

Trade Union Response to HIV/AIDS in South Africa:
A Case for Social Movement Unionism?

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List of Abbreviations Used:

AIDS:	Acquired Immune Deficiency Syndrome
ANC:	African National Congress
BER:	Bureau of Economic Research
BIG:	Basic Income Grant
COSATU:	Congress of South African Trade Unions
FEDUSA:	Federation of Unions of South Africa
GEAR:	Growth Employment and Redistribution
GNUR:	Government of National Unity
HIV:	Human Immuno-deficiency Virus
ICFTU:	International Confederation of Free Trade Unions
ILO:	International Labour Organization
KZN:	KwaZulu-Natal
MAWU:	Metal and Allied Workers Union
MNC:	Multi-National Corporation
MP:	Minister of Parliament
NACTU:	National Council of Trade Unions
NALEDI:	National Labour & Economic Development Institute
NEHAWU:	National Education Health and Allied Workers Union
NEDLAC:	National Economic Development and Labour Council
NUM:	National Union of Mine Workers
NUMSA:	National Union of Metal Workers of South Africa
RDP:	Reconstruction and development Program
SABCOHA:	South African Business Coalition HIV/AIDS
SACTWU:	South African Clothing and Textile Workers Union
SATAWU:	South African Transportation and Allied Workers Union
SALB:	South African Labour Bulletin
SMU:	Social Movement Unionism
TAC:	Treatment Action Campaign
UNAIDS:	Joint United Nations Program on HIV/AIDS

Definitions:

- Shop steward Shop stewards are the first layer of a union's leadership and the crucial link between workers at shop floor and union official, other factories, and branch and national structures of the union (Buhlungu, 2000: 87)
- Social movement unionism: a highly mobilized form of unionism which emerges in opposition to authoritarian regimes and repressive workplaces in newly industrializing countries of the developing world (von Holdt, 2002: 285)
- Strategic unionism: a strategy for far reaching reform of the state, of the workplace, of economic decision-making, and deepens the power of the working class (Gall, 1997: 208)
- Tri-partite alliance: The ANC is in an alliance with the South African Communist Party (SACP) and the Congress of South African Trade Unions (COSATU). Each Alliance partner is an independent organisation with its own constitution, membership and programmes. The Alliance is founded on a common commitment to the objectives of the National Democratic Revolution, and the need to unite the largest possible cross-section of South Africans behind these objectives (ANC online)

Chapter 1: Introduction

1.1 Background

HIV/AIDS continues to proliferate across South Africa. By the end of 2003, an estimated 5.3 million South Africans were HIV positive (UNAIDS). Economists and health experts alike have indicated that neither has South Africa reached equilibrium in regards to the rate of new infections, nor has it experienced the full socio-economic wrath of the pandemic. Yet – an estimated 600 people die daily from AIDS related illnesses and by the 2005 year end, one million children would lose one or more parent to HIV/AIDS (Nattrass, 2004).

That the disease has yet to reach a plateau is an ominous sign for an already over burdened public health sector, under resourced health professionals, economic and social development projects and future investment and with it, job opportunities. Indeed, HIV/AIDS is the single biggest challenge facing South Africa today, encapsulating years of inequality, discrimination, poverty and indeed dictums of fatalism and violence, spilled over from Apartheid (Vliet, 2001). The disease threatens to decimate South Africa's economically active population, most specifically, as history would attest, the working class: semi and unskilled workers.

NB | Responding to HIV/AIDS has become a concern for every able organism – religious groups, business, civil society, government and trade unions. In essence, a multi-sectoral response – designed to infiltrate a multi-faceted and all encompassing disease is generally accepted as being the only effective method of response. It is accepted that interventions need to be woven within the educative and psychological framework of society, requiring mass media and popular cultural formations to alter mental models, lifestyles and behavioural patterns (Sitas, 1999).

However, over and above the stated ambitions towards large scale preventative measures, countering HIV/AIDS also requires large scale socio-economic reform. It is a socio-economic issue wrapped in the form of a health emergency. Responding to holistic causality rather than mere manifestations of poor behavioural patterns is what precisely separates holistic HIV/AIDS interventions from pseudo holistic interventions. In simpler terms, the multi-sectoral response tag is mere opportunism, for a multi-sectoral response requires actors responding to *multiple*

causalities and not simply the amalgamation of a variety of actors focussing on prevention and education. It requires a change in the behaviour and focus of those actors in the process of acting against the disease. Invariably, this sort of dedication amounts to extra-ordinary commitment – in the overall ambition of curbing a national catastrophe.

South Africa's attempts have laboured on reactive intervention rather than responding proactively. Largely preventative measures have not arrived in tandem with large scale ambitions for social change and reform. This does not necessitate a nebulous revolution – but rather reforms pertaining to state-centred economics, focussing on delivering essential services, closing a very large income inequality gap rather than focussing on neo-liberal and essentially rampant and insecure economics. A multi-sectoral response continues to flay HIV in resolutions, policies and promises. Practical translation has not occurred.

There has been more contentious interventions and in-fighting over HIV policy than necessary partnership and alignment. For most, a multi-sectoral response has diverted the attention from government to business and civil society, making partnership ever more complex and misunderstood. Grimm (2003) has argued that the combined elements of the role played by gender differences, the disempowering effects of poverty, the disabling legacies of history, including deeply held traditional beliefs and finally international treaties, that bind and limit the South African government – have disabled the South African people's positive response to the pandemic. The synergistic interplay of these factors, rather than a single factor, has manifested such a consequence (Sitas, 2001 in Grimm, 2003).

To further the argument of misunderstood partnership, literature has consistently mentioned the role of trade unions within the multi-sectoral response; however this has remained a recommendation rather than a clear indication for unions to enter the fight against HIV/AIDS. Not only are unions mere guests on the major works and major popular struggles against the disease, South African trade unions, made up of the Congress of South African Trade Unions (COSATU), Federation of Unions in South Africa (FEDUSA) and National Council of Trade

Unions (NACTU)¹, are hardly mentioned in most discourses pertaining to HIV/AIDS in the workplace or in the community. Moreover, their progress in the larger fight against the disease has neither been covered in leading labour journals, nor has there been any significant research endeavour on trade union response across the leading social scientific research units across the country.

Therefore, not only has the knowledge economy left out trade unions; the trade union movement has shown no urgency to stem the pandemic themselves. Even more perplexing is that unions have neither identified HIV/AIDS as the phenomenon to resurge their traditionally socio-economic paradigm of redistribution and bassist socialism, nor have they responded to the disease effectively in the workplace. The latter - full of promises, declarations, commitments, resolutions and policies, yet only marginally fulfilled; while the former – has yet to be articulated. With 25% of all adults (20-60 years) estimated to be HIV positive (SABCOHA, 2004) – deep within the rich years of youth – HIV/AIDS in the workplace may be dubbed rather: “Legislative concerns” or “Business Response” to HIV/AIDS. Trade unions are verily lost in space – tangibly apart from any major response.

1.2 Themes

Considering the historical role of trade unions, as qualified and strategic buffer zones between the liberation movement and the apartheid government - a role that encompassed fighting for both worker and socio-political rights - their lack of participation in the overall fight against HIV/AIDS is particularly startling.

On closer inspection, since partnering the African National Congress (ANC) and the South African Communist Party (SACP), as part of the tripartite alliance, the union movement has visibly exchanged their emphasis of mass resistance and mobilization, for a focus on partaking in the reconstruction and transformation of the country (Adler and Webster, 2000). In essence, since democratization entered the realm of political discourse in South Africa, COSATU joined the ANC on a proposed trajectory of radical reform, which meant the institutionalization of their

¹ This paper will primarily focus on COSATU's response to HIV/AIDS. All reference to “the trade union movement” in this thesis, refers to COSATU.

union structures, and a pronounced emphasis on workplace issues. Indeed, COSATU did partake in drawing up the new Constitution, initiated the Reconstruction and Development Program (RDP) and were intrinsically part of the drawing up and passing of progressive labour legislation throughout the nineties (Adler et al., 2000). However, by default, trade unions reverted more to their classic definition of a workplace emphasis, as the collective spirit of their organization transformed into more bureaucratic and institutionalized framework, organized around the overall goals of consolidating both the alliance and the ANC's grapple of political power.

As afore mentioned, the trade union movement embarked on a project of participation as opposed to the dictums of resistance politics that had historically characterized their emergence in South African society. Lester (1958) frames such progression as maturity and evolution as unions adopt a more conservative and negotiating personality, as opposed to mass action and mobilization as a means of advancing workers interests. Contemporary thinkers (Baskin, 1993; Maree, 1993, Adler and Webster, 1995) have portrayed union transformation from resisters to participants within government and business fora as co-determining the development of state economic and social policy rather than performing a reactive and social monitoring role. In essence, both the evolutionist and co-determinist or participatory schools outline a level of maturity, involving the institutionalization of unions as legitimate and respected bodies, both inside and yet outside the decision-making apparatus of the state.

However, as the experience of trade unions since embarking on their organizational transformation illustrates, the ability to work within government structures and maintain the independent zeal to mobilize against government effectively and unambiguously is far more complex and difficult to achieve. Despite the advantages of being a legitimate feature in government and business fora, the trade union movement has essentially lost their ability and tact to advance, respond and address severe extremities facing their membership, especially if their response requires direct confrontation with government. And where they have attempted to resist and mobilize, their actions have been largely not intense enough to effect a re-shift in government decision.

It is in this context and within this altering paradigm of union activity that their response to HIV/AIDS may be theorised and understood. COSATU were forced to accept Growth, Employment and Redistribution or GEAR, as the macro-economic policy (in 1996) over the more socialist oriented RDP. In coherence with their neo-liberal stance, the state approved of numerous privatisation and workplace restructuring projects notwithstanding COSATU's opposition. Not only have COSATU conceded elemental constituents of their organization from a workplace angle, their ambitions to advance land redistribution, the rapid delivery of essential services and closing the income inequality gap has literally dissolved into the periphery as priorities shift more towards participating in fora rather than stemming the production flow. And while COSATU have resisted GEAR and privatisation, and have publicly criticised the ANC's delivery of essential services, the nature of their historical relationship with the ANC, and the fact that the ANC has yet to be seen as more neo-liberal enterprise, has meant that trade union resistance has largely remained nebulously weedy.

As a point of departure, the ANC's lack of urgency in responding to HIV/AIDS is mirrored in COSATU's advances against the disease. While trade unions are inherently within the very fabric of South Africa's working class, incidentally forming the current nucleus of the HIV/AIDS pandemic in South Africa, their response has been categorically delayed, slow and ineffectual. Moreover, their concern has ventured sporadically beyond the workplace; while their recorded progress within the workplace has been just as derisively poor.

As government emerged as a diabolic perpetrator of confusion and stigmatization with their dubious HIV/AIDS stance and rationale, including the HIV does/does not cause AIDS debacle, and an HIV/AIDS strategic framework without a treatment plan (Vliet, 2001), trade unions did voice their discontent with government. However, when it came to tangibly mobilizing against the government, or joining the Treatment Action Campaign (TAC) when they sued government for not providing anti-retrovirals in the public sector, COSATU verily withdrew from such provocative action.

COSATU's response to the pandemic, their patronizing homage to addressing the disease, and indeed their primarily narrow workplace focus – are firm contradictions to their transformatory

traditions espoused during apartheid. Their reluctance to embed their energies into solving socio-economic extremities facing their membership especially those perpetuated and remaining unaddressed by government appears largely to be as a direct result of their existing alignment with the governing ANC.

COSATU's limited confrontation with the new dispensation over economic issues they would have vehemently resisted a decade earlier may be read as a deliberate progression towards consolidation of their recently granted institutionalization, an invariable preoccupation with the enforcement of legislation and protection, rather than the expansion of activity, concerns and outlook as a progressive organization. Since adopting a policy of radical reform through the strategic alliance, there have been a myriad of structural problems that surfaced. According to Adler et al. (2002), COSATU experienced a loss of leadership to government and the private sector, as politics of reconstruction superseded a receding tradition of resistance and struggle. Secondly, as a result, COSATU has become embedded in bureaucracy and institutional politics, losing their zeal in providing quality service to their members regarding every issue. Thirdly, a democratic rupture between leadership and the grounded members has increasingly ripped an essential grassroots organization. As the leadership conform to new methods and new styles of negotiation, the further the drift: COSATU loses its class status. Fourthly, the acute take over and consolidation of the ANC as the distinct hegemonic leader, the alliance has become all about the ANC, and maintenance of power.

NB

This paper argues that COSATU's response to HIV/AIDS, or their perceived inability to respond, and their tendency to perpetually avoid serious engagement with the disease is a critique of the evolutionist and participatory schools of trade union progression. Both schools indicate that while trade unions risk co-option in working within government structures, the advantages of being legitimate and respectable would surely guarantee far more opportunities for labour to advance and shape state agenda, as opposed to being heard from the outside. However, this paper is not an attempt to critique the amassed logic of working within structures while aiming to maintain an order of independence. Instead, it aims to illustrate the South African trade union movement failure to address HIV/AIDS spells of a larger incapacity to maintain their independence and

advance their organizational priorities. This incapacity is a result of their entanglement with the goals of institutionalizing their structures and activities – towards the larger goal of participation.

Indeed, COSATU's response to HIV/AIDS in South Africa has been shaped by a perceived incapability derived from their relationship within the tripartite alliance. That the ANC is a stumbling block is hardly the issue. Von Holdt (202: 208) argues that resistance can be expected and therefore "strategic unionism must be based on independent labour and popular struggle and the capacity to mobilize and struggle". In essence, the nature of a radical reformist approach regards struggle and the placing of individual interests firmly as a basis for negotiation and discussion. In short, as trade union response to HIV/AIDS will reveal, the union movement has been inherently incapable of advancing their individual interests, with their particular approach to strategic unionism.

1.3 Research Methodology

Qualitative research methods were adopted in the pursuit of fulfilling my research ambitions. I selected the case study approach, effectively choosing one of COSATU's affiliate organizations: NUMSA to investigate and test my hypothesis against. Within the case study approach, I moreover selected a continuum of accepted qualitative research approaches, including content analysis, an individual interview and a focus group interview to advance my analysis of my case study.

This included analyzing primary literature resources, including policy documents, press releases, demographic and labour-oriented statistics, labour journals and press articles corresponding to the particular trajectory of union structural organization and its relation with responding to HIV/AIDS in particular. Moreover, I interviewed one NUMSA officer and conducted a comprehensive focus group with key NUMSA shop stewards at the KWAZULU-NATAL (KZN) branch of Daimler Chrysler South Africa (DCSA).

1.3.1 Qualitative Research

Qualitative research focuses on understanding, rather than predicting or controlling phenomena, and is generally attributed to possess the best available means of understanding human and

human organizational behaviour. Strauss & Corbin (1990: 17 in Krishna, 2001: 64), define qualitative research as “any kind of research that produces findings not arrived at by any means of statistical procedures or other means of quantification”

According to Miles & Huberman (in Thomas, 2000), the aim of the research is to gain an holistic overview of the context under investigation, and this includes the logic and arrangements of the subject under study. Moreover, qualitative research encompasses a process of empathy, an attempt to gain the ‘insider’s view’, ‘the perceptions of local actors’ and this require the suspending or bracketing preconceptions about the topics under discussion’

Qualitative research allows for subjective interpretation, however, legitimacy is often granted to those framed within theoretical discourse or within rational argument of internal consistency. Unlike quantitative research methods use of standardized instrumentation, the primary tool in qualitative methodology is the researcher him/her self (Miles et al., 1994 in Thomas, 2000). Thereupon, it is up to the researcher to choose the most applicable application methods of attaining the relevant information for dissection and analysis.

The most obvious limitation of qualitative research is that findings may not be statistically projected to the population under study, as quantitative research allows. In large part, qualitative research implies analytical discourse and smaller samples and this necessitates issues of representation. As mentioned, I chose the case study approach, within which I adopted content analysis, an individual interview and a focus group interview to best suit my research ambitions based on the various time and resource limitations.

1.3.2 Case Study Approach

Adopting a case study approach is integral to a thesis of this nature, especially when questions of “how” or “why” are being posed. It is also appropriate when the focus of the research ambition revolves around a contemporary phenomenon within the realm of a real-life context (Sofaer, 1999). Yin (1984, 13 in Krishna 2001: 65) argues similarly, adding that a case study is preferred “especially when the boundaries between phenomenon and context are not clearly evident”. While case studies may involve both qualitative and quantitative research methods, the case study

approach is well suited to qualitative methodologies that seek to comprehend complex social phenomena (Mark, 1996 in Krishna, 2001). This is logical, since the very adoption of a case study approach is due to an ambition to illustrate the inter-disciplinary variables of interest over data points, making quantitative methods thereon rather one-dimensional.

In the context of this thesis, I had to test my scientific standpoint using a case study rather than the entire COSATU federation. The issue was rather the choice of union as a case study, and not the method of investigation. The clear advantages of using this method lies in the argument that firstly, the amount and type of information emanating from a chosen case study allows the researcher to project particular theoretical positions for further analysis and investigation. Secondly, multiple theoretical approaches may be accordingly tested against a range of collected information, creating the impetus for comparison and critique of theoretical approaches. Thirdly, researching a social issue in a stated case study, i.e., in a stated context, places the research into a categorical context, defining parameters and restrictions and leads to potentially legitimate conclusions and deductions, *of the given context* (Mark, 1996 in Krishna, 2001). However, this is also the essential flaw of the case study approach. A contentious space of 'legitimate generalizations' is the categorical result.

1.3.3 Content Analysis, Individual Interview & Focus Group

My case study, to be discussed in detail in chapter 3, required the adoption of content analysis, an individual interview as well as a focus group. The data collection was structured and required a close analysis of documentation regarding both union structure and HIV/AIDS and the reasons why the nexus between the two subjects remain diabolical. Moreover, key informant interviews in the form of interviewing the KZN NUMSA Regional education officer, and three shop stewards² working in DCSA.

The individual interview, consisted of one essentially key informant interview (the KZN NUMSA Regional Education Officer), since the NUMSA Gender and Health Coordinator was unavailable, and in the regional office, there was no one else who could assist me. My dialogue

² Shop stewards are the first layer of a union's leadership and the crucial link between workers at shop floor and union official, other factories, and branch and national structures of the union (Buhlungu, 2000: 87)

with the Education officer, David³, comprised of two informal discussions as I found my relevant themes, and one formal interview, which last approximately one and half hours. The formal interview was semi-structured and designed for flexibility within the realm of the given objectives.

