – become HIV-positive, meaning that an insufficient amount of the virus was present in the first test to be detected, while after a period – a highly infectious period – the viral load increases to a countable amount. In addition to this rise in sero-conversion is an awareness of the increasing likelihood of mutated strains of HIV that are undetected by the current diagnostic tests, resulting in effectually false HIV-negatives. Furthermore, these mutated strains are not only not always detectable by current diagnostic tests, but also capable of evading available drug actions, proving resistant to these medications. This amplifies the problem immeasurably. Finally, in addition, because of increasing spread of the virus, sero-conversion and resistance complications, another issue rises to the fore: supra-infection. This is when someone already infected with a strain of HIV and AIDS becomes infected with another strain, increasing mutability and resistance. The lack of responsibility for sexual behaviour thus drastically strengthens the virus, and weakens the human host's and the medical treatments ability to fight against it. These arising issues pose severe threats to stemming the spread of the virus, from the point of the epidemic.

All of these issues also raise the stakes in the struggle for individual responsibility. The virus is invisible, but it has visibly insidious repercussions. "You see", Sher expounds, "people didn't see AIDS, they didn't see it, it was too small, and therefore to try and prevent it through a sense of responsibility, it didn't exist" (Sher Interview, 2005). Yet precisely this non-seeing must become seeing, in order to intervene against the virus.

Countering denial is the first step towards responsibility and accountability, and therein counter-action against the epidemic. This is rather complicated in the obtuse realm of sexual discussion. This is particularly the case in the (South) African cultures, where "sex is not discussed freely" (Sher Interview, 2005). "So it's difficult to talk about sex with people" (Sher Interview, 2005). This shying away from talking about sex is especially

evident "amongst the rural black people, and I think even in the townships" (Sher Interview, 2005). Fortunately this led to a change of tactics: where initially the doctor and his colleagues attempted to teach HIV and AIDS education in mixed-gender audiences, they ascertained that no one would venture a question. Separating the sexes, "the questions flowed" (Sher Interview, 2005). Nonetheless, franker talk and even tailored education did not eradicate the problems of the spreading epidemic. The taboo on sexual discussion combined with the invisibility of the virus contributed to catalyse the infection and incidence rates of HIV and AIDS. Illustrating this point, Sher notes that "in the beginning, had there been six million people infected, and everybody knew, everybody saw their aunts or their uncles were in fact dying" more people might have taken the epdemic seriously, being able to see it (Sher Interview, 2005). "Now that people are sick and dying, I think it's another story, I think there probably is a greater sense of responsibility in people that they are scared, they are scared and many, many innocent women become infected and their children and the trouble was that [of] a lack of responsibility on the part of the male" (Sher Interview, 2005). Unfortunately, due to the long incubation period between virual infection and death, the incidence of HIV is high and rising, as Webber emphasised.

Illuminating the lethal nature of the virus's transmission is the second step. It is a particularly perilous one. "They couldn't understand how seminal fluid which brings babies could in fact make death, through transmission of a lethal virus like the AIDS virus" (Sher Interview, 2005). Indeed, it is especially cruel that such a contradiction – life and death – is contained in an invisible virus. Yet in the interest of preserving life at all, it is vital that this contradiction be confirmed and accepted, and responsibility for actions contending with it taken. Then, "there rests the responsibility with the individual to protect himself. If he knows the dangers, if he knows that HIV is transmitted through sexual contact then he has to take precautions" (Sher Interview, 2005).

This is the third step. The most obvious remedy of responsibility lies in condoms. In addition to the deadly causes and consequences of migrant transmission of the virus, Sher cites "the behaviour of African men and the absence of women to protect themselves, to

use condoms [and] to insist on their husbands to use condoms, to refuse sexual favours" as catalysts in the transfer of the virus (Sher Interview, 2005). As sex is a transaction between two people, it requires the responsibility of both partners to choose condoms, to verify and to veritably remain faithful, to abstain, in order to circumvent the acquisition of the virus. Whitfield says, "in practical terms the number one thing you need to consider [is] to protect yourself, [to] take responsibility" and to do that "you need to have a condom" (Whitfield Interview, 2005). With that statement, Whitfield extends the realm of responsibility from the direct self, to all of those otherwise directly or indirectly affected by the possible consequences to partners and children of a lack of such responsibility, namely the further spread of a deadly virus.

Life is a powerful persuader toward responsibility. However, that can only be the case where access to livelihoods, to life beyond living, exists. As such, it is imperative that individuals assume their responsibilities for life within an enabling environment of access to livelihoods.

Economic Strategies

Individuals do not secure their sustained survival in a vacuum. On one level above sustenance they require healthcare. On another level they need access to means of procuring livelihoods. The economic viability of a society demands that human beings have access to both of these dimensions of the development of dignity: firstly in order to have economically productive employees and entrepreneurs and family providers; and secondly to have economically profitably present and future markets. Therefore individuals need to be the priority commodity rendered alive and with access to livelihoods through a responsible, holistic response to HIV and AIDS.

In terms of providing healthcare, doctors should be at the forefront. They are the foremost professionals whose acumen must contribute to the ability of individual and to corporate, political and social responsibility to realise human security in a sustainable, stable South

Africa. Unfortunately, their initial response to HIV and AIDS in South Africa was all too often abject rejection of responsibility.

Sher is adamant that doctors ought to have taken a leadership role. However, he equally firmly asserts that many failed to do so. He attributes this failing of responsibility mostly to fear that surrounded the furore around HIV and AIDS.

