

Privacy, Surveillance and HIV/AIDS in the Workplace. A South African Case Study“
Z. Muskat-Gorska

Interview Mr. Job MATSEPE, NUM Coordinator for ESKOM, 19.11.2007

Place: NUM Head Office

7 Rissik Street

cnr Frederick

PO Box 2424

Johannesburg 2000

Tel: +27 11 377 20 00

Cell: 083 537 93 38

e-mail: jmatsepe@num.org.za

Date: 19.11.2007

Time: 12.00 – 13.00

Comments on Eskom HIV/AIDS policy

The problem of providing healthcare for workers was one of demands of the anti-Apartheid struggle. Healthcare was therefore addressed in 1996 RDP (chapter 2, p.42, 2.12.1). Sadly, looking at the issue in 2007 it is not possible to say that we succeeded.

In relation to the Eskom HIV/AIDS policy, in my view one of the very important moves was the company's decision to finally get rid of migrant hostels. Starting from around 2001 Eskom hostels were demolished and replaced with newly build family units. It was a significant change as both keeping workers separate from their spouses in single-sex hostels as well as poor accomodation conditions there were responsible for a horryfying spread of HIV/AIDS in migrant hostels.

As NUM in Eskom, starting from 1994, we addressed the company with a demand to change managerial structure, traditionally entirely dominated by white managers, and strongly encourage employment of black, educated managers, in order to make management more representative. We thought that such move will have important implications for HIV/AIDS management as it would help to solve a traditional management – workers polarisation and lack of trust. However, I do not think that Eskom has addressed this issue sufficiently.

In my view workers are still too scared to disclose their status. They feel monitored for HIV/AIDS. For instance, extended sick leave often is a cause for retrenchement. The company may identify HIV positive workers without testing them, only by looking for extended sick leaves. Even without disclosure assumptions about somebody's HIV status are made.

As NUM, we are strongly against any discrimination on grounds of HIV/AIDS status and we want to secure that HIV positive workers are being looked after. But discrimination both from the part of the employer as well as from co-workers does exist.

Discrimination from the part of the employer often takes form of dismissal for misconduct, after acquiring knowledge of workers' positive HIV status. I recall one quite recent case from around 2004. There was one woman from Eskom site whose supervisors identified that she was HIV positive, by looking closely on how many times she was recently on sick leave. In an obvious attempt to get rid of her from the workplace they called her for disciplinary proceedings concerning the issue that had taken place 4 years ago. Fortunately, we as trade union organization in the enterprise learned about this case and we accompanied her during the meeting. The employer's representatives were very surprised to see us there. Finally, they did not decide to continue disciplinary proceedings in relation to this worker.

In Eskom we also see the problem of encouraging HIV positive workers to take temporary disability package, leave the company while getting some money. This is an obvious example of the attempt to simply get rid of the HIV positive workers from the workplace and avoid responsibility for their treatment, in case of the disease which is frequently acquired because of poor working and living conditions organized by the employer.

Also, it is questionable whether Eskom HIV/AIDS treatment programme reaches workers concerned. The programme is not really visible in the workplace. We as trade unions do not know any worker on the treatment programme provided by the employer. That is why I cannot comment on discrimination in ARV treatment in Eskom – like providing treatment in the first place for management etc. – I am not aware of how the ARV program is going in Eskom.

When it comes to confidentiality in HIV/AIDS policy in Eskom it can be said that the structure for testing and treatment has been created but no confidentiality safeguards have been put in place. This gap has consequences – you can see that workers do not use workplace structures for testing and treatment.

Also, in a direct reaction to lack of the proper confidentiality safeguards in place NUM advises workers in Eskom to go and get testing and treatment outside the workplace.