In attempting to gain as systemic an account of the vast array of factors, perceptions regarding the trade unions structure and its compatibility in addressing serious socio-economic issues, like HIV/AIDS, I wanted to gather information from those on the ground itself. In this regard, I chose to interview shop stewards, since they acted as the endemic bridge between management and trade union members/workers in a company and would be best situated to give me a less administrative perception. I decided to interview shop stewards in DCSA in KZN, in the Pinetown locality, and adopted a focus group technique for gathering information.

The reason for choosing the focus group method in interviewing the NUMSA shop stewards was both a method to elicit a discussion and also because of time limitations. Shop stewards at any major workplace are always busy, and since I required an in depth discussion, in order to sift out tangible opinions and perceptions, a focus group seemed the best opportunity to enhance comfort levels and an air of relaxed seriousness. Of course the clear advantages of focus groups is the rapid articulation of issues pertaining to the research endeavour as well advances a collage of ideas and topics that are unlikely to be raised in an individual interview (Thomas, 2000). However, the focus group requires rapid assimilation of information and includes the challenge of leading the discussion without implying answers, or leaving the path of research ambitions. Moreover, I had to consider the reality that since interviewees were in a group, there might have been issues that were side-tracked or hidden by any one of the individuals due to the group dynamic.

The discussion and my questions followed a semi-structured nature, with a set of desired outcomes clearly outlined before the interview, yet with an allowance for eligible flexibility as

³ Name changed, for confidentiality reasons.

per directed by essential issues raised by the interviewees. The focus group method worked very successfully with the shop stewards, and the discussion lasted more than two hours.

1.3.4 Weaknesses & Limitations

Time, resources, minimal qualitative information in regards to primary interview data, and the space in which this thesis has been written, are the obvious limitations. However, the number of interviewees, in the form of reliable NUMSA representatives, specialists or at least, knowledgeable to the affairs of the union in regards to the HIV/AIDS is a reflection of the tangible constraints of such a study itself. By this, even if I had more time, there remains a void in literature pertaining to HIV/AIDS and unions, secondly, there are hardly any more viable interviewee options, except the NUMSA secretariat itself, if information regarding to union structure and future are desired in more detail. However, attaining information regarding to HIV/AIDS remains a major stumbling block. There is no HIV/AIDS portfolio, and each “department” passed my questions to the next. The National Health and Gender Co-ordinator, who is the sole champion of HIV/AIDS in NUMSA, was unavailable for an interview. It was impossible to even track her movements either. In her absence, there was no deputy to carry out her tasks, or provide me with information.

Furthermore, another acute limitation is that while NUMSA is a worthwhile case study, for in the name of my thesis, NUMSA has a history in social movement unionism (SMU) and have historically been the alliance’s biggest critique. Illustrating their problems and lack of vibrant ‘movement’ can indeed prove telling for the rest of the COSATU affiliates, especially smaller and more passive unions. However, this theory does not hold true for all cases, which might be seen with the South African Clothing and textile worker unions (SACTWU), who ruptured the status quo and moved ahead with decisive HIV/AIDS programs and schemes. Yet, COSATU has 30 affiliates makes SACTWU a qualified exception. By virtue of the small research base, this research project cannot hold true as a genuine and tested generalization for the COSATU movement. However, it can and does indeed offer an inlet into deciphering the possible accentuating circumstances that have hindered their response to HIV/AIDS. Moreover, the continuum for further research in this field is given only further impetus, and momentum

1.4 Structure of Report

Chapter 2 outlines COSATU's social movement characteristics that personified the fight against apartheid. The purpose of this chapter is to contextualize the union movement's transformation as per theorised and explained by the *evolutionary* and *participatory* school of union progression and identify the factors that characterize union participation.

Chapter 3 outlines HIV/AIDS and its impact on the South African economy and labour. The aim of this chapter is to put into context the seriousness of the HIV/AIDS pandemic and the need for the trade union movement to be actively part of a larger holistic response.

Chapter 4 outlines, COSATU's response as the largest federation in South Africa. And secondly, I focus on NUMSA as a case study, briefly outlining their social movement tradition, their contemporary challenges, including HIV/AIDS, and thereupon, an assessment of their HIV/AIDS response.

Chapter 5 aims to theoretically link COSATU and NUMSA's poor response to HIV/AIDS with their relationship with the ANC government. In this, I analyze policies, resolutions, trade union publications and interviews conducted with NUMSA representatives, in making the necessary deductions of why COSATU and NUMSA have failed to respond.

Finally, Chapter 6 will briefly summarize the findings and offer a set of recommendations.

Chapter 2: Theoretical Framework

2.1. Brief Overview

Trade unions are historically linked with studies of capitalism in both existing and emergent industrial societies. The ability of trade unions to inherently transform the material basis of a society, escaping the throngs of co-optation has invariably been as contentious as a wage dispute itself. However, my focus on HIV/AIDS is a move away from revolutionary material transformation and into the realm of socio-economic and health issues beyond the workplace yet within the realm of trade union interest. While any discussion on trade unions within the South African context could never be reduced and generalized, I frame my theoretical assumption that COSATU are incapable of addressing severe socio-economic extremities within South Africa since the democratic transition of the country, as a critique of the *evolutionary* (Lester, 1958) and *participatory or co-determinism* (Baskin, 1993; Adler et al, 1995) schools. To offer a preliminary summary, both schools theorize strategic discourse with state and capital as signifying trade union progress and legitimacy. Moreover both schools argue that the ambitions of trade unions may be best advanced as proactive institutions involved in state and capital fora, rather than reactive resisters.

In essence, both the evolutionary and participatory schools argue that after achieving legitimacy through intense struggles and resistance campaigns, the ambitions of trade unions would be best advanced through cooperation rather than continued resistance. The South African trade union movement faced this dilemma in the early 1990s. Their intense tradition of resistance faced an exchange for a diluted and institutionalized form of negotiations in advancing their member's issues (Baskin, 1993). The aim of this chapter is to place the South African trade union movement into context as viable and effective actors, deeply embedded in South Africa's sociality. Their social role is a tradition, and by implication their expected leadership in fighting HIV/AIDS is a given. However, both schools advocate that trade unions may best forward their ambitions and agenda through transforming their traditional values of resistance to a process of strategy, of manoeuvre and discourse (Lester, 1958; Maree, 1993; Baskin, 1993).

2.2. Social movement unionism (SMU) in South Africa

The South African labour or union movement played an integral role in the liberation struggle against Apartheid. During the 1970s and 1980s, workers transformed unions into ‘a powerful fighting force’ (Baskin, 2000: 44). The trade union movement resisted class oppression, battled for improved workplace conditions and fought against the Apartheid regime. In effect, they became the beacons, the symbol of anti-Apartheid resistance, especially since the major political players, like the ANC, remained banned organizations during the Apartheid years.

The nature of trade union mobilization during the mid 1970s to the end of the 1980s was in the mould of social movement unionism (Webster, 1988; Seidman, 1994 in de Villiers and Anstey, 2000). Building powerful shop floor structures, reducing state repression and creating strong union structures were the core ideals of the unions (de Villiers et al, 2000). However, trade union contribution was not limited to the shop floor. Their actions translated into fighting “for change in the broader society” (Buhlungu, 2000: 75).

With the formation of the Congress of South Africa Trade Unions (COSATU) in 1985, which involved the merging of the Federation of South African Trade Unions (FOSATU) and the Council of Unions of South Africa (CUSA), social movement unionism as a strategy and method of organization reached an irrepressible climax. The collective bargaining method was transformed but the movement was effective enough to mobilize against a new constitutional dispensation, anti-labour reforms in 1988 and even in 1992, when political negotiations had stalled (de Villiers et al, 2000). Clearly, the union movement was able to influence shop floor changes and were powerful enough to pressurize state decision-making.

Sociologists carefully observing the role of the trade union federation, especially COSATU in the struggle and in manufacturing South Africa’s political transition have argued that transition theory per se largely “ignores the role of social movements such as labour” (Adler & Webster, 1995:90). By implication, South African trade unions held the thread of the liberation movement together. Through strategic resistance, including numerous stay-aways and “tools down” sessions in the workplace and mass mobilization against the state, the trade union movement became the

strongest link in the liberation movement. That such organization was democratic and structured in essence, enveloped the union movement in a framework of legitimacy and order.

However, trade union influence over the final decade of Apartheid was complemented by International pressures and economic sanctions and thus, like most socio-political change scenarios, it required a multi-sectoral and multi-lateral response to confront the Apartheid regime. Resisting the political or the economic arm as one-dimensional responses would have never brought upon a change scenario. The Apartheid government had infiltrated all spheres of South African society, so much so that it attempted to socially engineer the Black population, restrict their political rights and contain their economic prowess. For trade unions to focus on better rights in the workplace, without a further goal of holistic emancipation from such tyranny would have been ludicrous. Unions understood the dialectic of their position in society, and were prepared to confront it head on, even if there was often tension within the union movement of this stance itself.

Von Holdt (2002: 292) argues:

Social unions structure was continuously contested and reconstructed...solidarities and practices forged outside the union profoundly affected the social structure of social movement unionism (SMU) [and that such a] contested social structure was integral to SMU in South Africa, both in its political role and in its role of forging solidarity out of disparate experiences and origins of different groups of workers.

However, the point to be grasped here is that there was an emanating influence of the 'social' in the outward affairs and concern of trade unions. Trade unions' social structure throughout South African history, especially through the late 1970s and the 1980s decade reconstructed their perceived role within South African society, and amalgamated the 'social' as intermittently entwined within the larger economic goals of workers.

2.3. Political change: Alteration to trade union strategy

As South Africa ventured towards political transformation, the trade union movement itself engaged in corporatist agreements with state and capital. In essence, an impending overhaul of the political and ideological system neared, and the trade union movement now had new challenging decisions to make. According to Maree (1993), after 1990, the trade union movement rapidly moved towards participation in multi-partite forums. Trade unions negotiated labour legislation, joined statutory labour bodies and struggled successfully for the creation of a National Economic Forum – designed specifically for state, business and labour to address serious economic issues (Maree, 1993).

The rapidly changing political environment meant that trade unions had to make swift decisions on their participation in their country's transformation. According to Baskin (1993: 64-65), while worker combativeness still remains, for the first time, "greater co-operation with both the state and employer is now possible".

Indeed, the early nineties saw trade unions actively engaged in talks concerning import policies, tariffs and even the restructuring of their industries. Even at plant level, companies introduced worker participation schemes, in the hope for greater cooperation from employees (Baskin, 1993). Baskin (1993: 64) argues these new issues were "more complex and far-reaching than anything with which they have previously dealt".

The workplace regime had barely changed, but the political changes meant an enormous impact on the practicality of resistance and adversarial persona that characterized the trade union movement of the preceding decades. A number of COSATU leaders became prominent within the ANC party itself, and after 1994, in government. COSATU was now affiliated with the ruling party, and a "network of community alliances withered as community organizations were absorbed into the ANC and into local and national government" (von Holdt, 2002: 293). As a migrant rank and file activist (in von Holdt, 2002: 293) stated, "It's different now because the government is ours. If I toyi-toyi while

the government is mine it seems I am not intelligent”. Naturally, workers saw their union activities in a new light.

The end of Apartheid diluted the militancy and solidarity of workers. While workers maintained their political identity as much as their trade unionist personality, there was a shift towards focusing on economic development with a more subtle activism. This shift in ideology was perpetuated or maybe an indirect consequence of the rapid loss of key trade unionists to government or company management. Von Holdt argues that these change scenarios not only impacted on workplace organization of his case study: *Highveld steel Co.*, by way of a loss of skills, but also because of the impact on collective solidarity in the workplace (2002: 294).

Holistically, the political changes paved the way for the re-emergence of individualized career focus, with largely fragmented interests and identities. The intense solidarity, once re-enforced by political class and even ethnic identities – the makings of social movement unionism, thus dissolved. As von Holdt (2002: 295) concludes, “the social structure of the union was fundamentally altered by the changed socio-political conditions, whose advent it had done so much to ensure”.

COSATU became part of the reconstruction process, initiating the Reconstruction and development program (RDP) for government adoption. In essence, the RDP embodied the promises of the new Government of National Unity (GNUR). The RDP had three parts: a set of national development policies, union participation in building new institutions and workplace transformation. The irony was clear: unions in the ‘North’ were learning SMU from the ‘South’ to revitalize their waning union movements, while South African unions were moving in the direction the unions in the ‘North’ had chosen in the development of social democratic states (von Holdt, 2002).

2.4. Evolutionary and Participatory Schools of thought

The first school of thought, *evolutionary*, put forward by Lester (1958: 106) states that as the growth of robust trade unions reach a plateau, “subtle psychological changes tend to take place”.

Lester (1958: 106) argues, “The turbulence and enthusiasm youth, the missionary zeal of a new movement slow down to a more moderate pace”. This school of thought effectively theorizes that trade unions reform their approach, opting for an increasingly conservative stance “similar to those that take place in institutions which in their formative years had to struggle for existence” (Lester, 1958: 106). In essence, this school advocates South Africa’s trade unionism’s reform post Apartheid, as being a shift from social movement unionism onto self-interest oriented alignment with state and business, an effective conservative and perhaps constructive progression. However, Lester (1958) argues that the gradual change does not necessitate virtue or social advantage; rather, it is an implicit modular shift in the strategic vision of the trade union movement. Moreover, these changes can be listed under three categories: (1) a decline in the rate of expansion and missionary zeal, (2) shift in power and control towards national headquarters, and (3) an alteration in union leadership (Lester, 1958: 107).

The *evolutionary* school of thought defers union inactivity to alterations and changes between state, business and union’s relationship. In this, Lester (1958: 130) argues that “the more labour rules adopted by government action or by joint agreement, the more unions tend to be legal-and enforcement-minded and the less prone they are to strike”. In effect, as trade union movement enters a new sphere of negotiation and debate within legal for a, it can be seen as co-option and as perpetuating the scope for oligarchical tendencies, and indeed corrupt leadership. However Lester (1958) argues that while the evolution of trade unions requires specific context for analysis, the element of conservatism raises labour’s success ratio in their strategic partnership with the state and business at the negotiating table. According to Lester (1958), unionism evolution results in a resurgent and new found respectability to their endeavours and their existence.

Lester (1958: 154) elaborates:

An evolutionary perspective is likely to lead to faith not only in the bargaining process but in the long-run influence of public opinion...moral suasion and community standards are the only fundamental and lasting remedies for abuses in the labour field.

An essential part of Lester's argument is that with negotiation superseding strike action, the union movement would be able to access arenas beyond the frame of the workplace with ease and indeed eloquence, with the full support and respect of society. In Lester's view the evolution of unionism into composed yet effective entities, enjoys a reciprocal relationship with society, each framing and moulding the other.

The second school of thought, *participatory or co-determinism* advances the argument that trade unionism's movement into dialogue and constructive discourse with government and business is a strategic opportunity for the union movement to precisely forward the interests of the working class within a neo-liberal paradigm. In essence, the participatory and co-determinism school rejects the idea of conservatism described in Lester's evolutionary approach. Instead, strategic unionism is a participatory process whereby unions are robust and proactive organizations within the engines of transitional democracies, rather than on outside. In essence, the theory espouses the scenario whereby trade union progress from organization of resistance to workplace discrimination and as proponents for basic working and living standards, to institutional products, largely recognized, respected and inherently part of transforming a society. The philosophical underpinning is one of *co-determination*, in which labour, business and the state enter constructive dialogue in special forums in resolving labour problems, or formulating new economic or social policies. Such an approach, as adopted by COSATU in the South African context, and as important feature of this paper, is specifically a radical vision of a future society with a reformist incrementalist strategy. Adler et al., (1995) refer to this idea as *radical reform*. Theoretically, radical reform implies the ability of trade unions to work inside state structures in policy formulation, yet mobilize outside state structures to protest if the need were to arise.

Adler et al. (2000: 10) argues:

By being both inside and outside the state, labour does not inevitably become captured by capital and the state, but has the potential to transform the direction of the transition process in more radical directions

Similarly, Hirschsohn (1998: 662, in Bramble, 2003: 188) argues, "combining negotiations inside the institutionalized political and industrial relations framework and collective action outside".

Moreover, while social movement unionism involved organizing a set of objectives, strategic unionism “requires commitment to a coherent developmental vision and a program of economic, social and political transformation” (Hirschsohn, 1998: 662, in Bramble, 2003: 188).

Przeworski et al. (1995, in Adler et al., 2000) argue that *concertation* is a central feature of radical reform and the trade union movement’s strategic unionism ambitions. *Concertation* is theoretically meant to elicit the critical interplay of political forces, improving policy outcomes, maintaining continuity of existing reforms and the effective consolidation of democratic institutions (Przeworski et al., 1995, in Adler et al., 2000). According to the participatory continuum of thought, the institutionalization of the labour movement and its inclusion into state and business fora, presents labour with a unique opportunity to shape the “character of democratization through the disciplined and strategic use of power” (Adler et al., 1995: 3). An endemic subsequence to the sociality of trade unionism according to co-determinism is the potential to extract concessions from both state and capital through ensuring that the social costs of adjustments are not experienced by workers alone.

Adler et al. (2000: 2):

Instead of conceiving of change as a choice between an apocalyptic revolutionary rupture on the one hand, and the cooptation of social movements on the other, the labour movement demonstrated that it could remain independent and influence the course of democratization

Baskin (1993) advocates that there were strong economic motives for capital, labour and government to work together at the dawn of the transition. The particular socio-economic climate needed rapid development and improvement, and “both capital and organized labour are strong enough to block key changes [but] without agreed economic policies the cake will not grow” (Baskin, 1993: 66). Moreover, the challenge according to Baskin (1993) is to participate towards developing an economy, which would be productive and instrumental in creating jobs, higher wages and improved social services.

Baskin (1993: 66):

A structured relationship between capital and labour, rooted less in adversarialism and more in co-operation, stands the best chance of delivering social and economic outcomes favourable to both sides.

However, Baskin (2000) argues that while labour legislation is unlikely to become labour-unfriendly, there lies a range of alternate arenas where radical reform could discount against the labour movement. These include the unfamiliar arena of a democratic transition, the new economy of rampant neo-liberalism, structural adjustment and indeed internal conflict within the labour movement itself.

Moreover, for co-operation and participation to be viable assets in the advancement of trade union interests, economic growth is a pre-requisite. Baskin (1993) argues that economic growth is ironically both the reason for negotiation and indeed the obstacle of successful alignment. Moreover, considering that just 23% of the economically active population were unionised in 1993, with COSATU organizing roughly half of all unionized members, the overall power of COSATU at the negotiating table is highly debatable (Baskin, 1993). Baskin (1993) moreover points out that participating with government is unfamiliar territory for traditional trade unionists in the South African context and the inability to strategically manoeuvre both government and capital would be incessantly problematic. Moreover, alignment with government and with no new clear cut enemy, Freidman and Shaw (2002) argue that there is now a need to find the appropriate balance between cooperation and resistance.