Fear interfered with doctors' as it did with individuals' responsibility. "Many of them [the doctors] did not want to share the responsibility of looking after people with HIV" (Sher Interview, 2005). This fear replaced doctors' responsibility to adhere to their oath. As Sher says, "I don't think that [doctors] adhered to the Hippocratic oath, in that you treat anybody irrespective of disease. And I would also say to these doctors if you don't want to treat people with HIV go and become an insurance broker, or run a restaurant" (Sher Interview, 2005). Sher attributes much of the doctors' reluctance to their wives and families fear of contagion. In fact, he says, "when I had to give my speech [for an alumni award], that's one of the things that I thanked my wife for: not chucking me out of the conjugal bed for fear of contagion" (Sher Interview, 2005). This dearth of medical leadership certainly opened up avenues for individuals, as well as corporations and the government to similarly abdicate responsibility to address this increasingly deadly virus.

Yet eventually as more was learnt about the virus, medical practitioners did assume their responsibilities. Under the vocal leadership of Sher, doctors as well as corporations began to respond with responsibility to provide education, prevention and even treatment. Now the tides have turned, with clamours for medical solutions to the symptoms of a paralysing pandemic. In a morbid twist of a tale of death and destruction, "you know, with five million people, it's become a lucrative practice, make no mistake" (Sher Interview, 2005). While many wheelers and dealers in the HIV and AIDS arena make a lucrative living out of the impact of the epidemic, those infected and affected by it rely on individual and corporate responsibility in order to garner opportunities for earning livelihoods and thereby for insulating themselves a little bit from the onslaught on their human security posed by the epidemic.

In the desperate quest to live, earning a living is paramount. In order that access to livelihoods increases, sustaining both individuals and the economic and political and social viability of South Africa in the face of the HIV and AIDS virus, corporate contribution is vital. Increasingly, business is compromised by the spectre of HIV and AIDS. Therefore, to sustain itself and its surrounding environment, it should participate in intervening against the epidemic and its causes and consequences.

In hard figures, HIV and AIDS are undercutting the South African economy. The 2003 World Economic Forum Global Health Initiative (GHI) resource paper projects that in countries hardest-hit by HIV and AIDS, including South Africa, gross domestic product (GDP) would plummet by 1 to 2% annually in the coming years. The World Bank predicts a decline of 17 per cent of GDP in South Africa by 2007. The South African Bureau for Economic Research adds that "production costs could rise by up to 2.3% annually, and prime interest rates could increase to 2.9% per year between 2002 and 2015" (PlusNews, April 9th, 2004.) In addition, the Bureau calculates that by 2015, South Africa's total labour force will decrease by 21%, "including a 16.8% decline in highly skilled workers, a 19.3% drop in skilled workers and a 22.2% decrease in semi-skilled and unskilled workers" (PlusNews, April 9th, 2004). Regardless of the perfect reliability of this data, it is indisputable that HIV and AIDS is having an adverse affect on South Africa's economy. Furthermore, as the incidence of HIV and AIDS continues to rise, and despite the availability of medications, the instances of mutations and resistance also increase, it is safe to assume that without creating conditions conducive to livelihoods, HIV and AIDS is likely to become more insidious. Something desperately needs to be done to salvage and sustain an environment both conducive to business and to human development, of dignity.

Corporate responsibility is required. Sher has been making the argument for decades. He points out that although companies such as AngloAmerican knew of the virus if not of its dimensions as early as 1986. However, similarly to individuals who has to be infected to take action against HIV and AIDS, so too did businesses have be to infected with visible signs of the virus' destruction for them to take initiatives against it. Although he concedes

the apparently invisibility of the virus itself, he asserts that "you can see when the [infected] person starts to lose weigh and then doesn't come to work and then dies" (Sher Interview, 2005). This individual sickness quickly amounted to a corporate accounting repercussion.

Whitfield, CEO of Lilly SA, echoes this point. He affirms that "large companies recognised that if we don't do something we're going to end up with a huge issue in terms of employment, we're going to have a huge health bill" and also recognised that since the "major input in their cash flow system is labour" they had to decide whether to "continue to deal with sickness and the cost of stopping the shift and pulling the guy out of the shift because he's sick" and paying the cost of bringing such sick workers up from underground [in the mines]" (Whitfield Interview, 2005). As an alternative, companies could become directly involved in addressing the illness and thereby try to intervene against it. Big companies such as AngloAmerican already had "their own hospitals" and "their own infrastructure, so they were fully aware what these total costs were, [and in a position to] try to understand the economic impact", which as the incidence of the virus increased and intensified was a convincing incentive to intervene (Whitfield Interview, 2005). This initiative of large companies such as AngloAmerican was not replicated in other, less labour-intensive industries initially. Only "when people started to get into other types of business, in addition to mining, and you started to see AIDS seeping into the white population and also the black population that was not primarily […] people that were more agricultural in terms of their business or mineral – more business people" that other businesses began to address and to assume responsibility for a burgeoning epidemic.

This accountancy did increase corporate interventions. Sher attributes this heightened awareness and action to "constant pressure of AIDS in the workplace, AIDS in business and then it came in newspapers and radio and television, and there was a lot of pressure brought to bear on the private sector to do something" (Sher Interview, 2005). He ascribes the multi-dimensional impact and pressure of HIV and AIDS, and therein an assumption of some responsibility to intervene against the epidemic by some

corporations, to the wider corporate response. “I think that also [in addition to the impact of the virus on the bottom line] constant pressure from educators to come to the party, to get involved, yes, they were now seeing, and businesses were now seeing patients who were infected and were dying. So the reality of the HIV and AIDS epidemic was becoming apparent to most of these people” (Sher Interview, 2005). This awareness is slowly succeeding in garnering action.

