

Privacy, Surveillance and HIV/AIDS in the Workplace. A South African Case Study“
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Interview with Mr. Tafa MOYA, NUM Coordinator for Anglo Gold, 19.11.2007

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Comments on Anglo Gold HIV/AIDS policy

As NUM we were involved in drafting the policy for Anglo American (specifically, for Anglo Gold) that allowed us to get into the agreement on HIV/AIDS in the workplace in 2000. NUM is also presented on the level of implementation of this policy – in Anglo Gold each business unit has a wellness program and a committee that oversees the running of the program. NUM is represented in the committee, so we feel that the employer undertakes a sufficient effort to involve trade unions in the company HIV/AIDS activities.

However, in Anglo Gold there are problems as well. For instance, the uptake of VCT is still quite low. In our view people do not want to get tested, they do not want to know their status, being too afraid of facing the possibility of being HIV positive. NUM is also very concerned about victimization of HIV positive workers. It seems that a lot of educational, awareness-raising activities is urgently needed in the workplace. The employers see the problem of not sufficient uptake of VCT. They are trying to encourage workers to get tested, by providing little gifts for those who undertake HIV tests etc. But in our view the right answer is awareness raising, not gifts. Also, NUM is concerned that Anglo Gold HIV/AIDS treatment program does not cover spouses of workers. In both cases, not sufficient amount of educational activities and lack of treatment for workers; dependants, in our opinion it seems that the company addresses rather symptoms of the problem than causes.

In the past, the company used to send home workers who developed opportunistic diseases. This was a very controversial and discriminatory practice, since the system of migrant work was to a significant extent responsible for the spread of HIV/AIDS in South Africa and Anglo Gold (among other big employers in the mining sector) is heavily relying on migrant work. Fortunately, currently the numbers of workers suffering from opportunistic diseases go down, also thanks to efficiency of the ARV treatment.

Around 2001 there was the case that the company considered introducing compulsory HIV testing in the enterprise. They begun to prepare the program of testing, inviting researchers, also from the Wits University. The unions were very much against compulsory testing. It was highly uncertain how many of workers may test positive for HIV and very high numbers were being expected, even up to 60%. The unions; concern was that there might be the case that the company will decide about closing the mine.

Currently, testing in Anglo Gold is voluntary and performed by the company's network of occupational clinics, without outsourcing VCT or ARV treatment. In Anglo Gold dr James Steele is in charge of HIV/AIDS policy. HIV/AIDS workplace management is not outsourced in Anglo Gold and NUM supports this choice. In our view having HIV/AIDS management under control is better for treatment (it is unsure whether an outsourced company would do this the way we want).

Currently, in every mine of Anglo Gold (e.g. in Carltonville, Oakney) there is a department that deals with HIV/AIDS management. They run ARV treatment for workers from there but if workers develop opportunistic diseases or if they do not respond to the treatment they are being referred to the hospital.

In my opinion the low uptake is not caused by concerns about insufficient confidentiality of testing in the workplace and the possibility of the employer being able to monitor who is infected. I think that low uptake is caused by lack of awareness, lack of knowledge about the disease, lack of belief that there are treatment options. People still are convinced that HIV/AIDS means death sentence. They simply do not want to face it. They prefer not to know their status.

That is why I think it is very good that Anglo Gold has recently developed the peer educators program. The company will finance training of 1 peer educator for every 100 workers. NUM recognizes the issue of awareness raising a main target in managing HIV/AIDS in the workplace. Consequently, the peer educators program has been made a priority action for the recent future for NUM.

I would say that in Anglo Gold workers are not too scared of discrimination from the part of the employer. If they are afraid, it is most of discrimination from the part of co-workers. However, we as NUM intend to secure policies that will address problems such as discrimination of HIV positive workers, regardless of who is discriminating. In the agreement between Anglo Gold and NUM both confidentiality of HIV status and anti-discrimination policy is covered.

Again, I would stress how problematic is the resistance of workers to come and test for HIV. We as NUM are trying to encourage them as much as possible. We are saying – come and test, if you know your status it is company responsibility to provide treatment.

It is also important to stress how crucial is the role of trade unions in addressing HIV/AIDS in the workplace. Workers trust trade unions, they believe that we are one of them, we are on their side and we will not advise them contrary to their interest. On the

other side, workers do not trust that much the employer. It can be said that about 90% of workers who have tested for HIV decided to undertake test because of the unions' advice. We as NUM also see how crucial our role is and the issue of HIV/AIDS is getting to be more and more prioritized in our activities. Also, we are trying to improve our organizational capacity to address this issue. That is why NUM has recently appointed some of its trade union leaders for HIV/AIDS coordinators.