However, this ability to find a balance between co-operation and resistance hinges on the trade union movement's overall success in being strategic negotiators with government and business.

Mariem (1995: 18, in Adler et al., 2002: 15) argues:

Union leaders, having interacted with the powerful will be less enthusiastic about 'theoretical ideas' about a program of radical change and less so about forging links with social movements which exist outside the structures of power. The overall effect in time will be the transformation of the union movement into little else than an extension of the industrial relations system

Indeed, the manner in which COSATU approaches working in sophisticatedly institutional structures, while maintaining their grassroots linkage, goes to the very root of assessing COSATU's success or failure with strategic unionism. It also goes to the very crux of this thesis.

Chapter 3: HIV/AIDS in South Africa: Impact on the Economy and Labour

3.1 HIV/AIDS in South Africa

3.1.1 A brief synopsis

According to most historians and health researchers, it is generally accepted that the first case of Acquired Immuno-deficiency Syndrome widely known as AIDS, was reported in the United States in 1981. AIDS has been conclusively found to be the result of or alternatively induced by a virus called HIV or Human Immunodeficiency Virus. HIV progressively destroys the body's ability to fight infections through the disabling of the body's immune system. Effectively, HIV positive individuals are hence susceptible to a range of cancers and diseases including tuberculosis, pneumonia, and diabetes: known in such contexts as AIDS related diseases⁴.

HIV/AIDS has transcended the scourge of relatively small groups such as intravenous drug users and homosexuals in rich countries to become arguably the biggest threat to life and prosperity in the developing world. It is estimated that approximately 53 million people worldwide are HIV positive, with approximately 29.4 million infection in sub-Sahara region. (Mail and Guardian, 2004).

The first cases of HIV/AIDS in Southern Africa were diagnosed during the 1980s, but it was during the 1990s that the disease rapidly spread through the region (Barnett et al., 2002). Barnett et al. argue that South Africa was a fertile ground for the spread of HIV, considering her unique and particular history. The combined elements of institutionalized racial discrimination; extremely mobile populations since the 1800s; and high levels of urbanization with a large controlling white majority are seen to be the major perpetuating factors⁵ for the spread of the disease.

According to demographic studies carried out in 2000, it is estimated that 500 000 South Africans have died of AIDS related causes (Arndt et al., 2000). Moreover, it is further estimated that

⁴ Information derived from the National Institute of Allergy and Infectious Diseases (NIAID online)

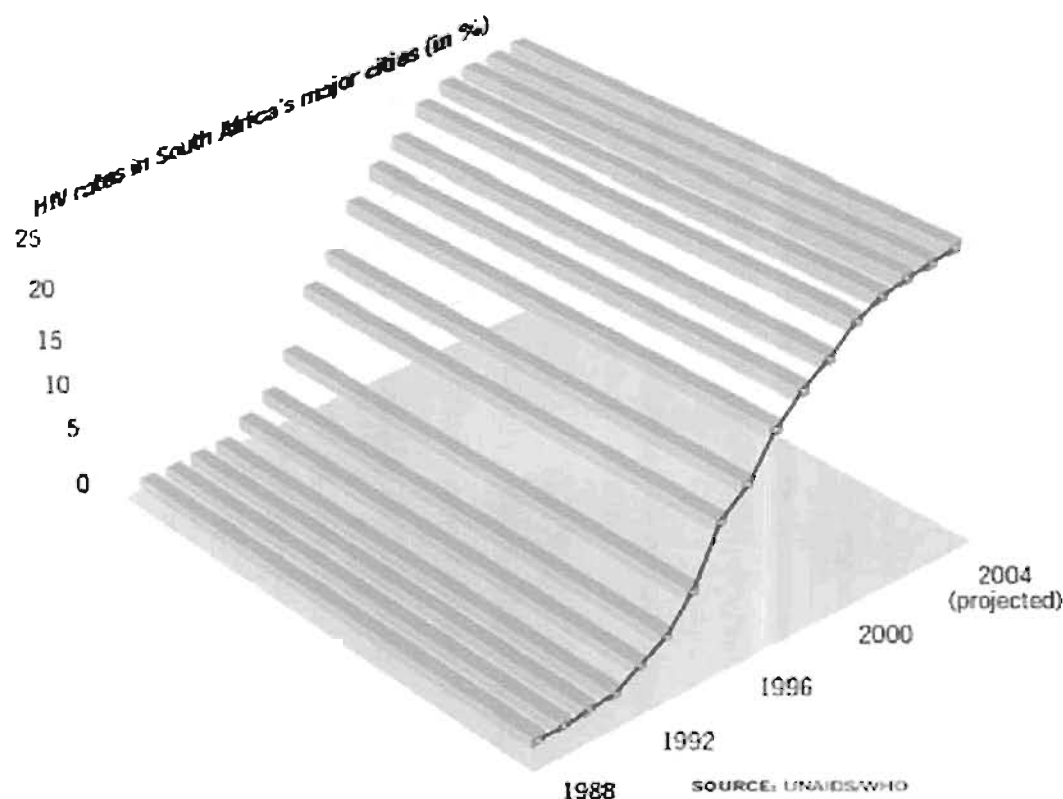
current trends, if not halted in any substantial manner, would lead to 10 million deaths by 2015. Economists and demographers project life expectancy to fall from pre-epidemic levels of 65 years to merely 40 years. Like many epidemics, HIV follows an 'S-curve' – *a gradual build-up leading to a rapid surge*. In 1990, as verified by UNAIDS, HIV prevalence in South Africa was 0.7%. By 1994, this figure was 7.6% (Vliet, 2001). As *figure 1* illustrates, HIV prevalence surged from approximately 14% in 1996, to almost 21% by 2000, and as projections suggest, by 2004, the prevalence should have reached more than 25%.

Today, South Africa has more HIV positive citizens than any other country: 5.3 million people out of a population of 45 million. Such is the magnitude of the pandemic that economists predict that South Africa is heading for an economic collapse within three generations. While teenage prevalence has dropped from 20.1% in 1998 to 15.4% in 2002, the most susceptible age-group, the earning group of 15-49 years remains extensive at 20.1% (UNAIDS). According to research conducted by the Treatment Action Campaign (TAC) this figure 12 yrs ago – resided at a mere 1% (TAC online)

Rivire (2002) argues that although the AIDS explosion was rather belated in South Africa, as compared to elsewhere, it has nonetheless been violent. The low status of women and the fact that violence to women, including approximately a million reported rape cases per year is telling of this volcanic-like spread of the disease. Even more tragic is the rising number of orphans. Projections indicate that there will be as many as 1 million orphans in 2005, and 2.5 million in 2010. In KwaZulu-Natal, one of the most adversely affected provinces, it is estimated that 36% of all pregnant women are HIV positive. In 1990, this figure was 1% (Rivira, 2002). It is thus no coincidence that 50 000 children are born in South Africa every month with HIV. According to the ASSA 2000 model, without intervention, HIV prevalence among adults could reach 28% by 2006. "This simple feature of HIV/AIDS already suggests that the epidemic will have an adverse impact on economic growth" (SABCOHA, 2003: 8).

⁵ An historical synopsis is not the focus of this thesis, the point of this discussion is to place HIV/AIDS into a particular socio-political context that illustrates the perpetuating realities, leading to reasons for poor individual and organizational response to the disease today.

Figure 1: HIV/AIDS rates in South Africa's major cities (%) (1998-2004)



Source: <http://www.globalpolicy.org/socecon/develop/aidstables.htm> [Accessed: December 5 2004]

3.2 Economic Impact of HIV/AIDS in South Africa

3.2.1 Understanding impact

Barnett et al. (2002: 160) argue that HIV/AIDS increases mortality (death) and morbidity (sickness), “at precisely those ages where normal levels of morbidity and mortality are low”. Thereupon, it is from these unusual events that the society experiences an impact. “These impacts may be felt as an immediate and severe shock or they may be more complex, gradual and long term changes” (2002: 160).

Moreover, the level of impact is partly shaped by the number of people affected and their position in the society. The differential resource capabilities indeed shape the difference in impact. As Barnett et al (2002: 161) argue “well resourced communities and households will be better able to cope than poor ones, and the same is true for countries”.

Thereby *impact* has remained a contentious analogy in regards to HIV/AIDS, since the disease continues to spread yet remains disguised in pneumonia, tuberculosis, common flu's, and skin diseases. For example, Statistics SA claim that tuberculosis killed 37,917 people aged between 15 and 49 in 2001 while HIV/AIDS claimed 7,564 (Aegis, 2005a). Ascertaining an accurate number of HIV/AIDS induced tuberculosis death is extremely difficult. Moreover, HIV/AIDS has yet to reach its peak as a *killer disease*, with *tangible impact*, making it difficult for already reluctant individuals or organizations to take *potential* or *projected impact very seriously*. Lastly, the intangible psychological and/or ideological impacts that HIV/AIDS has had on future investors, business and their perception of the labour market, the further embodiment of racial stereotypes, behavioural changes in households and small communities as family members "disappear" are simply immeasurable and impossible to quantify.

Barnett et al (2002: 165) argue that there are very few studies on impact, referring to most as "recycled anecdotes". Accordingly, the major problem with *impact studies* is the essential need to quantify in order to illustrate, and since this is unlikely in regards to the above suggested and possible intangible areas of *impact*, measurable and tangible data are largely the constituents of proving subsequent *impact*. This makes studies largely limiting and misleading. Furthermore, another problem, according to Barnett et al. (2002), is that studies conducted in one geographic space or community are too often applied to nations, or whole populations. Interestingly, this makes impact largely a misunderstood, or at best a poorly understood concept. This is essentially the point of concern, for epidemics and crises can be only addressed successfully, and in the shortest possible time if interventions are focused yet holistic in nature, rather than vague and one-dimensional. In short, to intervene, one needs to understand the nature of 'impact' in order to successfully address the source of the problem.

In the context of this paper, the ideological framework of 'impact' in creating a context for the need for trade unions to intervene, is largely confined to the 'economic' sphere, dealing with projected and quantifiable economic impact. Any piece of literature on HIV/AIDS needs a particular interdisciplinary approach, therefore, this chapter requires demographic data to illustrate the tangible and real impact HIV/AIDS has had and is further projected to have on the country. However, it would be misleading and inaccurate to digest the context devoid of a

consideration for those immeasurable change scenarios as induced by the trajectory of HIV/AIDS. Ironically, the HIV/AIDS pandemic and its devastating impact on workers may be the exact impetus for trade unions to re-embed their concerns as social entities, rather than exclusive workplace oriented organizations. Indeed, HIV/AIDS encapsulates larger socio-economic inequalities, for poverty does aggravate HIV/AIDS vulnerability and the ability to respond successfully to its consequences. Effectively, HIV/AIDS becomes a metaphor for the advancing of worker and socio-economic issues beyond the workplace

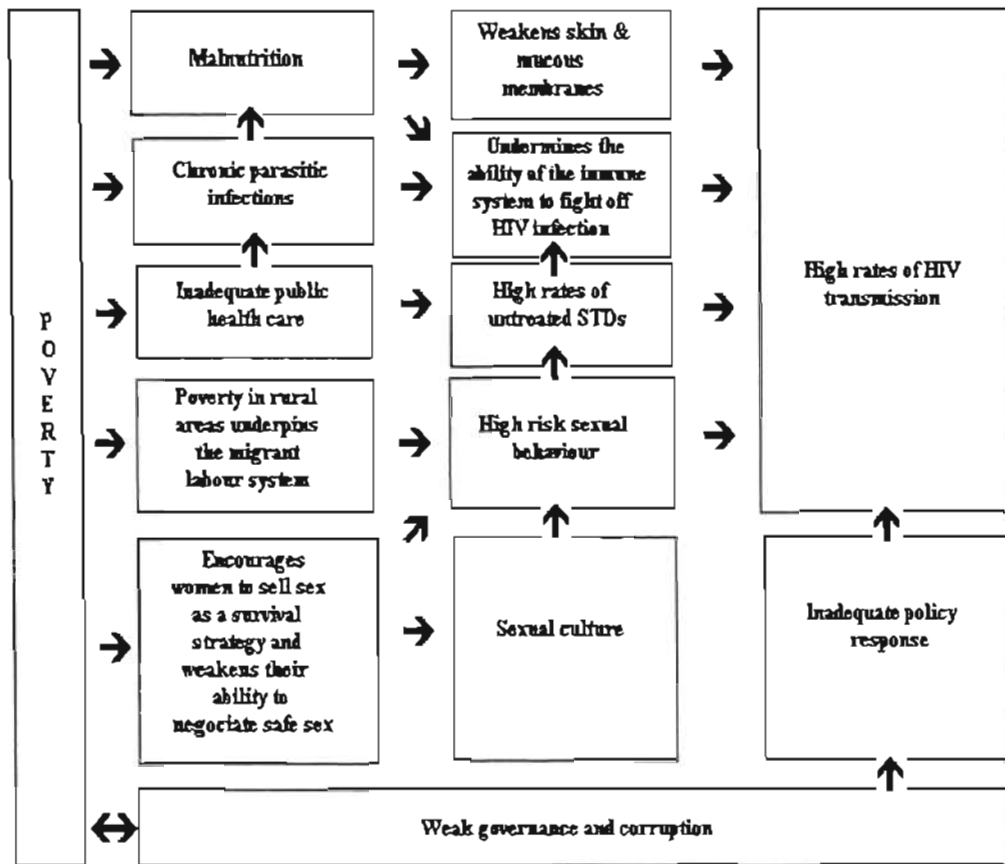
3.2.2 Projected Impact of HIV/AIDS on South Africa: Impact on Labour & Economy

The SABCOHA-Report⁶ (2004) advocates that the HIV/AIDS will induce three interconnected, domino-like effects on the economic development of South Africa: *households, business and the public sector*. In this regard, the report works on the logic that HIV infected individuals and households will experience the first repercussions of AIDS, followed by a ripple effect to businesses and indeed the macro-economy (SABCOHA, 2004). On the ground, the ordinary household affected by a HIV/AIDS patient is set to incur a range of psychological and socio-economic consequences. Not only does full blown AIDS strangle the economic arm of a household, the spread of HIV and its conversion to AIDS is perpetuated by a lack of adequate funds, access to basic healthcare and a poor living standard in comparison to those in better living environments. In effect, not only is the ideological approach of fatalism⁷ shaped by social realities, often the perceived inescapable social reality stems from an ideological position of “hopelessness”. Nattrass (2004: 33) argues similarly that rising levels of poverty in turn increase vulnerability to HIV infection, which in turn lowers growth, thus generating more poverty and vulnerability to HIV (*see figure 2*).

⁶ The Bureau of Economic Research (BER) on behalf of the South African Business Coalition on HIV/AIDS (SABCOHA) conducted a survey on the impact of HIV/AIDS on business in South Africa. The survey managed to attain the participation of 1006 companies in the manufacturing, retail, wholesale, motor trade and building & construction sectors.

⁷ According to Barnett et al. (2002: 153), fragmentation of family structures in rural and township areas, discriminatory policy against the Black population and the violence that accompanied the end of Apartheid,

Figure 2: The links between the socio-economic, biomedical and behavioural determinants of the spread of AIDS in Africa.



(Source: Nattrass, 2004: 34)

Thereupon, economists have predicted new governmental expenses, new logistical considerations for both the state and business, as unskilled and semi-skilled workers become more affected and increasingly unable to work productively. De Waal (2003, in Nattrass, 2003) argues that government is incapable of dealing with such a severe socio-economic-health crisis, such as HIV/AIDS. This is especially true if one considers the host of new services, levels of funding and institutions needed to successfully deal with the pandemic. Clinics are already overloaded, and needing rapid expansion; orphans with dubious socio-economic and poor 'socialization futures'

"combined to create a widespread philosophy of fatalism". This philosophy amidst severe socio-economic

need institutions and welfare considerations; there is a deficiency in the number of health experts and assistants dedicated to prevention and treatment programs: in short, directly addressing HIV/AIDS threatens to disable all infrastructural progress of the new administration.

Moreover, in regards to business, the SABCOHA-Report (2004) argues that business is set to incur a range of new costs, including, recruitment and re-training costs; contributions to disability and medical benefits; worker absenteeism through illness and/or compassionate leave to attend funerals or care for sick family members; lower levels of productivity; legal fees and further extra negotiating energy between management and labour.

The reference to the corporate world of business rather than the agricultural sector is important since only 7% of employment in South Africa was in subsistence and small-scale agriculture⁸ (Nattrass, 2004). It is thereupon advocated that the bulk of 'employment' is rather large scale "underemployment", i.e., "the impact of AIDS on the economic security of poor households in South Africa is thus felt primarily through declining income rather than food productions" (Nattrass, 2004: 33). Nattrass (2004) refers here to the plight of the unskilled and semi-skilled, the effective lower economic strata of South African society.

An important aspect of the pandemic is the reality that those most affected are the 20 to 40 year age group, the most economically productive years of a person's life. According to the Actuarial Society of South Africa (ASSA), 25% of adults aged between 20 and 64 are already HIV positive. According to the South African Bureau for Economic Research, by 2015, South Africa's total labour force would decrease by 21 percent, including a 16.8 percent decline in highly skilled workers, a 19.3 percent drop in skilled workers and a 22.2 percent decrease in semi-skilled and unskilled workers (Plusnews Online, 2004). Bond (2000) also argues that HIV/AIDS is killing workers and low-income consumers. However, this is the case in the context of elites adopting capital-intensive export oriented strategies. According to Nattrass (2004: 156), demand patterns may not holistically change, although 'AIDS-affected households could spend relatively less on durables *and* absolutely less on non-durables like food'. Moreover, Nattrass (2003: 157)

inequalities and poor living standards continues today and a key reason for the failure of HIV prevention programs.

⁸ According to the February 2002 Labour Force Survey (Nattrass, 2003: 33)

advocates that the impact on the pattern of consumption 'is mediated by the distribution of AIDS-affected households across the income distribution'.