Buch supports this statement, saying that “be it South African or multi-national companies, are starting to recognise both financial as well as a social imperative in relation to the HIV and AIDS epidemic” (Buch Interview, 2005). As such, the responses of the mining giants are being replicated. Car manufacturers DaimlerChrysler and BMW are cases point. Both companies focus on education and prevention, as well as on voluntary testing and counselling and treatment for their employees and well as their employees’ dependents. This is especially crucial, as not only individual lives, but as discussed, familial, and therein market, livelihoods are at in peril given the economic and social relational ramifications of the virus. BMW in particular has a “very high rate of voluntary counselling and testing in the workplace because workers have come to believe […] that their confidentiality will not be breached, that they will not be discriminated against, that they will have access to care, that their benefits will not be, or their promotion prospects and their potential training, that all of these things will not be prejudiced” (Buch Interview, 2005). In other words, individuals who do dare to seek HIV and AIDS treatment will be insulated from loss of life and livelihoods.

They will maintain and even sustain their human security. This is crucial for individuals’ coming forward for HIV and AIDS testing and treatment. Yet while some companies are making impressive strides towards such assurances, Buch cautions that “coming down to their [businesses’] responsibilities around these human security, sanctity individual areas, I don’t think that they’ve [businesses] necessarily addressed it nor in particular convinced their employees or workers on their bona fides on that score” (Buch Interview, 2005). More still remains to be done to create conditions conducive of human and therefore of corporate sustainability and security.

Webber concurs. She reiterates that "another thing that is coming up of course is the responsibility of the employer" (Webber Interview, 2005). She asserts that this responsibility, to address HIV and AIDS directly through medical treatment provision, as well as through employment procurement in the name of human security, belongs "not only [to] the defence service of South Africa, the police service, but" also to "prominent factories, mining groups, so basically across the board all employers [who] need to take on responsibility" (Webber Interview, 2005). This widening reach of responsibility makes broad business sense.

Governmental Structures

Corporations alone can not create conditions conducive to the development of dignity. Despite the erosion of nation state sovereignty, states do still exist, and corporations must operate within the environments those states establish. As such, the onus to provide an enabling environment for both human and corporate security and sustainability lies with the responsibility of government.

Amidst the crises caused by HIV and AIDS, the government is tasked with establishing and maintaining a public good, namely public health. Public health is a public good because is it the premise of all personal and social sustainable productivity. Without health, a state's populace is unable to contribute to social stability, to economic productivity, to political participation, and is therefore likely to induce and/or suffer social instability, economic stagnation and consequently political crises, the most extreme being endemic or express violent conflict. In the face of HIV and AIDS, South Africa is prone to all three negative consequences due to the social, economic and political instability unleashed by the epidemic. In particular, the nation's family structures are strained, with family members dying and leaving full- or half-orphans to be assumed into increasingly burdened extended families; its economy is forecasted to shrink by 17-20th within the decade, and the decline is unlikely to attract investment; and finally, without the political leadership and will to reign in the epidemic's destruction, South Africa is prone to the continuing polemics of the pandemic. Responsibility is hedged between two sets of bets: local and global.

In South Africa this responsibility is wedged between two competing sets of pressures. On the one hand are local constituents demanding delivery of their right to living, through food security and healthcare, and to livelihoods, most notably through employment creation. On the other hand are global contenders for investment and free trade, whose mantras dictate that development will trickle down through their application. The South African government must negotiate between the two spheres and come up with a viable formula for both local people's human security and global participation in order to ensure that very security.

Locally, the state of human security is severely challenged. This can be seen, for instance, at Kalafong Hospital north of the capital, Pretoria. The entire scene, from the outside through the inside, bespeaks of human insecurity. The buildings that constitute the hospital are a set of monstrous, dilapidated brick structures with sagging walls and rusting steam chimneys, languishing on a slope under the scorching sun. Outside women and men sit under a few umbrellas, wearing their hospital bracelets and nursing their children and tending their ailments. The interior of the 'main' building is damp and dreary and rows of benches stood empty save for a few people settled into them: waiting. Some wait interminably – or terminally, depending on the deteriorating state of their succumbing to the virus.

Most seem to harbour the same ailment: HIV and AIDS. The only ascertainable hospital staff, a few nurses and some counsellors were all at the HIV and AIDS clinic. The line outside the door ran up and down the corridor: hollow-eyed men and women, sitting, standing, in wheelchairs; all ages; mostly visibly suffering from what the townships call 'bio-slim', the slimming effects of HIV weight-loss. As a result, most of the other wards were deserted; hopefully no one needed medical attention for any other illness.

Inside the clinic, counsellors Sophia and Elisabeth, and Dr Botes chronicle the crisis of HIV and AIDS. It is confounding. Approximately 80 people visit the clinic daily, nearly all of whom are HIV positive. The majority are between the ages of 18 and 35. Of those, 90% are unemployed. Of them nearly 600 have been able to access anti-retrovirals since

the roll-out began in April 2004, at the time of this discussion in November 2004. The progress almost sounds promising.

However, the attendant repercussions are astonishingly dire. A complimentary program to the government's roll-out was discontinued. According to the eligibility guidelines of the government roll-out, a patient qualifies for anti-retrovirals once their immune CD4 cell count falls below 200 per millilitre (200/ml). In this immune compromised state, patients simultaneously qualify for a disability grant. This alleviates the pressure of poverty for many patients, drawing them away from desperate behaviours such as transactional sex, and for a moment stemming the spread of the virus. However, as soon as a patient's CD4 cell count again rises above the 200/ml serum threshold, the disability grant eligibility terminates. The result is nothing other that unmitigated disaster. Patients returning to check their CD4 counts realise that their life-saving drug regimens will make them ineligible for the disability grants upon which they depend for survival. In one scenario, patients abdicate their drug regimens, thus retaining their disability grants, but in the meantime allowing the virus to become resistant within their own bodies, and likely passing the resistant strains on to others. In a second scenario, patients remain on the drug regimens, but lose their disability grants, and more often than not end up in transactional sex to support their survival, increasing their chances of re-infection as well as infecting others. The clinic does encourage birth control, but generally in the form of an injection or an implant. It conducts only minimal conversation about condoms, not altogether unexpectedly due to cultural disapproval, not necessarily contributing to a safe sex environment. Finally, it anticipates resistance to emerge already after nine months of administering the roll-out regimens. Attaining local human security is severely hampered.

Globally, the struggle is no less severe. At the end of Apartheid and at the launch of the democratic era, the South African government focused on establishing an enabling economic environment. In so doing, it put HIV and AIDS lower on the list or priorities than economic prowess. It tried to deal with its unequal inheritance and to create broader conditions for the development of dignity.

Yet HIV and AIDS formed an integral, if insufficiently, acknowledged threat. Sher admonishes the slow response of the government. He attributes it to a lack of appreciation of the extent of the epidemic. "I don't think they understood how it was transmitted. I think government, especially in the mid-1990s were more concerned about apartheid then they were about HIV, because even at that state it was predominantly gay men. They [government] were not aware of this undercurrent spread of the HIV epidemic" (Sher Interview, 2005). Whitfield also notes that "the neglect during the apartheid era did make a significant differentiation in the rates of AIDS, in infection, between the races" (Whitfield Interview, 2005). While the infection rate in the white population reflects that of the overall HIV and AIDS infection in the western world, "you have an infection rate in the black population that is the worst in the world. Period. Full stop. […] That's what the ANC and the New South Africa inherited" (Whitfield Interview, 2005). Although the Freedom Charter espoused free healthcare for all citizens, the realisation of that principle took a second-tiered priority to that of redressing other apartheid era inheritances, most notably those of economic inequalities. As Whitfield analyses the situation, the South African government, newly empowered with a "newly-minted constitution, […] a newly-constituted parliament, legislature, etc." promulgated a list of priorities (Whitfield Interview, 2005). He conjectures that Mbeki, "an incredibly brilliant" man, who is striving to secure an enabling environment for South African citizens' development of dignity from first a macro then to a micro emphasis, asks, "what are the top ten things that are affecting this country that we need to get right straight away?" (Whitfield Interview, 2005). According to Whitfield, who just spent a year studying South Africa's recent policy processes and advocating on behalf of pharmaceutical access, "on that list was, I'm sure, healthcare, and maybe as a subset, AIDS," "but I guarantee you there were nine other things on that list that were, in their eyes, equally important – or more – and I think economic stability" seeing as another inheritance of the apartheid era was governmental bankruptcy, was a top priority, and "AIDS [was identified as] a problem. But we can't treat everybody, we don't have any money" (Whitfield Interview, 2005). Furthermore, "AIDS was high impact, very complicated, but all those other" issues were at least equally pressing, and therefore, the priorities aligned: "we're going to get the monetary policy right, we're going to actually

build better relations with the West, [and] we're going to start to deal with crime" (Whitfield Interview, 2005). Finally and foremost, as evidenced by Mbeki's African leadership and his presence at the G8 among the leaders of the most powerful economic hegemons in the world, the agenda articulated and put into action was one to dissociate South African from "a subservient state that simply stands with its hand out, can't handle its own problems" and to construct an "economic powerhouse" (Whitfield Interview, 2005).

HIV and AIDS is not a straight-arrow issue. It implicates individuals, economics, politics, societies, and even national and international actors. It is of vital concern, but it is volatile.

That vitality and volatility eventually exploded. Unexpectedly, the convergence of economic implications of the virus – de-prioritised in the very name of economics – forced the government to focus on combating the epidemic. Initially where the argument for establishing an enabling economic environment trumped incentives to intervene against the epidemic with anti-retrovirals and other measures, eventually the same argument for an enabling economic environment trumpeted intervention along the lines of anti-retrovirals. Under the initial argument's impetus, citing macroeconomic priorities to play by the market rules and to have a leading role in the global economy, and bowing to pressure from international pharmaceutical and political pressure, "the government started back-pedalling on earlier threats to import generics" (Gumede, 2005, 158). This stance was further entrenched by the adoption of GEAR in 1996, which effectively excluded an anti-retroviral roll-out due to the exorbitant cost of the medications, whose cost of purchase would have starkly exceeded the goals of "economic austerity and financial prudence" put forth in the policy (Gumede, 2005, 162). Thenjiwe Mtintso, assistant secretary general of the ANC at the time, "pointed out [that] making anti-retroviral drugs available is only one side of the story; the state will have to take responsibility for all the costs of AIDS-infected individuals" (Gumede, 2005, 162). This kind of maintenance exceeded the cost-carrying capability of the emerging democracy. Trevor Manuel, Minister of Finance, bluntly asserted the infeasibility of such a proposal,

saying that "the rhetoric about the effectiveness of ARVs is a lot of voodoo and buying them would be a waste of limited resources" (Gumede, 2005, 162) and further that "it does not make financial sense to spend money on people dying anyway, who are not even productive in the first place" (Gumede, 2005, 163). Yet the very precariousness of these infected and affected individuals' productivity, and the market that they constitute, helped lead to a re-evaluation of the economic conditions of corporate profit and political stability. Finally, this expedited the government's acknowledgement of the need to assume responsibility to address the HIV and AIDS epidemic in South Africa.