While HIV/AIDS clearly does not discriminate between class or occupational status, skilled labour appears to be least affected by the pandemic. Poverty indeed perpetuates risk behaviour and the ability to deal with the consequences of the disease. In fact, most demographic models suggest the HIV prevalence is higher among the unemployed⁹. According to insurance and private sector data, Dorrington (2001, in Nattrass, 2003) advocates that only 2.5 – 3% of South Africans in the higher job strata are HIV positive. However, in the ING Barings model (2000), it is estimated that 7.2% of highly skilled workers, 12.1% of skilled workers and 14.3% of unskilled workers (Nattrass, 2004). The Bureau of Market Research (*see figure 3*), created a pilot project of HIV prevalence among adults per living standards measure (LSM). While the poorest find themselves in LSM 1, the wealthier are found in LSM 10. This project essentially attempts to categorize the disease into class terms, and as the figure illustrates, those of a lower living standard are the most affected. While this suggests that those in the lower skilled strata of the society are the most affected by HIV/AIDS, according to Zackie Achmat (2004), the ability of the middle classes to access private health care means that the impact of HIV/AIDS on this section of the society remains largely unknown¹⁰.

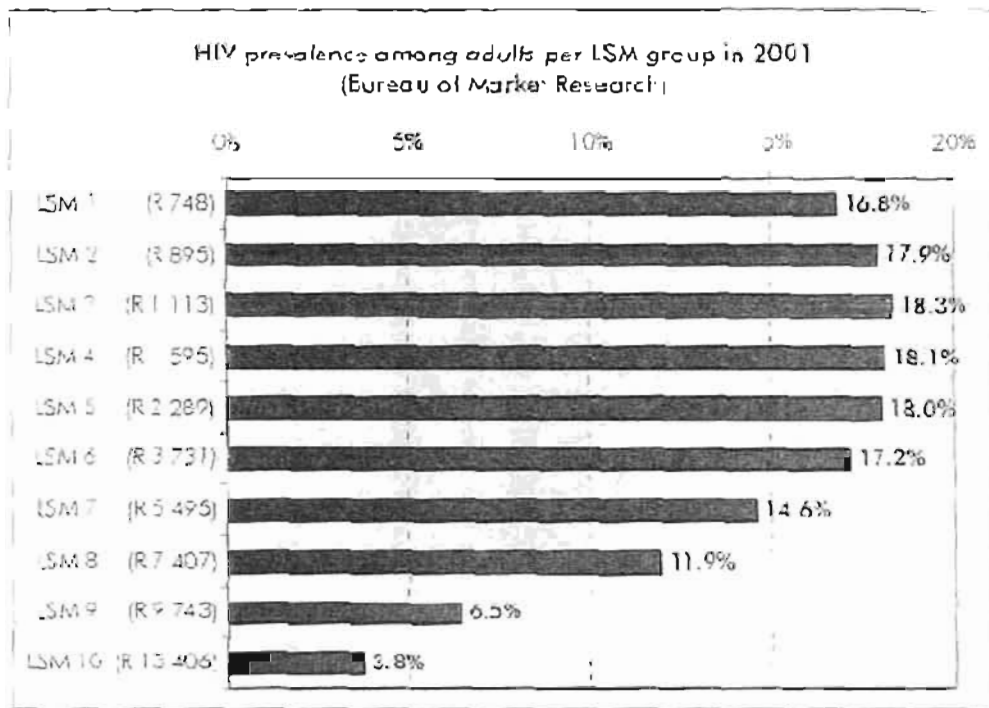
Estimates may vary, but the close link between AIDS and poverty in the epidemiology of the disease, the reality that clinics have never been so pressurised and over loaded like they are today and the fact that 600 people are said to be dying everyday is sufficient evidence for social scientists, health scientists and politicians to realize that something is distinctly altering the social demographics of South African society. To argue for lucid percentages is ludicrous, criminal and a diversion from the tragedy itself.

The SABCOHA-Report reveals that business has already experienced severe effects due to HIV/AIDS. 9% of the companies surveyed conceded that HIV/AIDS had already had a serious impact on their business, while 40% estimate experiencing a negative impact in the next five

⁹ Figures are estimated to be between 30-50% higher than those employed (Nattrass, 2003)

years. However, approximately 30% of companies surveyed indicated that there has already been an increase in absenteeism, a reduction in productivity and higher labour turnover rates. Moreover, 27% indicated that they had lost experience, and 24% reported incurring recruitment and training costs due to this pandemic.

Figure 3: HIV prevalence among adults per LSM group in 2001



Source: SABCOHA (2003: 10)

Another salient statistic is that 18% indicated that they foresee appointing extra employees in compensation for reduced productivity, increased absenteeism and mortality: essential consequences of HIV/AIDS. In measuring the impact of HIV/AIDS on the profitability aspect of the various sectors, a third of companies surveyed indicated an adverse ratio. Unsurprisingly, just 7%, including the pharmaceutical and funeral parlours indicated higher profits (SABCOHA, 2004). However, predicting the overall extent on the economy is an essentially complex task.

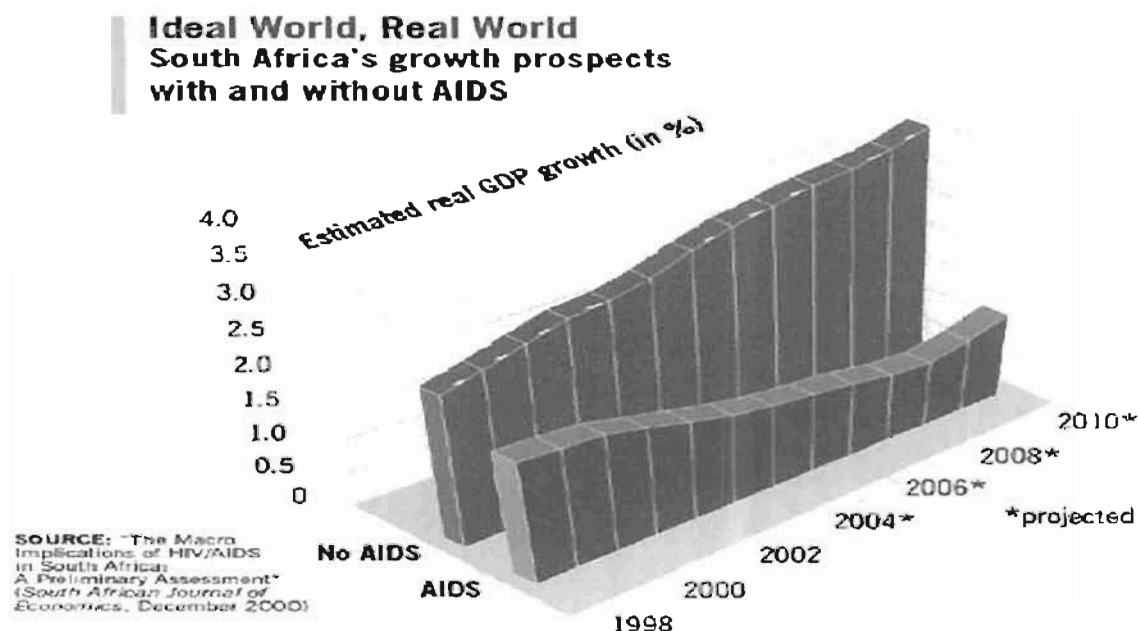
¹⁰ Access to the relevant anti-retroviral medication and good healthy living allows individuals with a positive HIV status to live normal lives, making it impossible to detect HIV status except from specific HIV test.

Predictions depend on the trajectory of the pandemic itself, “the economic consequences of the demographic, productivity and health care cost implications of the epidemic”: invariable estimations themselves (SABCOHA, 2004: 12).

Arndt et al. (2000) argue that the AIDS epidemic is expected to reduce the overall size of the economy. The consequences of such a large and ever increasing infected population will effectively reduce factors of production, investment, and productivity. In a sense, the economy may be smaller, but this would correlate with a smaller population, meaning that GDP might actually rise.

However, this perverse economic logic finds no place in South Africa, as Arndt et al. (2000) illustrate, the GDP will surely decline. By 2010, GDP per capita in the AIDS scenario will be approximately 7% lower than the non-AIDS scenario. This effectively implies that, as Arndt et al. (2000:11) explain, “survivors of the AIDS epidemic with a smaller economic ‘pie’, and more of this ‘pie’ is directed towards health and food expenditure, so that discretionary expenditures decline dramatically” (*see figure 4*).

While Arndt et al (2000) predicted that GDP growth in South Africa could reduce by almost 2%, the Bureau of Economic Research (BER), in a study conducted in 2001, estimated that the rate of GDP growth would fall an estimated 0.47% within 2002-2015 (SABCOHA, 2003), while ING Barings predicted that GDP would drop by 0.6%. The clear divergence in the estimates reveals the uncertainty of the magnitude of economic impact. However, these divergences are but arrows of different length, pointing in the same direction: that of a lower GDP and a consistent conclusion that the nature of the pandemic will upset the South African economy.

Figure 4: How economic growth in South Africa depends on the handling the AIDS issue.

Source: 'South African journal of Economics', December 2000 online under:
<http://www.globalpolicy.org/soecon/develop/aidsables.htm> [Accessed: Dec 10 2004]

The SABCOHA-Report is an essential document pertaining to any discourse on HIV/AIDS in South Africa, as it not only serves as to highlight the response of business to the pandemic, but has even more importantly, attempted to quantify real impact to the South African workplace. This refers to the impact of HIV/AIDS on productivity, production costs, sales, profits and employment issues on companies. In the context of this thesis, the SABCOHA-Report (2004: 2) provides "evidence of the impact that HIV/AIDS has on the economic bottom line, [this project] reiterates the case for further action against HIV/AIDS in the workplace and beyond". By focussing on trade unions, this thesis, in part, may be regarded as building from such a disposition, focussing on workplace response, 'and beyond'.

3.3 Role of Trade Unions towards fighting HIV/AIDS

According to the International Labour Organization, HIV/AIDS is precisely a trade union issue since workers and their families and communities are bearing the major brunt of the pandemic.

Moreover, the simple fact that HIV/AIDS is concentrated among the working age groups, with an estimated 80% of all worldwide HIV infections believed to be adults, and an estimated 26 million to be workers between 15-49 years, essentially espouses a logical need for unions to respond to the crisis (ILO online). The ILO advocates that trade unions need to inherently involve themselves in the fight against HIV/AIDS, from ensuring workplace HIV/AIDS policies, to educate and train members, to ultimately build influencing relationships with government and the community. Likewise, the International Confederation of Free Trade Unions (ICFTU) believes that unions are uniquely situated in the society, as potential entry points for education, information and rights campaigns (ICFTU online).

From the South African perspective, trade unions are intermittently salient in the fight against HIV/AIDS for workers and the larger society. HIV/AIDS is an extreme socio-economic issue that exposes a range of social and economic inequalities in South Africa. However, the disease has the further dimension of widening existing inequalities both within and between South Africa and the developed world.

The current socio-economic context is entangled within the very fabric of the HIV/AIDS pandemic in South Africa; as a factor of causation and continued perpetuation. The South African government's failure to tangibly reduce poverty, unemployment and deliver basic services since 1994 are factors that have perpetuated HIV vulnerability in the country. Indeed, South Africa's macro-economic framework, GEAR, chosen over the more redistributive oriented RDP, is a further constituent factor of causation for government incapacity to successfully deal with the disease. Of course, political will to stem the trajectory and indeed address the consequences of the disease is a highly politicised and controversial issue. However, political will has merely accentuated a failing economic policy which has achieved sluggish growth and minimal poverty reduction¹¹ (NALEDI, 2004).

While HIV/AIDS creates economic shortfalls in its wake, the existing macro-economic framework is essentially neo-liberal, geared towards business, increasing exports, and attracting

¹¹ It is beyond the scope of this thesis to offer a comprehensive critique of South Africa's macro-economic policy and its linkages to the HIV/AIDS pandemic. My ambition here is to acknowledge the political economy that firstly places the disease into context, and secondly, to advance my argument that HIV/AIDS forms part of a larger struggle against socio-economic inequalities.

foreign investment in achieving redistribution rather than redistribution through more state controlled systems (NALEDI, 2004). This has meant that inequalities espoused by apartheid, have largely remained unresolved. To put this into perspective, in 1993, the richest 10% of the population received 47.3% of the total income, whereas the poorest 40% had a mere access to 9.1% of the share (Barnett et al., 2002). According to the World Development Index of the World Bank, in 2002, the richest 20% still held 64.8% of total income, while the lowest 20% had access to only 2.9% total income (WDI, 2004).

While the economic framework has seen improvement in the areas of fiscal restraint, inflation control, tariff reductions in aiming to correct the imbalances of the Apartheid era, such ambitions have come at the cost of slower poverty alleviation programs and delivery of essential services (NALEDI, 2004). It is thus unsurprising that the late 1990s have seen a rejuvenation of protest politics in the country. In effect, social movements have taken the lead in challenging government policies even though COSATU has led anti-GEAR and anti-privatization strikes. The context for community struggles in the form of the anti-privatization forum and anti-eviction campaign was clearly created through the failures of economic governance. This has also seen the rise of un-unionized groupings, organizing themselves as part of broader community struggles, evictions, cut-offs and deepening economic marginalization of a variety of groups in South African society (Sitas, 2001)

The HIV/AIDS struggle, as a metaphor for larger socio-economic issues, requires trade union organization and mobilization. To clarify my position further, according to NALEDI (2004), South African workers in March 2003 totalled an estimated 11.6 million. Of this figure, 7.3 million were employed in the formal sector. As *table 1* illustrates, in 2003, 32% of the formal sector (excluding agriculture) were unionized, of which COSATU can account for organizing almost half. Putting this into context, COSATU organizes almost 1.8 million workers out of an economically active population of 7.3 million in the formal sector. And as the table below illustrates, union membership has dropped over the last two years, due to labour market changes as imposed by restructured workplaces.

Table 1: Unionization Rates in South Africa

Category	1997	2002	2003
Total formal sector excluding agriculture	36%	35%	32%
Total formal sector	30%	28%	26%
Total public sector	43%	61%	60%

Note: Figures for employment by sector generally do not include the informal sector, which is estimated to have a unionization rate of 5%.

Source: COSATU 8th Congress Organisational Review. Original source for private sector figures: StatsSA Survey of Employment and Earnings

(Source: NALEDI, 2004: 17)

Trade unions are thus in an unequivocal position to advance the needs of workers, and as representatives of such a large percentage of the economically active population, they have the capacity to resist and institute tangible reform to government policy. Moreover, they are uniquely placed as formal institutions with firm grassroots organization, to address issues facing the working class as well as those outside the formal definitions of employment and unionization. Trade unions have a distinctly important role in addressing HIV/AIDS in the workplace, and even more importantly, the HIV/AIDS pandemic needs to be seen as part of larger socio-economic struggles and inequalities in South Africa. The theoretically close relationship with the ground means that unions should be the first and most prominently aware of the poverty-AIDS continuum that continues to perpetuate the spread of AIDS and hinders the success of intervention programs.

Nattrass (2004: 34) presents the dilemma continuum:

1. Poverty contributes to the spread of AIDS
2. AIDS treatment and prevention programs are more effective when people are well nourished

Therefore, poverty alleviation is a precondition for combating AIDS. But:

3. AIDS undermines productivity and economic growth (illustrated in FIGURE 4)
4. Economic growth is necessary for sustainable poverty alleviation.

Therefore: addressing AIDS is a precondition for addressing poverty.

According to this continuum, addressing the pandemic requires the systemic advancing of basic living standards for the South African majority. This invariably implicates government, business and civil society responsibility towards institutionalizing and acting out a holistic and multi-sectoral approach. However, in the context of this thesis, it is yet another reason for trade unions

to become more aligned with essential living rights organizations, black empowerment initiatives, anti-privatization, and the basic income grant (BIG) movement as part of a larger struggle against HIV/AIDS and poverty in South Africa. The HIV/AIDS pandemic is the impetus for unions to re-emerge as activists and critics on the nature of current social reality.

Chapter 4: Trade Union Response to HIV/AIDS:

Case Study of NUMSA

4.1 General COSATU Response to HIV/AIDS pandemic

Literature pertaining to COSATU's involvement in the fight against HIV/AIDS in the workplace as a point of departure, and against the disease *per se* is as disjointed as their overall approach to the pandemic itself. The knowledge economy has bequeathed a fertile terrain for research, critique and recommendations for government, business and larger civil society response to HIV/AIDS in South Africa. Trade unions fall somewhat outside this circle. Firstly, trade unions are merely listed in most recommendations as important sites of activism, education and as mentioned, "entry points" into the lower economic classes (ILO online) Secondly, the only information available either articulates vague policies or desired programs of action, rather than completed programs or assessment. Moreover, existing working plans cannot be wholly attributed as a union response, for these are by and large specific cases of multinational companies aligning trade unions to address HIV/AIDS in their own workplaces (for example: NUMSA and DCSA; NUMSA and Ford SA). As reported by CADRE (2002: 97), while HIV/AIDS is taking a huge emotional toll on educators, occupational health practitioners, H.R. personnel and trade union representatives, "there appears to be no available literature on the provision and type of support, if any, afforded them".

In this regard, COSATU's response to the pandemic has been a stop-start approach, acknowledging the seriousness of the disease in institutionalized forums such as NEDLAC and ensuring the advancement of worker rights in the context of HIV/AIDS through protective labour legislation, yet overtly submissive in the overall advancement of HIV/AIDS as a larger political and socio-economic priority. This is not to undermine the importance of protective labour legislation, for, even with the Employment Equity Act (EEA) spelling out explicit protection for HIV positive employees, distinct discrimination and breach of confidentiality are a daily occurrence in South Africa's workplaces. (Meeson, 2000). However, according to Mark Heywood of the TAC (in Meeson, 2000: 48), there is large-scale ignorance over the protection offered by South Africa's labour legislation that "needs to be addressed by Labour as a matter of urgency".

The ambivalent and confusing stance by COSATU may be enhanced if one considers that COSATU passed a set of resolutions on HIV/AIDS as early as 1989. The resolutions acknowledge HIV/AIDS as a serious disease, needing urgent preventive and educative measures, including extensive awareness campaigns, a need to attend to particular contexts¹² that perpetuate the spread of the disease, and to work against the unfair discrimination of affected workers [see Appendix 1]. However, this apparent concern for a new killer disease, failed to accumulate the necessary momentum for COSATU to fully formulate an action plan or promote it as a key priority area through the early to mid 1990s. It is sheer irony that under such socio-political turmoil, COSATU was able to recognize a looming crisis – clearly in its elementary stages, yet only managed to release a draft working policy 10 years later, in comparably comfortable circumstances. The final draft was released only in 2002 (COSATU, 2002).