The realisation of responsibility descended, but it remains to be seen what it does. Where economic sense once weighed against anti-retroviral intervention, it eventually came to advocate for just such an initiative. Sher asserts that it was "only through tremendous pressure through various activist groups that government came forward with anti-retrovirals. And I guarantee you if it was not for that pressure they would not have done it" (Sher Interview, 2005). Yet in the process five crucial years combating the crisis were lost. Even at the end of the court case brought by the Treatment Action Campaign court case against the Minister of Health and the Department of Health did not produce a miracle cure. Indeed, at the close of the trial, Whitfield asked an attending protestor for anti-retrovirals what the outcome would mean for her. "She said, 'I can get my AIDS drugs'", which is however, not the immediate result given the leadership and bureaucracy and cost dilemmas plaguing the plan (Whitfield Interview, 2005). Nonetheless, the turnaround, and the tacking of responsibility by the government, is progress.

These activists were not alone in achieving this about-face. Indeed, President Mbeki's own financial advisors, the very same who argued against an anti-retroviral roll-out, came to call for just such an action. Citing President Mbeki's previously outspoken denialist penchant, in 2002, "members of his [Mbeki's] international investment council warned him at roughly the same time as the NEC [National Executive Council] meeting that investors found the confusion over the government's approach to the disease unsettling, if not downright frightening" (Gumede, 2005, 171). Mbeki was urged to distance himself from the AIDS denialists, whose dissident views the government had failed to firmly

discount (or affirm), which had created the state of confusion over the government's stance on HIV and AIDS. This confusion was wreaking financial havoc and threatened the macroeconomic credibility Mbeki had been trying to establish precisely to procure an enabling environment for economic and thereby livelihood development. Even Trevor Manuel endorsed the new approach, and along with Reserve Bank Governor Tito Mboweni "began dropping hints to the president of the looming economic consequences" (Gumede, 2005, 171). In the end, the radical about-turn in AIDS policy from denial and refusal to deal with it to active intervention against it depended on the national and international forces which initially caused Mbeki to prioritise against directly addressing HIV and AIDS. Still neither have solved the problem.

This culminated in the anti-retroviral roll-out in April 2004. Yet the consequences, both precarious and promising, as seen the example of Kalafong Hospital above and as exemplified by a business community which continues to remain and invest in South Africa, contributing to its growth and gains in development of dignity remain to be concluded. That conclusion will more than likely depend upon political will and leadership.

As illustrated, for too long, that leadership either did not prioritise, or did not know how to prioritise the HIV and AIDS polemic. It is important to understand the possible reasons why this lack of leadership prevailed and indeed prevails. It is necessary to grapple with this situation in order to seize the opportunity to render responsibility to effectively counter the crisis of the epidemic.

Initially, the priorities of engendering a more effective and equitable economic environment prevailed. Secondarily, as both Sher and Whitfield have argued, the government possibly did not appreciate the swelling undercurrent of the HIV and AIDS epidemic. Then as the proportions of the crisis, and national and international pressures, persuaded the government to counter-act HIV and AIDS, another dimension of unknowing crippled the process. "They didn't know enough to not commit to doing something for the people. Then slowly there was a realisation that it is really beyond their

ability to cope with it at this time. Now they've gotten to a point where they just don't know. There were unconscious and incompetent. Now they're conscious and competent. We know we don't know" (Whitfield Interview, 2005). The repercussion is the perverse set of helps and hindrances evidenced again at Kalafong Hospital.

"Now at that point it's their responsibility to start to mobilise international networks and resources to try to figure out how we actually approach this" (Whitfield Interview, 2005). Those international networks continue to wait in the wings for a chance to participate in fighting South Africa's HIV and AIDS pandemic. "There was so much frustration from an international donor and other stakeholder standpoint that they couldn't get in on the ground early, that they couldn't get in and make a change" (Whitfield Interview, 2005). Such intervention, national and international, is crucial for South Africa's success against HIV and AIDS and for its sustainability in individual lives, in business, in political stability and in its social integrity. "The government was in a position", needs now more than ever to be in a position, "to say, yes, we got it, we understand, we've taken a stab at this stuff and it's now working, let's cut and paste some things that have worked in other places, modify them, perhaps the 20% that needs to be modified for our local market and go with it" (Whitfield Interview, 2005). However, in a lingering propensity to show, perhaps, that South Africa is capable of handling its own problems, economic or epidemic, the government insisted that "we must build it from scratch: not made here mentality. We have the bright minds. We will decide. But only will we actually come to grips with the fact that HIV causes AIDS" (Whitfield Interview, 2005). Yet this recognition could go a long way to turning rhetorical responsibility into real action against the dilemmas of the epidemic.

That recognition and responsibility still languishes with political leadership. There exists a consensus, outside of the government, on the necessity of government leaders' ownership of the viral crisis in order to defeat the epidemic. As Whitfield asserts, "it is solely the responsibility of the governments of which those people have elected officials" to initiate action against the insidious incidence and implications of HIV and AIDS (Whitfield Interview, 2005). The responsibility for countering the threat of HIV and

AIDS and all of its multi-faceted implications lies squarely with the government: from the leadership, through the bureaucrats, through the implementers.

In a democratic dispensation, the leaders are accountable. They are ultimately responsible for procuring and protecting the public good. They are accountable for access to healthcare and for enabling environments to earn livelihoods.

This can occur through various means. Information is a crucial component. Without education, it is incomprehensible to expect individuals or even the government to be able to respond to an issue. This goes for individual action as well as preventative and palliative intervention. Yet with information, interventions may vary. In both the United States and in South Africa, gay rights' activists lobbied for governmental provision of anti-retrovirals. Beyond the advocacy, however, the approaches differed. Conditioned by a consumer-driven healthcare system, United States lobbyists took a very proactive approach, demanding access to and availability of anti-retrovirals. In South Africa, alternatively, accustomed to a wait-and-receive mentality, "people are prepared to take it [access and availability] in any way that it comes. […] People say you get what you negotiate" (Whitfield Interview, 2005). As the procurer and protector of the public good, the government it rendered responsible for negotiating at least some entitlements to life and livelihood.

Despite different approaches, providing both survival and sustainability support is not optional. It is not an either/or, but a dual demand. Focusing on an endless variety of options is not a reasonable alternative, given resource and time, literally life and death, constraints. AIDS was acknowledged as an issue, and, given its complications and other priorities, subsequently shelved. "I think his [Mbeki's] first mistake was he didn't find an expert and give them the responsibility to [come up with an intervention]. He took a lot of that on himself. Let somebody, let an expert, deal with it. You hold them accountable for what is going on" (Whitfield Interview, 2005). Alternatively, and always in the end, the political leader is accountable. This accountability is the sole arena of the elected government.

Corporations might contribute to HIV and AIDS interventions. However, only when the government, empowered by a mandate of its constituency, compels corporations to act, must they do so. This has begun to happen, as HIV and AIDS is now designated as a prescribed minimum benefit – for those who can afford insurance cover, they can access anti-retrovirals privately, while others rely on the public sector. Whitfield describes such conditions with a sense of relief. "When that happens, that's why you started to see people go 'whew', ok, now we have some kind of criteria on which we can build a health program" (Whitfield Interview, 2005). "I think it's a lot easier for things to get done that way. Unfortunately, self-regulation, which is everybody's preferred MO as opposed to let the government" dictate, is not the most responsible manner in which to regulate interventions against something as critical as the HIV and AIDS crisis (Whitfield Interview, 2005). This is of particular importance not only in dictating minimum criteria, but also in coordinating private and public initiatives. When "the companies were […] left to their own devices, I mean it wasn't like they had a standard kind of thought process – here's how to do a good AIDS intervention problem – I want education, I want treatment, I want a counselling centre – you know you've got some companies who did only drugs, and then, what about the rest of the family?" (Whitfield Interview, 2005). Indeed, what about the rest of the family?

AIDS does not just infect or affect individuals. It affects familial integrity, business sustainability, political stability and social security. Without addressing the implications of HIV and AIDS on families, businesses, polities and societies, the fundamentals of the future, of markets, and of human, economic, political and social security disintegrate. "We are having a larger pool of AIDS orphans, we are having a larger pool over poverty, and all the aspects that drive human nature to various forms of crime when their family infrastructure is broken down", "grannies die, children die, mothers die and children are displaced" "or they have to face a crisis, and HIV is a crisis" (Webber Interview, 2005). Buch insists that "whether it's education, whether it's transport, whether it's defence, [the government] needs to deal with it and more fully. My own sense if that quite often governmental response is too aggressive-defensive, so instead of responding with progress it's making, commitments and developments, it seems always to be dealing with

AIDS off the back foot" (Buch Interview, 2005). As Webber notes, "we are realising that we are dealing with complex issues of HIV that will impact on security" and it is government that must contend with all of these threats (Webber Interview, 2005). "So you can see that the whole thing becomes interwoven or interactive, and it is very difficult to break it up into component parts" (Webber Interview). Yet dealing with the component parts both individually and in their interwoven interactions is precisely the mandate plaguing political leadership.

That political leadership, once again, needs to confront the crisis. Recognising the interwoven nature of the various instigators and implications of HIV and AIDS, that leadership must nonetheless offer concrete, and best pre-emptive and proactive, interventions, both psychological and practical. Without discounting the concerns and the catalysts to infection of familial disintegration, poverty and crime, Sher is discouraged with the state of political leadership. "If we've got to follow our leader, the president who comes out with a statement that HIV doesn't cause AIDS, it's due to poverty, what do you think people are going to do? They're not going to use condoms because it's not going to make any difference, there's no agent that travels between people, they're going to say, 'well, if I have enough food and I can make enough money I'm not going to get HIV'" (Sher Interview, 2005). This resulting resistance to testing and treatment, and to acceptance of responsibility and requisite action, is a recipe for continued viral transmission and for viral resilience and resistance.

It is imperative, for individual survival and for political-economic stability and sustainability, that political and governmental leadership encourage and enable "otherwise healthy people with no discernable AIDS features" to "come forward for testing" to stem the tide of transmission (Buch, 2005). "Tracking the numbers [in this category] really gives you a very clear indication of how people actually feel within the context of sanctification and security", because "it's the group of people who have no absolute push who are coming forward for testing, the increases in that group that to me is the clearest, one of the clearest forms of evidence of a sense of sanctity, sanctification of security, within the context of HIV and AIDS" (Buch Interview, 2005). Worryingly,

the lack of explicit governmental leadership and responsibility with regard to the HIV and AIDS epidemic translates to few people coming forward in this way to know their status and to secure their sanctity and that of those with whom they are intimate. “So the question is how you accelerate it” (Buch Interview, 2005). The answer lies in responsibility. Thus in one fell swoop leadership could do or undo all other attempts to attack HIV and AIDS.

Despite all of the inroads in healthcare and business intervention, no sustainable success against the HIV and AIDS epidemic exists in the absence of political leadership. “Mr. Mandela himself admitted that he didn’t give enough for AIDS while he was president, and he has thrown himself into the AIDS epidemic, I’m afraid a little bit too late” (Sher Interview, 2005). Buch shares Sher’s chagrin. Echoing Sher’s sentiment about former president Mandela’s engagement in the HIV and AIDS epidemic, Buch says that “I think that he is going to the heart of the issue, the question of sanctifying security by issues such as disclosure, by his pronouncement such as at his recent concert, and sort of public positions that he has taken” (Buch, 2005). He adds an encouraging comment that many more governmental figures need to take such a stand. “I think that we are not seeing enough of that through the entire cabinet, and I think that even though the viewpoints are clear, even though AIDS is only one of a number of threats to human security in the country, its relative importance is not being sufficiently emphasised within that frame” (Buch, 2005). This may begin to occur with the leadership of both the newly appointed Deputy President and with the Deputy Minister of Health, both of whom recently assumed HIV AND AIDS portfolios from the President and the Minister of Health, respectively.