Further, it is difficult to trace COSATU's activity during the 1990s. While there has been a multitude of press releases, speeches and memorandums vowing commitment to effectively fight the disease, criticizing government policy and indeed the more traditional jibe at capitalism's nexus with the spread of HIV/AIDS – there are hardly any follow-up reports of tangible *work done* as opposed to *work planned*. Alignment with the TAC for example, was more of an ideological alliance than a tangibly flexible and unconditional partnership towards the given cause (Vlok, 2000; Madisha, 2001; Craven, 2003). Literature reveals their relationship to be limited to *work planned*, illustrating a largely unnatural and explicitly uncomfortable union between a blatant movement against government's HIV/AIDS policy, and a government ally (Vlok, 2000; Madisha, 2001; Aroun, 2003; Craven, 2003).

However, COSATU was resiliently aware of the possible unfair discriminatory practices that would emerge with the advent of HIV positive workers, thus the engines of this organization pushed the advancement of worker rights in light of HIV/AIDS through NEDLAC fora (SABCOHA, 2004). Meanwhile COSATU, like community groups, NGOs, the private sector and government, followed generally approved protocol of encouraging prevention, in the form of safe sex and monogamy, since treatment or a cure was unavailable.

¹² The context mentioned in the resolutions were migrant labour workers, forced removals and the state of emergency that had been declared by the Apartheid government at the time (see Appendix A).

The year 1999 saw COSATU take their first major steps towards showing urgency towards fighting the HIV/AIDS pandemic. All three trade unions federations, COSATU, FEDUSA and NACTU signed a declaration, pledging commitment to fight HIV/AIDS.

A section of the preamble:

It is now clear that awareness-raising and condom distribution, though important, are not enough. This requires a new approach and strategy; therefore, labour will confront the HIV/AIDS epidemic with the same tools of the struggle: tenacity, vigor and militancy

(The Shopsteward, 1999a).

It was a commitment to step-up trade union intensity against the HIV/AIDS pandemic, including the call for unions to both adopt and implement HIV/AIDS programs by the end of 2000, as well as campaign for an HIV/AIDS policy in every workplace. It further committed the union movement to the holistic struggle for progressive legislation and policy for treatment access (The Shopsteward, 1999a), including the alignment with “treatment access campaigns”.

The second half of 1999 saw COSATU involved in a vast conglomeration of declarations, pledges and commitments. Firstly, COSATU once again signed a declaration pledging to support all effective interventions against the disease at the COSATU special congress (Pekane, 2000). This was followed by COSATU adopting a program of action, in which COSATU published 100,000 HIV/AIDS booklets for shop stewards across the country. Other aspects of this action plan included, offering basic training for COSATU shop stewards and instruction for COSATU affiliates to conduct additional internal training on information related to the pandemic. According to Pekane (2000), COSATU held an awareness week in 1999, which included working with the Department of Health in distributing condoms and information. COSATU committed itself to repeat the awareness week once more in 2000, as well as to ensure that concepts of prevention, from condoms to information became readily available at all COSATU affiliated union offices and workplaces (Pekane, 2000). At the end of 1999, COSATU adopted the aforementioned draft work place policy, exactly 10 years after passing their first HIV/AIDS resolutions.

COSATU's attitude towards the pandemic in 1999 looked promising. However, these commitments and pledges remained largely theatrical voices of optimism, lacking tangible commitment and follow through. One of the major stumbling blocks was their draft HIV/AIDS policy. In essence the policy is a seven page elaboration of their 1989 resolution, complete with aims, recommendations for their members and the business community, reminders of protective labour legislation, and acknowledgements of the HIV/AIDS situation in South Africa. The framework primarily focuses on preventing workplace discrimination and creating the necessary spaces for HIV/AIDS awareness and education. While the ambitions are clear, mechanisms and plans for implementation and feedback are not included.

The policy is therefore a rearguard attempt to categorically normalize the working environment and ensure that workers do not suffer discrimination due to their HIV positive status. In essence, it is a workplace based policy, aimed at COSATU's members as a reiteration of their rights and an implicit reminder to business of their legal responsibilities. The policy may be read largely as a deflection of responsibility from state to business, especially in regards to the suggestion that business enhance employee medical benefits towards the ultimate goal of providing anti-retroviral treatment to HIV positive employees (COSATU, 2002). While COSATU raises a range of concerns for the working class, the policy is limited to ideas pertaining to reducing discrimination rather than building towards the larger fight, making it sordidly exclusive and clearly unimaginative. That the final draft was released in 2002, with a mere elaboration of the disease's growth within the country, an inconsequential statistical update and a summary of the legal protection of workers, is indicative of COSATU's sparing footsteps towards seriously addressing the disease. In short, the document was long overdue, offered nothing tangibly new to members and demonstrated to both government and employers that unions had yet to take urgent heed of the issue. There has been a significant number of discussions, forums, and proposals, but very little translation of these into practice.

Indeed, COSATU's response as a federation of 30 trade unions has been slow, disjointed and ineffective. Each of COSATU's affiliates have responded on varying levels of intensity to the pandemic depending on firstly, the level of HIV/AIDS infection within the particular union sector; secondly, the orientation of leadership within the affiliate itself and thirdly, the size and

capacity of the trade union to respond effectively. In fact, those trade unions organizing in sectors affected the most (by HIV/AIDS) have not been necessarily more active in responding to HIV/AIDS. Theo Steele, COSATU's campaigns coordinator conceded that COSATU was aware of the differing levels of response and participation of its affiliates and that an active and balanced coordination was indubitably a necessary component of a meaningful program (Vlok, 2000). Steele admitted that by the year 2000 the most active unions were NUM, SATAWU, NEHAWU and SACTWU¹³. Meanwhile, there lacked serious infrastructural and logistical problems with the outreach of programs and intervention into all areas and spaces (Vlok, 2000).

As will be discussed later in the chapter, NUMSA, in an assessment of their HIV/AIDS policy, found that there had been "some progress in big companies...but small companies continue to provide no protection for their workers" (Grice, 2004). The SABCOHA report found that 92% of all large companies had implemented an HIV/AIDS program, while just 64% of medium sized companies and 13% of small companies had implemented the same (SABCOHA, 2004). However, in total, just 26% of all companies in South Africa have a workable HIV/AIDS program (SABCOHA, 2004). This is a tell-tale sign of union inactivity in the smaller workplaces, and this is especially important since large companies merely make up a fraction of all companies in South Africa.

This is far cry from the resolutions and commitments spelt out by COSATU in 1999, especially since the SABCOHA survey was conducted in 2003, and less than a quarter of goals set out in 2000 were achieved. While SATAWU has been regarded to have one of the better HIV/AIDS programs, according to the Gender co-ordinator of SATAWU, Dolly Mlotshwa, in a report in the SA Labour Bulletin (SALB) (2000) articulated frustration with the lack of organization and action in regards to the union's response to HIV/AIDS. SATAWU represents almost 102,000 mostly male workers from the trucking and shipping sectors, one of the higher risk sectors, yet Mlotshwa (SALB, 2000: 50), argues that "the issue (HIV/AIDS) was just lying around...It was pushed to the gender desk and we have agreed to take it on temporarily, but we are not happy about the decision". Mlotshwa (SALB, 2000: 50) adds "that men in SATAWU leadership have

¹³ NUM – National Union of Mineworkers; SATAWU – South African Transportation and Allied Workers Union; NEHAWU – National Education Health and Allied Workers Union; SACTWU – South African Clothing and Textile

failed to understand the crisis and the union has not developed a strategy, tactics or a budget for HIV/AIDS work". The Deputy General Secretary of SATAWU, Johnson Gumede (SALB, 2000: 50) conceded the accuracy of the allegations, however assured the SALB that "the new secretariat is trying to bring the sectors together and within the next few weeks the national office bearers of the union will be presenting a draft plan of action". These statements were published in the SALB in August 2000. SATAWU released their HIV/AIDS plan in November 2001. SATAWU's lack of urgency in the transport sector, the most affected sector behind the mining sector, depicts the malaise of overall trade union response. Trade unions have, not unlike the South African government, have perpetually passed the onus to act and implement to "someone else". Both labour and government have deflected the responsibility to act and intervene effectively, to business and civil society. Trade unions however, have averted their responsibilities on a larger scale. Moreover, unlike government; passing on the *lantern* has also involved internal squabbling. The case of the gender portfolio given responsibility to carry out the HIV/AIDS program is a common occurrence. In fact, according to Heywood (in Meeson, 2000) women in union structures often complain that they are expected to bear responsibility to implement both gender and HIV/AIDS programs even before they are created. Heywood (in Meeson, 2000: 48) concludes that even though progressive policy might exist, "leadership falls short on implementation".

Since 2000, NUM and SACTWU have remained the most active unions in regards to addressing HIV. Firstly, the mining sector is the most affected sector in South Africa, translating into NUM, being the most affected union. Moreover, the mining sector experienced the first set of HIV positive worker discrimination, when 300 migrant workers were sent back to Malawi in 1990, after being diagnosed with the disease (Seripe, 1990). This sharpened NUM's HIV/AIDS sensitivity and consciousness, and has spearheaded the union to an irrepressible position as the most active COSATU union. The other active union SACTWU makes a unique case as well. While men shied away from dealing with the disease in other COSATU affiliates, SACTWU, with a majority female constituency, recognized the gender dimension of HIV/AIDS and their key position to disseminate information, educate, offer counseling and empower their members. Their initiative and dedication to fight against the disease means they have turned their program

into one of the most creative and effective interventions in the country (Heywood, 2000; Pekane, 2000). Yet, out of thirty affiliates, NUM and SACTWU cases are clear exceptions.

Even COSATU's publication, *The Shopsteward* (1999b) pointed out:

Up to now the labour movement has hardly done anything on this issue. [The] *Shopsteward* asked affiliates to report on their HIV education and training programs. Only SAMWU and SADTU responded...The cold hard truth is that COSATU members are dying. And it's time the labour movement took this up as the political struggle which it is.

4.1.1 COSATU and the TAC

Vlok (2000) reports that NACTU were the first federation to align with the TAC to fight for treatment access in the public sector. COSATU officially joined TAC in the year 2000, despite some of its affiliates having joined earlier. In fact, according to Vlok (2000), COSATU's involvement with TAC emerged only when the federation found the impetus through its newly appointed health, safety and HIV/AIDS policy coordinator.

COSATU 2nd Vice President, Joyce Pekane (2000):

We have committed ourselves to campaign for HIV prevention, care and treatment with the same determination and energy with which we fight many other working class struggles. COSATU has also committed to work in partnership with other trade unions, government, business and organs of civil society in the fight against the disease"

Pekane (2000) moreover justified COSATU's support for the TAC in the following way, "we believe that treatment cannot be separated from prevention programs". And while this activist stance has been officially adopted by COSATU, tangible support under the most controversial or during TAC's most intense treatment campaigns have not been forthcoming from COSATU. In every sense, the treatment campaign has been the most illustrative example of COSATU's indecision and failed support for the TAC and in effect their HIV positive members.

At a TAC rally in 2001, COSATU President Willie Madisha pointed out that it was rather regrettable that government had failed to show urgency in regards to dealing with the pandemic

(Madisha, 2001). Madisha stated that an urgent call to government for serious action was warranted as well as the need to engage government in a constructive spirit.

COSATU President Willie Madisha (2001):

This is one of the commitments that COSATU would like to make to pursue the matter further...the second commitment is to double our efforts and indeed become activists in the true sense of the word. I realize that COSATU was not as active in taking up the HIV/AIDS issues. This commitment is informed by the fact that HIV/AIDS affects the poor and the working class mostly.

COSATU forwarded HIV/AIDS concerns as early as 1988, yet, through the transition of the country, lost their focus and in 1999, a resurgent zeal came forth. However, many of the ambitions of 1999 have yet to be followed up on. Madisha's (2001) statements were powerful back in 2001, but when TAC took government to court shortly after this rally and when the TAC declared its civil disobedience campaign in early 2003, in order to shift government policy over treatment, COSATU were not to be found. Anti-AIDS and anti-retroviral treatment is the arguably one of the most pressing issue concerning HIV/AIDS in South Africa. It is also one of the only arenas in which the state has the most control in leveling AIDS-related deaths in the country. Behaviour, prevention and attitudes are important yet difficult arenas to quantify progress and influence; treatment is therefore part of the solution. Yet COSATU has only offered ideological support and encouragement.

4.2 Case Study: NUMSA

4.2.1 Brief Background

NUMSA was formed in 1987, with the merging of five different unions in the engineering, motor, auto and tyre industries. Some of these unions had formed in the 1960s and 70s, creating a platform for a huge amalgamation of histories, traditions and militancy when NUMSA was formed. (NUMSA, 2004). NUMSA started off as one of the larger affiliates of COSATU, and remains the biggest trade union in the sectors it primarily organizes in. While NUMSA organizers comprise of primarily metal workers, the type of work in which NUMSA operates overlaps with numerous others, including manufacturing.

The history of NUMSA goes beyond its formation in 1987, to the mid seventies, which saw the formation of MAWU¹⁴ and NAAWU (both in 1974). MAWU was intensely involved in the liberation struggle at its height, in the 1980s, through severe industrial campaigning and community stay-aways (involving workers, students and township residents) (Ruiters, 1995 in Bramble, 2003).

It is von Holdt's (2004) contention that the influence of unions was not one-dimensional. Activists adopted strategies that mirrored those that youth and township militants employed to "make apartheid unworkable". Workers were said to have resolved to a campaign of "ungovernability" in the workplace.

From inception, NUMSA has been one of the more independently minded unions than most COSATU affiliates, especially in regards to its relationship with the ANC. Bramble (2003) argues that the union remains split ideologically today, between those in support of the ANC alignment and those forwarding a more socialist alternative. In fact, most debate continues to revolve around the alliance and loyalty thereof.

Following the state of emergency in the late 1980s, NUMSA as part of COSATU mobilized millions behind the Mass Democratic Movement. Moreover, into the early 1990s, NUMSA played an essential part in combating state sponsored township violence in the East Rand.

According to Baskin (1991 in Bramble, 2003), while NUMSA endorsed the freedom charter¹⁵ in 1987, at COSATU's 2nd National Congress later in 1997, NUMSA argued for a "Workers' Charter", in advancing more explicit socialism into the freedom charter. Moreover, in 1993, NUMSA succeeded in winning a vote to withdraw from the alliance, but this was overturned at the next congress in 1996. NUMSA has been consistently one of the most vocal critics of government's economic policy, most notably GEAR. The inter-pool of human resources brought NUMSA to argue vehemently against COSATU deploying any of its leaders for the 1999

¹⁴ MAWU- Metal and Allied Workers Union; NAAWU - National Automobile and Allied Workers Union.

General Election, while in 2000, the union remained most critical of Government's Labour Council, which aimed to reduce union input to mere discussions (Bramble, 2003).

Bramble (2003) argues that while NUMSA has maintained a resilient interest in non-workplace issues in the South African context, their programs and effective organization in this department has most definitely waned since the democratization of the country. Bramble (2003) mentions a consistent stance against the HIV/AIDS pandemic and strong criticism of government redistribution and privatization programs has characterized NUMSA's transition. Ironically, as will be pointed out later in this chapter, not only has NUMSA failed to construe a consistent position towards HIV/AIDS, their critique of government HIV/AIDS policy is largely illustrative of their dubiously perplexed position on all major socio-economic struggles: voices without action.

My interest in NUMSA in regards to their response to HIV/AIDS, as briefly described in Chapter One, is precisely based on their history as 'the more independent' trade union affiliate. However, NUMSA's response has been as disjointed as COSATU's, and most of its affiliate unions. NUMSA has a history of focusing on worker lives outside the workplace, with a distinct preference towards worker solidarity through reducing their engagement with the political administration. Therefore, their reasons for a poorly effected response with the nexus between their perceived inability to respond and the disabling nature of their political relationship with the ANC is more pertinent to investigate for the purpose of this study. NUMSA has always been more difficult to engage and 'coerce' into the framework of COSATU's alignment within the tripartite alliance. By focusing on a strong independent movement rooted in 'movement', and their ability to advance larger societal interests, as opposed to a smaller, insignificant affiliate with a relatively arbitrary influence in the liberation struggle, makes this study incessantly constructive. In short, if NUMSA's foundations have been shaken and the framework altered as one of the more resilient resisters to co-option, it is largely indicative of changing forces within the larger trade union movement itself.

¹⁵ The freedom Charter was adopted in 1955. "It sketched out in clear terms the central objective of the national democratic struggle. It called for a South Africa which is united in its composition, democratic in its character, non-

4.2.2. Challenges facing NUMSA today

There have been unsolicited changes in the auto and motor labour market, including a rising demand for skilled and core workers as technology undermines the need for unskilled and semi-skilled labour. Naidoo (1999, in Tingo, 2002) argues that although overall trade union membership has grown, the manufacturing sector has experienced severe pressure as companies embarked on restructuring programs. This has resulted in massive job losses and conversion to flexible labour resulting in a consistent fall in NUMSA membership (*see table 2*). One of the biggest workplace issues faced by NUMSA, therefore, has been the sudden movement towards shift-work, part-time, casual and temporary employment. Organizing these atypical forms of workers is difficult and problematic. As flexibility increases, involving atypical workers, worker security has decreased. Buhlungu (1999, in Tingo, 2002) advocates that there seems to be a direct causal relationship between work restructuring and flexibility, in any dimension, and unemployment and underemployment.

Table 2: NUMSA Membership 1991-1999

1991	1993	1994	1995	1996	1997	1998	1999
220,000	180,000	169,598	185,750	182,592	177,845	173,754	169,258

Source: Naidoo (1999: 9, in Tingo, 2002: 82)

The neo-liberal experience involving mass job losses and increased worker insecurity through pending retrenchments, shifts in labour processes and the reliance on labour flexibility are invariably linked to the 'new world order' and South Africa's adoption of a neo-liberal economic framework. Other challenges include health and safety issues and their implementation in a daring industry, as well as continued discriminatory practises within the workplace. For the successful implementation of progressive labour legislation remains a bureaucratic and emotional challenge. Another issue cited by NUMSA (2004b), is the continued existence of workers, especially in the motor retail, metal and engineering sectors that are grossly underpaid. Moreover, in an attempt to increase member's wages, a 5-grade structure was introduced in the auto, component and tyre industries. However, the motor retail and metal and engineering sectors, have still not implemented this grading structure (NUMSA, 2004b). However, there is no other

racial in its political complexion and prosperous in its socio-economic objective" (Mbeki, 1995)

challenge as large as job losses for a trade union, as this translates into loss of members and ultimately, weakening union strength.