Reciprocal Responsibility

Responsibility is reciprocal. The responsibility to advocate and to accelerate the sense and the reality of sanctity and security lies with individuals, with business, and with the government. It must recognise the havoc that HIV and AIDS are wreaking individually, socially, economically and potentially at least politically and assume responsibility to circumvent or to counter it, as the case may be.

The scope of our connectedness is that of our concern. In the wake of the anti-viral drug roll-out, and given the various crises of individual, economic, and political ramifications of (lack) of responsibility, ARV-resistance is amongst the most pressing of problems in combating the HIV and AIDS pandemic. As Webber eloquently expresses, viral resistance demands a responsibility from "all of us" (Webber Interview, 2005). The responsibility rests not only with "the AIDS orphan that runs around" but also with "companies, […] authorities, political will, and charities, and I think a neglected aspect – sensitive – is the church" all of whom must corroborate to create conditions wherein individuals can assume responsibility not to become infected or affected and so to be able to contribute to living and livelihoods, their own as well as those of companies, the political sphere and the social environment (Webber Interview, 2005). "We really need to have buy-in from all levels that if you are HIV infected it is a terrible burden and a responsibility to carry, if you are HIV negative equally so, you have to maintain the responsibility of maintaining a non-infectious state" (Webber Interview, 2005).

This responsibility is individual and communal. "We start with our community members and children" (Webber Interview, 2005). Buch comments that communities are beginning to realise the extent of the epidemic, and are taking more concerted action. "Communities feel the impact of the epidemic quite strongly. We are now seeing large numbers of deaths in the target age group and we are seeing the number of burials dominating the social life of communities and community groups" (Buch Interview, 2005). Action comes hard on the heels of the availability of treatment, which acts as an incentive for healthy individuals to know their status so as not to become infected or to spread the virus (Buch Interview, 2005). Nonetheless, increased involvement from individuals and communities needs to be met with equal if not greater corporate and governmental intensity. "We [also] need to work up to high-powered organisations like AngloPlatinum, DeBeers Mines, and all of the powerful private initiatives as well as political figures" (Webber Interview, 2005).

Once more, the power of political leadership in particular is not to be underestimated. "I'm not saying we need prominent people, but we need people such as important church figures, important political figures to stand up to say that it's no shame or disgrace to have HIV. We have a burden of disease, we need to address those that are positive, we need to support those that are negative and we need to find strategies to mange what is going to happen" (Dr. Webber, 2005). In addition to some articulations and supportive interventions, "we need a consistent program, and we need a *truthful* program. We need to say that HIV is spread in this manner, these are the strategies – very few people are addressing the consequences" (Dr. Webber, 2005). "If we can just say the truth is that HIV is here, it can be treatable, it can be prevented, but nonetheless we have got to address the consequences. What is impacting on the work sector, on our agricultural planning, on various aspects of economics, moving into the social structure" (Dr. Webber, 2005). Concluding, Dr. Webber stresses that it is imperative that both local and global society address the "consequences of what HIV has done" (Dr. Webber, 2005). Indeed, as Dr. Webber aptly argues, HIV and AIDS presents a polemic through which all actors – individuals, economic actors, political leaders and bureaucrats – assume a measure of responsibility each for the other in order to create conditions for survival and human security.

In conclusion, HIV and AIDS aptly illustrate the interconnectedness of an increasingly global society. As has been frequently mentioned, the epidemic has personal, social, economic and political dimensions, garnering reciprocal responsibilities of individuals, communities, businesses and political leaders. The only means for mutual establishment and maintenance of security and sanctity in a sustainable environment for the development of dignity is through "a powerful integration, a global commitment for sustainability" (Webber, 2005). This, creating conditions of human security for the development of dignity, is the responsibility of all, individuals, corporations and economic actors, political leaders and bureaucrats, and social organisations.

Conclusion

Despite their disparate points of departure, all of those interviewed professed analogous arguments on HIV and AIDS and responsibility. Webber notes that both the burden of HIV and AIDS infection as well as that to remain uninfected demands responsibility. Whitfield acknowledges that the inheritance of apartheid and the socio-economic inequalities of South Africa set the scene for a particularly severe HIV and AIDS epidemic. However, that is the situation and it is the government's responsibility to address it. Medical doctors, businesses and political leaders have their parts to play as well. They must provide medical prevention and treatment, employee and even community assistance, and the political will to take a stand. It is only by means of an efficiently coordinated effort, underscored by understanding of the epidemic and assuming individual, corporate and governmental responsibility that South African can effectively counter and eventually eradicate the HIV and AIDS virus.

Also, all of those interviewed recognise the relationship between responsibility, human sanctity and human security. Sanctity is the precept for security. It can only be secured through responsibility. This acknowledgement is also supported by extensive observation and field notes: Cotlands; children in crèches and orphanages, waiting to grow up with nowhere to go; the KITE truckers in Johannesburg; the long lines outside of HIV and AIDS clinic at Kalafong all exemplify the desperate need for an integrated intervention against the epidemic, individually, corporately, governmentally and through society. Without recognition of sanctity and its requisite security grounded in responsibility, human security and the stability of South Africa is at stake. The results are that individuals must take responsibility for accruing, assimilating and acting on HIV and AIDS information so as not to become infected or as not to spread infection, either in supra-infection to themselves or to others. Medical practitioners must take responsibility to provide preventative information and medical treatment to their patients to mitigate the effects of the virus and to reduce the incidence of resistance. Corporations must involve and provide their employees and community environments with access to information, prevention support and treatment, for the benefit of people as well as profits. Government

must take a leadership responsibility to levy their power to provide an enabling environment for individuals, medical practitioners and corporations to counter-act the effects and affects of HIV and AIDS, and it must also provide and pay for public interventions for prevention and treatment that take into account the alleviating measures of human security provisions. Therefore, the communication and coordination of reciprocal responsibilities amongst individuals, businesses, government and social structures are vital to create conditions suitable for the sustainable development of dignity in South Africa.

Conclusion

Hope

Hope catches hold
Snatches breath
Holds abated until it hurts
Harboured but not abandoned –

(Bindenagel, 2004)

HIV and AIDS are above all a human problem. It is certainly a medical disease. As such it is a threat to individual lives. It is also a crisis of physical and psychological capital, of knowledge and skill management, and of productivity and profitability. As such it is a threat to economic livelihoods of families and firms. It is non-discriminatory, infecting and affecting black and white and coloured and Indian; rich and poor, alike. As such it is a threat to governmental capacity and service delivery, as well as to social cohesion and integrity. HIV and AIDS are above all a human problem, of lives and livelihoods, of survival and sustainability, of healing and of hope.

HIV and AID are inextricably tethered to all elements of human existence. As such, the starting point for addressing the epidemic is to emphasise human existence. The essence of that existence is sanctity: sanctity because it is the unearned and un-earnable worth of human life. Infection or affectation by a virus does not diminish this sanctity. In order for that inviolability of human life to gain expression, to develop dignity, it requires security. That security must protect human beings against negative threats to their sanctity: physical threats, economic threats, health threats, etc. Such security must provide conditions conducive to the survival and sustainability of human beings' sanctity. The rhetoric and reality of this need is particularly poignant in the life and death struggles of individuals, businesses, government, and society in the face of the HIV and AIDS pandemic.

This demand deigns responsibility. The responsibility to procure such an enabling environment to secure sanctity and to develop dignity rests with those same infected and

affected agents and actors. HIV and AIDS do not live, nor does it die, alone. It can only be challenged and overcome collectively.

Individuals can – to an extent – control their infection, or non-infection with the virus. Their responsibility is thus two-fold. First they must take cognisance of their own control: choose to abstain from sexual activity, to use condoms, to remain faithful. Secondly they must take heed of their partners: not to coerce sexual activity, not to spread the virus – also to any potential children. In order to succeed in either of these two quests, individuals must be instilled with a sense of self-respect and with respect for their partners. This respect is very closely contingent on the surrounding environment and its enabling elements for survival and sustainable livelihoods.

Most immediately, medical treatment services to address this issue. Where it is accessible and available, medical treatment offers initial hope for short-term survival. However, given the attendant complications of food insecurity and survivalist needs of shelter, clothing and school fees, irresponsible transactional sex still lurks in the vicinity. Furthermore, given the penchant of the virus to spread, resulting in mutations and drug resistance and supra-infections, medical treatment alone is not an adequate answer. It offers vital hope, but requires other help to ensure sustainability beyond survival.

Economic opportunity is imperative. Human beings can and should work to contribute to their own security and sustainability. Work is a means to develop dignity, a measure of worth. In order to work, human beings need education and skills training, employment and entrepreneurial options. Peoples' employment ensures their own and their children's longer-term livelihood, but is also enables that of businesses. Without employees, and the markets they represent, business productivity and profitability is imperilled. Such corporate instability would further undermine human security and sanctity. Thus businesses have a vested interest and a responsibility to contribute to conditions conducive to employment security and with that the development of dignity.

Ultimately, however, the enabling environment of human security depends upon the government. In a democratic dispensation, the government is entrusted with the provision and protection of the public good. This public good must encompass survival and sustainability of the populace: human security. In order to do so, governmental leadership must assume responsibility for local service delivery and increasingly global market access. It must communicate and coordinate, principally between its Presidency, the departments of health, social development, finance, of defence and foreign affairs, to its national, provincial, municipal and local bureaucracies. It must produce and enforce policies which make accessibility to medication and food security, to shelter and schools possible. It must strive for equitable employment, and mandate business involvement. It must vocally and veritably lead the way for individual, corporate and community responsibility to develop dignity in a state of secured sanctity.

HIV and AIDS is an epidemic. Yet it is an epidemic that delves into all dimensions of human living and human life. Spread primarily through the most intimate of human actions, it is implicated in all arenas affecting human beings' intrinsic sanctity. As such, HIV and AIDS is an all-encompassing human issue. It demands recognition and individual, economic, political and social responsibility to address and to harness the healing and hope required for the development of dignity to hone human security and sanctity for the survival and sustainability of South Africa.

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Appendix

Letter of Request

My name is Annamarie Bindenagel, and I am currently a candidate for the masters in public policy at the graduate school of Public and Development Management at the University of Witwatersrand in South Africa. With the premise that human beings, in order to develop their dignity, require conditions of physical, economic and social, or human security, I am exploring primarily the relationship between human security and human sanctity, and secondarily the significance of human security in the experience of the HIV AND AIDS epidemic. Specifically, I aim to answer these two questions:

Where is the onus and what is the responsibility of individuals, business and government in providing human security by procuring political-economic stability and progress in the face of HIV and AIDS in South Africa?

I would like to be able to interview you with the two accompanying questions:

Is there responsibility involved in creating the components of human security in order to honour and enable human sanctity for HIV infected persons?

How would you recommend providing human security for all in general, and to HIV infected and affected persons in particular?

Thank you sincerely for your time and knowledge.

Annamarie Bindenagel