HIV/AIDS threatens to alter the demographics of South African society, upsetting primarily populations in the lower economic eons of the society: those either unemployed temporarily employed or employed in unskilled or semi-skilled work. Effectively, populations within the realm of union organization and mobilization are those affected the most, which gives unions a direct stake in the issue. In regards to NUMSA, between 20% and 40% of workers in the South African motor manufacturing sector are estimated to be HIV positive according to Neil Burton, a motor industry business analyst. According to Burton (2003), "South Africa is the world-class manufacturing nation with the most serious HIV/AIDS infections".

While it is clear that estimates are contentious and debatable, the SABCOHA report does indicate, based on reports of absenteeism and lower productivity, that the manufacturing sector was effected most, while the retailers the least¹⁶. The impact of HIV/AIDS on the building and construction, motor trade and wholesale sectors rated somewhere between that of high-risk manufacturing and lower-risk retail sectors. This means that NUMSA organizes an arena between middle to high risk, automatically granting HIV/AIDS priority status.

As may be conclusively deduced, NUMSA faces a collage of external (workplace restructuring, flexible labour, tariff laws) and internal challenges (loss of members, loss of key leaders, HIV/AIDS). Interestingly, while HIV/AIDS is statistically one challenge among many others, it is the only factor that had the potential to alter the nature of both external and internal challenges. In this, granted the insecurity of capital logic, and a rapidly diversifying HIV/AIDS pandemic in the country, not only does the disease threaten future investment and job growth: the disease threatens to decimate the working class. In effect, HIV/AIDS is as serious an issue for NUMSA, as job losses.

4.2.3 NUMSA's Response to HIV/AIDS

In 1988, NUMSA, along with six other unions, employed the services of four industrial health units around the country in an attempt to introduce AIDS education across to their membership

¹⁶ The SABCOHA report did not cover the mining and agricultural sectors in their survey.

(Seriepe, 1990). The plan was meant to effectively embed unions into acknowledging a looming crisis through awareness and workshop campaigns. Subsequent progress was made in 1991, when COSATU held a three day AIDS conference in July 1991 and soon enough, NUMSA passed a resolution, as part of larger health resolutions (NUMSA, 1991).

NUMSA RESOLUTIONS ON HIV/AIDS (1991):

1. COSATU should be encouraged to deal with:
 1. An intensive education project on AIDS to be carried out in the unions
 2. Contacts to be made with people who can counsel our members affected by AIDS or who are HIV positive
 3. The development of guidelines and their negotiation, for AIDS or HIV positives, so as to prevent victimisation in the workplace.
 4. Investigation into how health care will be provided to AIDS victims.
2. NUMSA carry out the following:
 1. The Education Department continue an active education campaign on AIDS.
 2. The Organising and Collective Bargaining Department begin negotiations with companies on the issue of AIDS education in companies.

(Source: NUMSA, 1991).

NUMSA's resolution in 1991, although admittedly produced after COSATU's initial resolution, was far more constructive, objective driven and far more specific, showing remarkable promise as a document of seriousness and urgency. The document is especially impressive for its time, if one firstly considers the lack of HIV/AIDS coverage in public discourse back in 1991, and secondly, if one considers the particular socio-political climate in South Africa at the time. However, between 1991 and 1995, NUMSA, not unlike COSATU, failed to release any new resolutions, as unions immersed their energies into the RDP, campaigning for the ANC, formulating a new constitution and reconfiguring their role as trade unionists (Heywood, 2000). Seriepe (1990), as early as 1990, argued that union initiatives were initially promising, yet narrowly positioned towards the workers' rights and awareness. In fact, from 1991, NUMSA's

response to HIV/AIDS is punctuated with inconsistency, resolutions without practice, promises without delivery, and a tendency to be diabolically vague.

In 1995, the Gender section of NUMSA experienced a number of changes, and part of this process of minor restructuring, was an acknowledgement that new laws preventing discrimination in the workplace on the basis of HIV/AIDS were due to be approved (NUMSA, 1995). NUMSA, along with COSATU, were hence involved through NEDLAC, and other forums, with the advancement of protective measures for HIV positive workers¹⁷.

The basic impression of the HIV/AIDS resolutions passed by NUMSA in 1996 appears as if, having focused on government and their consolidation as a union within the alliance, NUMSA leadership suddenly realized they had ignored a looming catastrophe, and launched a resurgent interest into the issue. Resolutions passed, state a need for urgent awareness programs, government intervention and the need to find a cure (NUMSA, 1996). However the document is vague, without objectives and indicates a desperate attempt to restart HIV/AIDS awareness campaigns throughout the union structures. There is no mention of preventative measures, such as encouraging safe behaviour. Instead, there are calls to develop *AIDS awareness*, geared perhaps to the leadership itself.

Between 1991 and 2000, there were less than five articles published in both NUMSA News and NUMSA's *Bulletin*¹⁸ pertaining to HIV/AIDS. These publications, along with posters, banners and pamphlets, printed in both English and the local language of the particular region, are one of the most educative tools within any trade union. While NUMSA effectively endorsed addressing the pandemic officially, their record over the 1990s illustrates how intangible their endorsement really was. Interestingly, unions were outwardly committed to ensuring equality in the

¹⁷ The LRA, No.66 (1995) does not stipulate rightful practice in the specific reference to HIV/AIDS; however, dismissal on the grounds of HIV positive status is likely to be found unfair as per section 187 of the LRA. However, if the employee is dismissed for incapacity, provided certain outlined steps are followed, this might be upheld by law (Heywood, 2001 in George, 2002) The Employment Equity Act (EEA), No. 55 is particularly relevant since it is the only act that refers specifically to HIV/AIDS, and is effectively the most important reference point of HIV/AIDS in the workplace (Smart, 2001 in George, 2002). However the EEA was only passed in 1998.

¹⁸ *NUMSA News* is geared for their general membership and published six times a year and *NUMSA Bulletin* is published three times a year and geared especially for their shop stewards. The former publication focuses on work related issues but aims to articulate issues pertaining to workers and their communities, while *NUMSA Bulletin* contains longer, more analytical discussion for an advanced readership.

workplace, yet the EEA was only passed in 1998 (SABCOHA, 2004), and NUMSA had effectively done nothing in the meantime to educate their membership of the virus. Surely it would have made perfect strategic sense to launch HIV/AIDS awareness campaigns in the workplace, advance the very difficult process of altering mental models and attitudes to the pandemic – that would have naturally lead to education and easier understanding of the protective labour legislation when they eventually did come into being? However, NUMSA merely passed resolutions, pledges and commitments and entered dialogue with government and business over explicit legislation. The resultant schism, best intentions granted, between leadership and grass roots membership is plain to envision, for during the mid nineties, NUMSA's membership were left essentially in the dark in regards to the issue.

According to Heywood (2000, in Chetty, 2002), this period saw a general half-hearted response from the vast majority of all major actors, including the private and public sector, and the labour movement. It may be easy to envision business' initial disregard, especially smaller businesses, due to the perceived unlimited supply of semi and unskilled labour, and indeed business' natural tendency to focus on profit making expenditures over all else. However, understanding trade unions' response in the face of it being a moral as well an issue of self-preservation is simply staggering.

In 2000, NUMSA released an amendment to their official organizational stance on HIV/AIDS, which is an elaboration of all preceding resolutions. NUMSA, in this document enters a new level of discourse on their HIV/AIDS response, recommending a more vigilant approach from government, unions and the private sector. However, the resolutions are framed as recommendations on how to best tackle the pandemic in South Africa, rather than NUMSA's planned activities. In essence, the resolutions published by NUMSA are a range of ideological positions of how the state and business should be responding to the disease. COSATU and NUMSA's role is limited to awareness. There is not an iota of *being in control* or the desire *to be in charge* of serious HIV/AIDS interventions. With the advent of treatment options, and of course the TAC, NUMSA mentions the importance of medication to prevent mother to child transmission of HIV/AIDS, and the need for lower costs. However, this responsibility has been deferred to business and government (NUMSA, 2000). In fact there is a feel of an acceptance to perform a peripheral role in the country's larger assault on the disease.

Ford South Africa (SA) and Daimler Chrysler South Africa (DCSA) were the first companies to develop HIV/AIDS policies and programs and work constructively with NUMSA. Both DCSA and Ford SA created a task team in 2000 to re-engineer an effective working policy¹⁹. George (2002) argues that initiatives were triggered by firstly the tumultuous trajectory of the pandemic and secondly, COSATU's plea to big business to become more active in addressing HIV/AIDS. Both FORD SA and DCSA set up a steering committee, involving the major stakeholders, including representatives from NUMSA, various levels of senior management, the human resource department as well as public affairs. Interestingly, both companies implemented their workplace program in 2000, implemented safe sex campaigns including the distribution of condoms; coordinated intensive peer educator programs; and at FORD SA, at least once a month, an AIDS-related discussion is opened to the floor (Bloch, 2000).

Similarly, since 2000, DCSA designed a strategy to make their employees aware of HIV/AIDS as much as they could. DCSA worked closely with NUMSA, following both NUMSA and COSATU's policy in executing their workplace programs, including training 20 NUMSA shop stewards in HIV/AIDS program initiatives, and as peer educators (George, 2002). The results of these interventions, according to Bloch (2000), have been a translation of information, counseling and awareness packages to the broader community from which most of the workers are derived. This includes shop stewards, trained as peer educators visiting the community and rallying at AIDS events (Bloch, 2000, George, 2002). Not only have such endeavours been a success so far in that it has assisted in reproaching existing models of stigma denial, but also, it has been irrepressibly great PR²⁰ for Ford SA and DCSA, and indeed NUMSA.

However, NUMSA only released their final working policy on HIV/AIDS in 2002. Corresponding to the release of its HIV/AIDS policy, NUMSA publications, since November 2002, have been inundated with HIV/AIDS related articles²¹. The overall coordination of their prevention and awareness program has coherently improved, mostly through the distribution of pamphlets and newsletters across their membership. However, HIV/AIDS is yet to be seen as

¹⁹ DCSA implemented an initial policy in 1996. Ford S.A broke new ground in 1999 with an extensive HIV/AIDS program. However in 2000, DCSA released an updated program, which has been acknowledged as the most progressive and advanced policy in the country (Bruton, 2003; SABCOHA, 2004).

²⁰ PR- Public Relations

²¹ In both 2003 and 2004, there were no less than 12 articles on a HIV/AIDS related topic in NUMSA's *Bulletin*, spelling to an average of one article per publication over the last two years.

distinctive priority area. Selinah Tyikwe, the national health and gender coordinator was given the HIV/AIDS portfolio, meaning NUMSA has not created a separate HIV/AIDS portfolio, which is somewhat understandable, considering budget constraints. However, disposing of HIV/AIDS to the gender desk is symbolically unflattering towards the fight against the disease. The gender desk has often been paid lip service in regards to their function and aims, but has been treated perpetually as a peripheral and secondary ambition of the union (Heywood, 2000). Asking the gender desk to proceed with effective HIV/AIDS intervention belittles the gender aspect and does little for the HIV/AIDS cause. In NUMSA's case, the gender portfolio doubles up with the health and safety portfolio, making this portfolio invariably overburdened and unrealistic.

Equally perplexing is NUMSA's stance with the TAC. While NUMSA clearly advocates resistance and lobbying for the necessary treatment in their resolutions, their statements at HIV/AIDS gatherings, and in policy, they have rather lobbied against pharmaceutical profiteering than tangibly rejecting government stance. Moreover, NUMSA, like COSATU, aligned themselves with the TAC, yet have not reached even half of the TAC's intensity over campaigning for treatment. Whilst the TAC has and will continue to adopt any means democratically within their reach, COSATU has merely offered vocal and theoretical allegiance (Achmat, 2004). The TAC has effectively endorsed the fight against HIV/AIDS as the "new struggle" of the "new" South Africa, whilst COSATU and NUMSA have yet to declare it as a union priority - as important as a wage dispute. At every turn, COSATU and indeed NUMSA have disengaged themselves from tangible mobilization against the government.

In early 2004, delegates from all nine regions met to assess union progress in regards to successful implementation of HIV/AIDS related resolutions passed at NUMSA's 2000 Congress (Grice, 2004). It was found that progress had been made only in large companies, including access to anti-retroviral treatment, with minimal progress in small companies. That their activity in regards to HIV/AIDS activity in smaller companies is minimal, is no secret, invariably making this finding that progress has been largely unequal depending on the size of the company most baffling. Through further analysis of the recorded statements on the report, it becomes clear that NUMSA is far from affecting a coordinated and directed workplace policy across the board.

As recorded at the assessment session, in Grice (2004),

Mpumalanga Regional Educator, Mabhontshisi Linda:

We have failed to persuade people to abstain from sex.

Eastern Cape Regional Administrator, Cecily Scheepers:

Our children need education around this because teenagers are being infected and affected.

Clearly, inducing large scale behavioural change requires large-scale interventions, programs and mass media, to mention the very least. The plasticity of the comments is plain to see. In fact, the only reasonable, all encompassing statement came from Vanessa Le Roux (in Grice, 2004), a NUMSA organizer from Cape Town, “we can tell people their status but then we have no-one trained to support them”. In fact, NUMSA’s HIV/AIDS policy as may be reflected in the above statements are largely inconsequential to the overall ambition of stemming the pandemic, working towards healthier lives, including better socio-economic living standards: necessary components of any effective HIV/AIDS program (Nattrass, 2004). Rather, the approach is at best an attempt to educate, to name the phenomenon, with an intermittently band-aid-like approach - focusing on discrimination in the workplace, employment practices, encroachment of human rights with regards to forced testing, unfair dismissal and employer health benefits. In fact the preamble of NUMSA’s HIV/AIDS policy (2002: 1) states unequivocally:

NUMSA thus commits itself to providing leadership to implement HIV/AIDS workplace policy and programme in all its workplaces

The scope of NUMSA’s regard for HIV/AIDS is purely workplace oriented, aiming to reduce the consequences of HIV/AIDS for those workers infected or affected rather than broader altruistic concern for HIV/AIDS in the larger social reality. This narrow approach, as argued already, is an unhealthy stance for unions for it firstly denies the HIV/AIDS-POVERTY continuum which effectively advocates the dual attack on HIV/AIDS and poverty as a precondition for escaping the ‘developmental process in reverse’ circle; secondly, as leading from the first point, this approach is non-confrontational and unpressurising of a perplexed, ineffective and largely unimaginative government stance towards successfully addressing HIV/AIDS and other socio-economic issues affecting their members; and thirdly, displays an ironic ignorance towards the real needs and

tangible social realities of their already declining membership. Furthermore, the third point mentioned is in direct opposition to the aims and objects laid out in NUMSA's constitution.

Chapter 1, Section 5.3 of NUMSA's Constitution (NUMSA, 2000a: 6):

To strike without fear of dismissal, to picket and to participate in secondary strikes and protest action, to promote or defend the socio-economic interests of workers.

There is hence no space to debate or contend the fact that NUMSA has largely ignored their social space and organizational responsibility to resiliently fight the disease in all its manifestations, in aiming to "defend the socio-economic interests of workers" (2000a: 6)

Since the appearance of HIV/AIDS in public discourse, NUMSA has clearly side stepped dealing with the pandemic head-on. On every count, their role in resolutions, policies and programs have been supplementary in both theory and therefore practice. Government stance has not been dissimilar, except their position as administrators of the state, with the power to manufacture an immediate offensive, notwithstanding the impact of a largely uncontrollable global economy, a tumultuous history, and international trade and policy agreements (Grimm, 2004). Not only has NUMSA repeatedly deferred responsibility of action to business at large, and to some extent, government, the organization's stance has become increasingly insignificant, as they withered into the shadows of government misdemeanour. Their position as an independent trade union, fighting for the advancement of workers rights and livelihoods as a first dictum of their organization's existence, has withered away with their escape into dark spaces engulfed with bureaucratic justification. Trade unions, I vehemently argue, have largely escaped the wrath of public criticism on an international and local level with their clearly putrid approach to the disease in the workplace and as an issue for the working, unemployed and poverty-embedded classes of South African society: the clear majority. Their approach, as argued already reeks of disengagement, of futility and most perversely, disempowerment.

Chapter 5: Understanding NUMSA's response to HIV/AIDS:

A critique of the evolutionary and participatory schools of thought

5.1 Introduction

As shown in the preceding chapter, both COSATU and its affiliate NUMSA have shown a remarkable tenacity in refusing to address HIV/AIDS as a serious and looming catastrophe. NUMSA's approach to addressing the disease has failed to crystallize into an active and practical translation of stated ambitions and feelings towards the pandemic. While NUMSA has repeatedly called for a rapid multi-sectoral approach involving all major stakeholders to tackle the pandemic effectively, they have merely created the grounds for action yet have failed to act decisively.

NUMSA's response to HIV/AIDS has been *reactive* rather than *proactive* and in turn may be characterized by the following themes: (1) inherent inconsistency in acting against the pandemic, (2) a lack of follow up on resolutions passed, (3) poor infrastructural capacity to run HIV/AIDS programs or complete intended aims, (4) no monitoring mechanism, (5) an overburdened National Co-ordinator responsible for Health, Gender *and* the HIV/AIDS portfolios, (6) an inherent reliance on big business to advance HIV/AIDS programs, creating a new space of inequality between employees of large and small businesses respectively.

The above themes characterize NUMSA's response to HIV/AIDS, which collectively personifies a perceived incapability or incapacity to lead a resilient charge against the disease. These perceptions I argue have their roots in COSATU/NUMSA's ideological transformation from a *movement* to an *institutional body* through the instruction of strategic unionism. The trajectory of trade union activity and success in the 'new' South Africa has effectively levelled off and changed original direction. The incapacity of trade unions to influence the macro-economic framework even in forums such as NEDLAC has been a rhetorical debate, with the emergence of GEAR, privatization mantras, and reduced tariff laws being just a few examples of union compromise. However, this has been argued and explicitly illustrated throughout the nineties and verily continues. In this chapter, I will illustrate that NUMSA's response to HIV/AIDS offers yet another critical perspective of the disabling qualities of strategic unionism to trade unions' ability

to mobilize independently and efficiently in responding to socio-economic extremities affecting their members. As discussed in my Methodology section, I used a combination of content analysis and hermeneutics in making qualified inferences between NUMSA's seemingly disabled response and their alliance through strategic unionism. Moreover, I illustrate through my selected interviews²² with NUMSA representatives the practical and ideological conflicts within radical reform as the sole union strategy of organization. In essence, NUMSA's response to HIV/AIDS creates the impetus for a critique of both the *evolutionary* and *participatory* schools of trade union theory. In this, unlike both the *evolutionary* and *participatory* schools' assumption(s) that the movement of trade unionism into institutional structures, and their engagement with government and capital would offer increased leverage in bargaining, I will illustrate that NUMSA's waning movement tradition has been precisely affected by the union's embattled institutionalization projects. Their institutionalization has turned an essentially social movement union, such as NUMSA, into an average bureaucracy: following orders, uncreative, dependent on government for direction, enlarging gaps between leadership and members, poorly carried out duties and essentially, full of excuses.

5.2 Research Analysis: Content Analysis, Interviews with NUMSA Representatives.

As a point of departure, I have analyzed NUMSA's poor response through a combination of content analysis and information attained through interviews with NUMSA's representatives. The following points must be taken into consideration to understand this analysis fully: firstly, NUMSA is a part of COSATU, meaning that my content analysis of NUMSA does include inferences to COSATU, in attempting to explain NUMSA's response trajectory, since COSATU has often published their position as representative of its affiliate's stance as well. Secondly, my entire analysis may be maybe identified within five themes: *similar trajectories*, *reluctant movement*, *deflected responsibility*, *resistance dissonance* and *conservative participation*. This means that interviews are embedded within the identified themes and not separate from my content analysis. The interviews, in essence, build on my findings from my content analysis. And thirdly, I interviewed the NUMSA KZN Education officer, David; and conducted a focus group

²² Please refer to Chapter I, for the methodological approaches, techniques and acknowledged limitations.

interview with three NUMSA DCSA shop stewards, Simon, Moses and John. All of the above names have been changed for confidentiality purposes.

5.2.1. Similar trajectories

We have a noble task ahead of us – reconstruction of our country. We cannot afford to allow the AIDS epidemic to ruin the realization of our dreams

Chris Hani (1991, in Vliet, 2001: 151).

NUMSA passed a resolution on HIV/AIDS as early as 1991, yet remained silent for most of the 1990s, known infamously for being the most rapid period of HIV/AIDS spread in South Africa (Rivire²³, 2002). Vliet (2001) argues that the new government was intensely busy with mending ruptures and fragmentation induced by Apartheid and was categorically insistent on creating national, local and regional government frameworks. In the meanwhile, NUMSA's activity within this period revolved primarily around transforming their organizational structure as directed by the new strategic unionism ideology and subsequently, trade union energies were inherently involved in the drawing up of the Constitution, the forwarding of their economic framework, i.e., the Reconstruction and Development Program (RDP), and negotiating a manifold of new labour legislation²⁴ (Gótz, 2000). While these are historic developments for the South African trade union movement, the institutionalization process and alliance relationship soon preceded all other issues on the union agenda. Moreover, it meant tapping into large parts of their resources and organizational energy, as they ventured to quench their union agenda within state and business forums. Heywood (2000, in Chetty, 2002) similarly argues that the labour movement was rather concerned with issues pertaining to its own transformation; moreover, their blurry direction was largely perpetuated by major loss of leadership to the ANC and the private sector.

I do not wish to draw an absolute coherence between government and COSATU/NUMSA response, however the *causality* of their relationship in regards to responding to HIV/AIDS is important to note. As a point of departure, there remains limited literature on the overall

²³ Between 1994 and 1996, HTV prevalence almost doubled from 7.6% to 14.2% (Rivire, 2002)

assessment and chronology of all union activity. However, most activity really began from 1999 onwards, which not only elicits comparisons with congruently increasing government action, but is an incessant critique in itself of its belated nature.

All stakeholders were delayed in responding to HIV/AIDS in South Africa, including business and civil society. The former riding a crest of perceived unlimited unskilled labour, and the latter preoccupied with the politics and changing sociality espoused by the democratic transition, to recognize a new looming inequality, raging through the country. Yet their inaction soon spiralled into mass and urgent concern, including advancing awareness, prevention and education programs. Poor government response elicited resurgent social movements, with the alignment of all living rights organizations towards fighting for treatment access, socio-economic equality and basic improvements to living standards. In effect, the real fight against HIV/AIDS in South Africa has been fought on two fronts: firstly government attitude towards the disease, their programs of action and refusal to provide medication; and secondly, the disease itself, attempting to stem the flow of new infections and assist those infected from a range of socio-economic consequences extending from the disease and government's lack of action towards it.

According to Heywood (in Vliet, 2001), the Department of Health sent out an AIDS related questionnaire to 150 trade unions in 1996, and just twelve responded. Heywood (in Vliet, 2001: 158) added that there has been "hardly a squeal from the official guardians of the working class, [who seem] to have lost time, capacity and – dare we say it – will to deal with these issues".

HIV/AIDS did not even feature as one of the major challenges facing the union federation as COSATU met for its 6th National Congress as far back as 1997. In a summary published in COSATU's *The Shopsteward*, both the Congress and the 1997 September Commission fail to acknowledge HIV/AIDS as a union priority. In fact, the major issues revolved around their position within the alliance, their strategic direction and the socio-economic framework. HIV/AIDS is not even mentioned (*The Shopsteward*, 1997). It is ironic that while the September Commission is especially remembered for COSATU's resurgent concerns for the larger society,

²⁴ New labour legislation: the Labour Relations Act (1995), Basic Conditions of Employment Act (1997), the Employment Equity Act (1998), and the Skills Development Act (1999).

that HIV/AIDS, largely an expression of severe socio-economic inequality, is not even mentioned. It is unsurprising that in the next edition of *The Shopsteward*, ANC acting secretary general Cheryl Carolus speaks about the major challenges facing the ANC just before the ANC congress later in the year, and once again HIV/AIDS fails to make the agenda (The Shopsteward, 1997a). The nexus between the ANC's apparent lack of urgency and COSATU's perplexed response to the pandemic is accentuated perpetually.

5.2.2. Reluctant Movement

Former COSATU General Secretary Jay Naidoo (von Holdt, 1991: 26 in Gall, 1997: 205):

[We] could become trapped in bureaucracy and inaction. Our tradition of organization and struggle could be immobilised

To place these prophetic words into context - since the democratic transition, NUMSA has faced a continual barrage of challenges (briefly outlined in chapter 3). In essence, the trade union has had to deal with a raging global economy, bringing forth new technologies, reducing jobs and introducing further work flexibility (Tingo, 2002). David, the KwaZulu-Natal (KZN) NUMSA Education Officer, responsible for dissemination of HIV/AIDS information, education and policy developments to the KZN region, stressed to me that the reason HIV/AIDS has battled to take centre stage is precisely because of the vast variety of issues and challenges faced by the union, that has made it extremely difficult to address HIV/AIDS independent of day to day problems.

David [KZN NUMSA Education Officer]:

We have much more political space since 1994 to function as a union: to service our members, to organize ourselves, to take up issues affecting them and one of these issues is HIV/AIDS.

The focus group [interview], I had with NUMSA shop stewards based at the Daimler Chrysler South Africa (DCSA) branch in KZN also revealed a similar argument. The three shop stewards stated wage disputes, worker grievances, discriminatory practises and collective bargaining as being the major issues that they, as shop stewards had to deal with. HIV/AIDS was indeed an issue, but in the context of "bread and butter issues", it was rather difficult to merely focus on the disease *per se*. However, when analyzing NUMSA's policy and priority areas for 2003, the

relevance to build the alliance and further the institutionalisation of the union's structure supersedes all else (see table 3).

Interestingly, as found through my analysis of all NUMSA publications, the emphasis on the alliance is NUMSA's major concern. This is followed by macro-economic and collective bargaining concerns. On closer inspection, the greater economic and living rights concerns plaguing the country and further "daily bread and butter" issues are found sporadically in speeches, resolutions and pledges.

Table 3: NUMSA's key focus Areas

<p>The NUMSA Central Committee in November 2003 identified the following as key focus areas of our work in 2003;</p> <ul style="list-style-type: none"> ▪ Ensuring that we complete shopstewards' elections as a build-up to LOBs and ROB's elections; ▪ To make a meaningful contribution towards a decisive ANC victory in the elections, particularly in the KZN and the Western Cape. ▪ Create space in our work for an organisational momentum towards the "Workers' Parliament" - the NUMSA National Congress in September.
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David [KZN NUMSA Education officer]:

Whatever issue is taken up and looked at is normally done within the context of an agreed program within this alliance. And that's basically its [NUMSA] policy: to take up issues, work with institutions but primarily, working through it alliance structures and so on.

Within this paradigm, the see-sawing nature of COSATU and indeed NUMSA's stance on the pandemic, the visually temperamental approach is not without reason. *NUMSA News*' and *Bulletin*'s overall coverage of HIV/AIDS suggests a clear intention to educate, and inform and espouse discussion. However there is nothing within the ethos of these publications to suggest either subservience to the alliance, or the ability to resist independently, and without restraint. Neither are there strong representations of the vast flurry of opinion largely condemning government's contentious stance on HIV/AIDS. The publications are not without critique, yet they sound more like appeals [to government], to issue substantive changes. In essence, the reference to HIV/AIDS is hardly patronizing, yet neither espouses an appeal of urgency. NUMSA

appears to be at a loss for words; aware of their role, yet aware of their constraints: inert movement.

It is thus no surprise that major business-trade union partnership have been initiated by Ford SA or DCSA, and not the other way round. However, the symptom of this overt patronage to the alliance is the matter of resources. As shop steward Simon retorted when I asked why NUMSA had not come forward in initiating the partnership with DCSA, “we can maybe advance when it comes to policy, [but], we don’t have investment”.

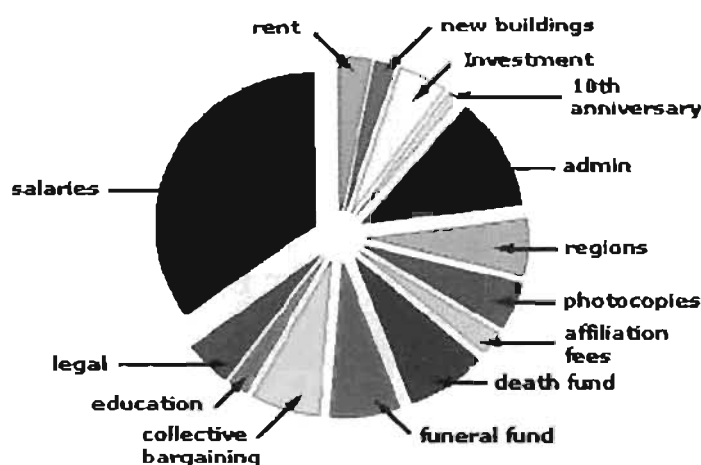
As illustrated in table 3 if HIV/AIDS is not even a priority area for NUMSA, lack of funding is hardly the issue. It is rather a matter of a perceived constraint embodied in tangible and practical phenomena, such as other workplace problems, business’ refusal to cooperate and indeed funding constraints, i.e., these problems are simply manifestations emanating from a larger structural problem. As may be seen in figure 6, there was not even a Gender & Health allocation in NUMSA’s budget for the financial year 1996²⁵. Naturally, HIV/AIDS would be excluded if its umbrella department failed a mention. Back in 1996, one can realistically pin point disproportionate budgetary endeavours. Affiliation fees to COSATU forms a larger part than both education and collective bargaining. HIV/AIDS awareness would have fitted into education, while collective bargaining has been NUMSA’s number one priority making this budgetary scheme extremely odd.

As an extension, NUMSA’s failure to structure a definitive response, with a compliant or non-business is indicative of the magnitude of other labour confrontations with management. Constant problems on the shop floor hinder any and all other trade union ambition, especially being under resourced and under staffed, therefore limiting the progression of HIV/AIDS to a priority topic. And again, in regards to funding, shop stewards claim that while there is a definitive relationship between the ANC and COSATU, the ANC government have opted to direct funding to NGOs and communities, rather than directly push HIV/AIDS funding through the alliance structures itself. Interestingly, at the mention of government, discourse once more moved within the realm of economic hindrances. As the other shop steward framed it, “If the

²⁵ Budget allocations for 1996 were the only budgetary information I was able to access.

ANC had implemented this seepage of funds from the ANC-COSATU-NUMSA, it would drive this HIV/AIDS awareness through to its workers. Maybe, it would [give] a lot more training powers, so it can synthesise all its shop stewards”.

Figure 5: NUMSA's Budget Allocations for 1996



Source: <http://www.numsa.org.za> [Accessed: 20/01/05]

To get to the heart of the debate, the economic preferences of the ANC were clearly the tip of the iceberg. Critics in 1998 argued that government had set up the Partnership against HIV/AIDS as part of an attempt to divert responsibility to civil society and community affiliations (Vliet, 2001). Directing funding to independent organization shifts the focus, responsibility, and may be easily read within this controversial paradigm. The heart of this debate rests on understanding whether trade unions are justified in blaming their lack of funding for failing to respond effectively to HIV/AIDS, notwithstanding the fact that they do indeed have foreign donors (as argued by NUMSA KZN Education officer, David), and could receive even more help if they put forward an eloquent case to HIV/AIDS units across the globe. Considering the oppressive dictums of the Apartheid regime and yet the successes of the coordinated liberation movement, through social movement unionism - for trade unions today to advocate funding constraints in justifying failing to prioritize HIV/AIDS, is hardly believable. *The economic rationale is mere deception.*

As Moses [NUMSA DCSA Shop steward] concedes:

And in terms of funding, we're probably using it as a barrier – not to go forward. We're interested and concerned on how money would help us rather than focusing on changing individual attitudes to addressing the pandemic.

5.2.3. Deflected responsibility

Moses [NUMSA DCSA shop steward]:

If you look at the disease itself, the disease is not a problem. It's the stigma, and confronting us as South Africans is the stigma attached with the disease

According to the NUMSA DCSA shop stewards, HIV/AIDS is addressed at every monthly meeting with the employees of the company. Their primary focus in these meetings is to de-stigmatize the disease, which according to these shop stewards, is essentially NUMSA's largest stumbling block for the advancement of COSATU's programs. Getting people to come out and talk about their HIV status is the first step in effectively addressing the disease for stigma is terribly disabling (Milligan and Debbakeh, 2003). However, this does mean that NUMSA continues to grind first gear. When challenged on this fact and unions incompetence in this regard, the shop stewards retorted that NUMSA was in negotiations with DCSA for the introducing of a HIV/AIDS coordinating officer, or an information centre to help address this issue. Transferring responsibility of yet another failed union intervention to management is once more without critical consideration and acknowledgement of larger perpetuating factors like government's ambivalent HIV/AIDS stance. The TAC argues that the special status that HIV/AIDS holds in South Africa, as an untreatable disease has perpetuated the stigma factor. Add the HIV does not cause AIDS mantra into the mix and you have a losing battle, of which NUMSA shop stewards advocated would change if management instigated a HIV/AIDS information centre. The insensitivity in advocating a managerial rescue act in the face of workers' historical distrust of white management (Vliet, 2001), is foolish at best. Stigma remains an altogether serious issue in HIV/AIDS discourse, and not merely in the workplace. If anything, stigma in the workplace is an extension of a type of thinking emanating from society. To ask DCSA, amounting to merely three workplaces or the big seven automobile manufacturers, which NUMSA organizers within, to hire an HIV/AIDS coordinator, is to ignore firstly, smaller

businesses in which HIV/AIDS policies are yet to be installed, and secondly, almost 40% of the population who remain unemployed and outside a big business oriented anti-stigmatization drive.

However, Simon, the other NUMSA DCSA shop steward added, “if the head of the country says that HIV does not cause AIDS, even trained people will be confused and think perhaps he has some [secret] information”. While DCSA may arrange an information centre, Simon admitted that smaller companies have already used government stance as an excuse, citing government confusion as enough impetus to focus on tangible issues, like increasing productivity, machinery, technology and restructuring programs. The low profile nature of smaller companies and comparative work force makes their battles less known and harder to reconcile. Moreover, some companies refuse to send their shop stewards to NUMSA’s HIV/AIDS workshops and courses. Simon finally conceded, “As a union, we need to be responsible for this education and perception change”.

However, while NUMSA may be placing an overt burden on business to reach out into more areas, the shop stewards pointed out that business has acknowledged joint responsibility in facing HIV/AIDS. In this, there is a blatant cat and mouse game occurring whereby only businesses that have recognized and envisioned a looming human resource catastrophe have come forward and attempted to work strategically with NUMSA. In the meanwhile, smaller companies do not possess the zeal, funding or the vision to deal with the disease. They are merely focussing on sustaining their current human resources and maximizing profit in mass recessionary times. This means that even NUMSA’s working policy has largely not been adhered to in smaller companies, rendering NUMSA’s HIV/AIDS activity in those non-MNC workplaces almost null and void. Moses commented wryly, “The way NUMSA operates in a big company and how NUMSA operates in a small company...it’s a big difference.”

NUMSA only released their working policy in 2002. To expect smaller workplaces to have adopted a program instantaneously is hardly fathomable. However, NUMSA’s lack of activity in smaller companies is more about their own attitude, for unions are able to revolt, resist and issue an ultimatum to those businesses who fail to adhere to agreed upon workplace issues.

Considering the above, is it not plausible to conclude that had huge MNCs not ventured forth, trade union response would remain at the development stages?

John [NUMSA DCSA shop steward]:

With the issue of HIV/AIDS, I won't say that it is not interesting NUMSA – there is no sensitivity on the part of unions to address this problem. I might be wrong – One of the reasons, if you look at this disease, we don't see it as a threat, for now, because, it's not like we see 50 workers sick in each department in the companies

5.2.4. Resistance Dissonance

Moses [NUMSA DCSA shop steward]:

The issue is too political. That is what the problem is...it is becoming too political, rather than focusing on the issue.

NUMSA/COSATU has been unequivocally clear of their position in regard to protecting their workers from being discriminated against due to their HIV positive status. However, this is merely one part of the fight against the disease. Heywood (2000) argues that the protective labour legislation has been largely misunderstood by unions resulting in it being poorly implemented. Both NUMSA and COSATU have committed themselves towards tackling HIV/AIDS as part of larger working class interests. However, their role in social movements may be described as *largely constrained* on every occasion government has been on the receiving end of criticisms, mass action or resistant campaigns orchestrated by bodies outside the traditional liberation movement (Hart and Sitas, 2004). The point to consider here, woven into the very fabric of my argument, is that neither NUMSA nor COSATU have stepped up their fight against HIV/AIDS holistically, and have failed to inscribe this new battle into their organizational mantra, because this struggle in large part means opposing government. In essence, NUMSA's and COSATU's pseudo relationship with the TAC²⁶ personifies and encapsulates the dissonance of the South African trade union movement's desire to resist and campaign independently and without consequence, most eloquently. The institutionalization of their political relationship has impeded their movement tradition, i.e., they have adopted a role, a position that has lost the malleability of

a movement and has been inadvertently replaced by structures and a system *outside* the union structure itself. The institutionalization has become a demon, a point of contention, a debate and task itself, superseding the unions' existing duties.

Hart et al. (2004) argue that living rights movements have emerged in regards to the rising cost of urban services, electricity and water cut-offs, environmental issues as well as issues pertaining to the redistribution of land. While COSATU has endorsed the importance of joining such movements, concrete and effective partnership with sectors of the working poor and marginalized is very few and far between. "There has been very little thinking about the form and nature of such an initiative" (Hart et al., 2004: 2). In reality, while COSATU/NUMSA have critiqued government economic policy and have advocated increased community and movement alignment to stem government's growth towards an ever increasing capital oriented economy, the trade union movement has remained mere pseudo-critics, unwillingly to directly challenge government policy on a tangible note.

NUMSA/COSATU supported government strongly in the struggle to institutionalize the Medical and Related Substances Controls Act²⁷, passed in 1997 after strong challenges from pharmaceutical companies surfaced (COSATU, 2000). However, this was a case of South Africa versus rampant pharmaceutical economics which brought even the TAC in partnership with government and bore no serious departure from trade union policy, especially in regards to resisting capitalist forces. The victory of the legislation did not result in the rapid manufacturing of a treatment program in the interim (Vliet, 2001). COSATU, while eventually aligning with the TAC²⁸ to lobby for free anti-retroviral treatment in the public sector, categorically restrained from serious lobbying and resistance against government policy, while their working policy presents a perverse expectancy of business to provide drugs in the workplace (COSATU, 2002).

²⁶ The Treatment Action Campaign (TAC) was formed in 1998, and soon became the leading lobby group for a government directed treatment plan.)

²⁷ In 1997, the South African government proposed sweeping changes to the Medicine Act. These were designed to put an end to unethical marketing practices by the pharmaceutical companies and to promote the use of generic (cheaper) drugs and to legalize parallel imports. The desperate plight of AIDS patients was one of the reasons behind these changes. The proposals subsequently became law (Heywood, 1999).

²⁸ While NACTU joined the TAC almost immediately, the COSATU federation joined the TAC officially in 2000 (Vlok, 2000)

In effect, COSATU's stance and invariably, their counter-attack on the pandemic has remained narrow, notwithstanding their clear understanding of a need for a systemic and multi-sectoral response.

COSATU President Madisha (2001):

Without stronger organization, the battle for affordable and equal treatment will be lost. It is for this reason that we should invest in building a strong organization

COSATU is a trade union federation, yet invariably entwined within political rhetoric. And at times, their demeanour is pure rhetoric; there is an intangible element of theatre in their articulation of issues, problem areas and their roles to assume. Their articulation beams of hope, and makes references to a new struggle, yet their role has been minuscule in the overall fight against the pandemic, so much so that it is difficult to trace their steps in the fight against the disease.

Moreover, this relatively new nexus formed in part by the alignment with the TAC has brought very few occasions for COSATU and NUMSA to acknowledge mass mobilization and resistance to forward the HIV/AIDS struggle. To elaborate, it has been only in the treatment access resistance campaign that COSATU and its affiliates have been faced with the prospect of partaking in mass public protest in direct reference to HIV/AIDS. In 2000, COSATU joined TAC and a range of organizations in a march through the streets of Durban protesting against Global Pharmaceutical Companies stranglehold of AIDS medication. However, when the TAC called on a mass civil disobedience campaign in 2003 to protest against the South African government's failure to create a treatment program, COSATU withdrew from such action (Craven, 2003). During the National Bargaining Conference (in 2003), NUMSA's President Mtutuzeli distanced NUMSA from any sort of civil disobedience campaign that the TAC may embark on. Aroun (2003), writing for *NUMSA News* further states that Mtutuzeli argued for "other avenues to put pressure on pharmaceutical companies that controlled the manufacture, supply and distribution of anti-retroviral drugs". Firstly, the report transfers blame from government to drug cartels, and dissolves government onus and responsibility in the process. Secondly, it reveals NUMSA's reluctance to align themselves against government in any effective, tangible way. As Mtutuzeli (in Aroun, 2003) added, "It is for this reason [civil disobedience] that the trade unions are unable

to associate with decisions taken by some of these movements". However, the report does not venture to include what Mtutuzeli meant by "other avenues".

David [KZN NUMSA's education officer] puts it into context:

Working within the alliance or work outside the alliance, [but] to what extent do you work outside the alliance?

COSATU has recognized a suitable alignment partner (in the TAC) to embark on a holistically legal but nonetheless resistant and militant battle against the disease, and an overall constructive plea to government to provide the necessary treatment in the public health sector (Craven and Mothapho, 2002). Not only is this supposed to help end stigma, but it is meant to normalize the disease and offer a literal lifeline for a huge HIV positive population. It is essentially a living rights organization dedicated towards the overall eradication of the disease, from a multi-sectoral perspective. However, the TAC's critical commentary of government has meant a volatile relationship, making the TAC virtual opposition to the South African government in regards to HIV/AIDS. The TAC has worked within the realm and order of democracy and have lobbied against government policy on the basis of it being an infringement of South Africa's constitution (Achmat, 2002). However, COSATU and NUMSA have shied away from effective and tangible partnership, especially when the heat has been turned on to government.

David [KZN NUMSA Education Officer]:

Look its no secret that COSATU has worked with the TAC on some issues and [on] some issues they have had disagreements. They don't hide. They've been vocal about it. And of course, it all stems from their own strategies.

Indeed, "their own strategies" may be translated directly into the political ambitions and obligations of those within the alliance, namely COSATU, and effectively NUMSA. However, by virtue of their cause, the TAC has fought for free treatment, while being a social movement through and through with no ulterior political motive (Achmat, 2002). Their strategy is to campaign and champion the cause for those without incomes to attain life-prolonging treatment. The working classes (along with the unemployed masses) are the most affected as illustrated in chapter two, and with their modest incomes, are most unlikely to attain these medications.

Moreover, with more than a million jobs lost since 1994, and the macro-economic policy failing to conjure rapid economic growth, there is a large percentage of former registered COSATU members within the sea of unemployment. COSATU still has an *implicit* responsibility to workers retrenched or restructured out of work. Yet ironically, COSATU, while aware of this reality, have chosen to maintain their political trajectory rather than choosing to service the needs of their members in the most effective way possible. NUMSA has likewise followed suit, maintaining a “dutiful” distance from the TAC.

Moses [NUMSA DCSA shop steward]:

The issue is not the disease. The problem arises when it comes to litigation. The problem is when the TAC takes the government to court. COSATU as an alliance member distances itself from that issue. But when it comes to other issues, they do get along...It's not as if they are not sharing the same thing.

NUMSA's shop stewards were quick to make links between the TAC's struggle against government and the liberation struggle. Vliet (2001) argues that civil society quickly recognized the struggle for treatment as “a new struggle”²⁹.

The strong synergy of the TAC's campaigning and their independent and effective leadership led Moses [NUMSA DCSA shop steward] to add:

The TAC is very progressive – never mind the differences with them and the government. And maybe if COSATU can merge with the TAC, I think we'll win this battle.

John [NUMSA DCSA shop steward] further reminisced:

“They remind me of those old days, when we were fighting the old regime, do you remember? You see they've got that drive, when it comes to this particular issue”

However, the particular mobilization and resistance adopted by the TAC in opposition to government policy has hindered COSATU's ability to offer full support.

²⁹ Former South African President Nelson Mandela has been accredited for having first coined HIV/AIDS in South Africa, as the “new struggle” (Vliet, 2001).

As clarified by Moses [NUMSA DCSA shop steward]:

COSATU has been giving a lot of information or a lot of support in terms of encouragement, [but] the avenues that the TAC is under taking, is kind of threatening COSATU against the ANC. Maybe that's where – it's bringing COSATU to a – staggered approach, in that – where we can put our foot we will, but if it's going to take us into trouble, we'll withdraw.

5.2.5. Conclusion: Conservative Participation?

Moses [NUMSA DCSA shop steward]:

Previously, unions had a tactful, strategic approach – becoming the leaders of the country, but once they became leaders of the country, they lost their tact and strategy.

As mentioned before, NUMSA, like COSATU have merely operated their democratic right to critique and voice dissatisfaction. In essence, the tension amidst NUMSA in regards to the apparent schism between ANC-proponents and those of a more radical socialist position, is a mere facade. According to Bramble (2003), the balance of power is strongly with the ANC-proponents, clearly helped by the position of former NUMSA comrades in government postings.

Bramble (2003: 201) argues,

The political ties between NUMSA and Government ministers are now used, not as a means of pressing working-class demands on the Government, but as a means of transmitting Government demands on the union membership.

This was in direct reference to a strike by 1300 NUMSA dissident workers at a VW plant in the Eastern Cape. The leadership was admonished by government who threatened that job creation needed investment, and failing to maintain control of members would destroy all hopes for investment (Bramble, 2003). According to Bramble (2003), there is a new kind of political correctness affiliated with trade unions. The solidification of the tripartite alliance has come with an alleged intolerance for critical commentary against the ANC. This is indicative of an agenda that has undermined the concern for unions for the holistic rights, livelihoods and the alter-community-ego of its members.

As vehemently argued and illustrated through extensive analysis of NUMSA's trajectory in dealing with HIV/AIDS – within the evolutionist and participatory schools of thought, it is necessary to evaluate NUMSA's progress as a worker based movement through the assumptions set out in each of these schools³⁰.

The institutionalization advanced by both the *evolutionary* and *participatory* school has seen NUMSA, through the larger COSATU leadership, become part of state and business level fora. However, the type of *evolutionary* idea espoused by Lester (1958), in which strikes are replaced with negotiation and in the *participatory* school where mass mobilization, while remaining an option, is inherently exchanged for an opportunity to partake in directing the development and economic trajectory of the country, rather than being mere reactive or response mechanisms - has turned an essential *movement* organization like COSATU and NUMSA, into modern bureaucratic institutions. Adler & Webster point to a range of problems within COSATU since political transition (1995 in Bramble, 2003), including, the breaking of the mandate principle, i.e. lack of reportage to general members; a growing gap between leadership and base and the decline of the motivating union vision (Marie, 1992 in Bramble, 2003); and the continued hegemony of the ANC within the tripartite relationship (Adler & Webster, 1995 in Bramble, 2003).

Moreover, von Holdt (2002: 208) does advocate that resistance can be expected and therefore 'strategic unionism must be based on independent labour and popular struggle and the capacity to mobilize and struggle'. In essence, the nature of a radical reformist approach regards struggle and the placing of individual interests firmly as a basis for negotiation and discussion. Nonetheless, the very alteration of the ideological stance towards government and capital, i.e., to one of *alliance and partnership*, renders the translation of this theoretical ability to resist and mobilize effectively against government very difficult to envision.

It was further revealed that attitudes in the union have since changed from larger worker utilitarianism towards individually oriented motives, with a lot more at stake for workers and union representatives than had been the case during the struggle. Lester (1958) would naturally

³⁰ Please refer to Chapter one for the theoretical framework of this paper, encapsulating the major themes espoused by both the *evolutionist* and *participatory* schools.

advocate such development as being essentially *evolutionist*, denoting a maturity and conservativeness that would bring more respectability and hence larger successes for the worker movement. Contemporary industrial sociologists would pardon such evolution, as being strategic, with the perfect scope to be both inside and outside, to be able to influence through forums, and resist, through mobilization (Adler and Webster, 2000). However, the experience of NUMSA in addressing HIV/AIDS has only indicated a type of conservatism and participation that may be exchanged in crude terms as mere subservience and union capitulation on a holistic level.

Gall (1997: 209) argues that advocates for tri-partism and social contracts, do indeed acknowledge the risks for labour, including passivity and demobilization, [but] “not only are these risks necessary but they can be overcome through a conscious attempt to continue to wage labour’s struggle in this new arena using the tactics of mobilization and participation and by remaining accountable and democratic”. However, by the experience of unions in Western European countries in the 1970s and 1980s show, ‘tri-partism and co-determination promote ideas of social partnership and common interests which make workers jointly responsible for problems which lead to the undermining of worker solidarity’. Similarly, von Holdt (2002: 297) argues, “the attempt to implement a form of ‘strategic unionism’ borrowed and adapted from the labour movements of the North has thus far failed, and indeed has contributed to the erosion of social movement unionism in NUMSA”. In effect, the social structure manufactured by social movement unionism has been profoundly fragmented, and has hence weakened trade union organization.

NUMSA’s handling of the HIV/AIDS pandemic is indicative of a change in union organization. However, NUMSA and indeed COSATU’s leadership have not ventured to disregard HIV/AIDS or other socio-economic extremities within the structural goals of the organization. Their continual critique of government economic and redistribution policy clearly illustrates that their vision has not altered, nor have they withdrawn their concerns. Instead, their goal of participation with the new administration, through strategic unionism has rather seen NUMSA and indeed COSATU mismanage their institutionalization to the detriment of their larger organizational priorities. Rather than using institutionalized mechanisms as a means to advance the interests and

needs of their members and the larger working class community as a dictum of radical reform, the goal of institutionalization has become an end on its own.

As a direct result, their capacity to advance independently towards realizing their organizational ambitions have been perpetually put on hold, lost in administrative space, as they “move” ever so surely towards definitive participation within the reconstructive bodies and fora. Their perceived inability to forward their own particular agenda, as illustrated with their response to HIV/AIDS, stems directly from their clearly subservient relationship within the tripartite alliance. They appear to be neither apart nor a part of the larger state decision-making structures – dwindling in an effective no-man’s land. Their participation is seriously constrained, limited and under subtle duress. The particular trajectory of NUMSA’s response to HIV/AIDS advances the idea that since treading the part of radical reform, NUMSA and the larger union movement have stuttered in all regards except their victory with labour progressive legislation passed during the nineties. But even in some quarters, there is discontent with the institutionalized procedures towards mobilization as described in the LRA (Eidelburg, 2000). As von Holdt (1995, in Eidelburg, 2000) argues, such labour gains were precisely because of the ANC and not through opposition with the ANC. In effect, COSATU has not been able to advance their agenda when it has especially opposed government stance.

John [NUMSA DCSA Shop steward:

It is our responsibility as the leadership because without any leadership displaying responsibility to our members, our membership would be reluctant to participate [and treat it as a priority].

HIV/AIDS is not a secondary concern, but NUMSA and indeed COSATU’s pattern of *conservative participation* has nullified its prioritization.

Chapter 6: Conclusion & Recommendations

6.1. Conclusion

Sitas (1999: 2):

The task of the sociologist is not only to identify the patterns of multiple causality (they are more or less known) but to identify remedial strategies and provide an analytical and compassionate framework for responsible social action

HIV/AIDS has reached tumultuous heights in South Africa, requiring absolute urgent and effective reaction, to be pooled efficiently from as many actors and stakeholders able to craft an emphatic response to the disease. Sitas (1999) argues that there is a need for a re-emergence of social movements around “living rights”, including the revival of the women’s movements, the concerted partnership of cultural and youth movements in creating a milieu of delivery and the need for trade unions and livelihoods organizations to rally once again around “*asinamali*”³¹ and redistribution. Aligning my disposition within a similar framework, two sociological conclusions may be hence drawn from the overall ambitions of this thesis

Firstly, bearing in mind Sitas’ (1999) argument described above, and considering the political leverage granted to South African trade unions today, this is precisely the moment for trade unions to make key inroads into effectively twisting existing economic frameworks, social status quos, advancing land redistribution and indeed fighting HIV/AIDS. In essence, a space aligned for specific trade union intervention and concern, remains bare, the incessant weak link in a rapidly developing social movement culture in South Africa. HIV/AIDS impertinently reveals an intrinsic disloyalty of the trade union movement to the needs of the working poor since the advent of their institutionalized political arrangement with the ANC, back in 1990 (Gall, 1997).

While the trade union movement historically formed the epicentre of mass popularized struggles, for in their legality under Apartheid, they had managed to coordinate a balanced mix of workplace and pseudo-political struggle. As pointed out, by one of the NUMSA DCSA shop stewards, the TAC of today vastly resembles the trade union intelligence to manufacture resilient

³¹ “We don’t have money” (in Zulu)

resistance within state frameworks: enough to elicit an impact, but not enough to posit suppression.

This thesis does not argue against contemporary South African industrial sociology's recommendation for strategic unionism. For, the dangers of strategic unionism accompany all discourse on South African trade unionism. It is an attempt to further illustrate emergent disabilities imposed by the trade unions' approach to strategic unionism, and the consequences of their preoccupation with institutionalizing their organizations. In effect HIV/AIDS represents a vast cauldron of socio-economic extremities left unaddressed through trade unions' preoccupation with their relationship within the alliance.

As illustrated in this paper, the COSATU-ANC relationship seems to have taken precedence over all trade union agenda. Their preoccupation with institutionalization creates an impression of being over-awed by the sophistication and high pedigree of the institutional bodies. Secondly, this preoccupation however, has failed to win strategic battles on the negotiating table against the ANC or business sector, which may be attributed to incapable leadership, union subjugation in light of a hegemonic ANC partner and lack of power on the negotiating table. Indeed, NUMSA's inability to respond to HIV/AIDS as a socio-economic urgency is indeed part of a larger structural problem, emanating from COSATU's inability to forward its agenda successfully within the tripartite and corporatist mechanisms.

According to Maree (1993:33), COSATU conceded from the outset, that working with business and government "would provide not only rights, but also impose constraints and responsibilities". Indeed, the self-perceived incapacity to respond proactively does indeed have its roots within such institutional fine print of the alliance relationship. David, the KZN NUMSA Education officer affirmed that NUMSA will address certain issues in a manner agreed by COSATU, which has certain protocols to follow from its official relationship within the alliance.

As argued in the chapter 5, there are five themes³² that characterize union subjugation and incapacity to move independently of the alliance that may be identified by their response to

³² The five themes identified in chapter 5: *similar trajectories, reluctant movement, deflected responsibility, resistance dissonance and conservative participation.*

HIV/AIDS. These five themes accentuate NUMSA and indeed COSATU's failed and failing response to the disease. Moreover, they may be utilized to describe COSATU's overall subservience to the ANC.

Indeed, despite the promises laden by strategic unionism: to participate and "to become an important part of government" (Maree, 1993: 40), trade unions have become trapped within the goals of *institutionalization towards participating*. As a consequence, they have neither participated nor fulfilled their duties to members. As illustrated in chapter(s) three and four, COSATU's poor response to HIV/AIDS largely accentuates this essential flaw in the organizing apparatus of their alliance relationship.

Strategic unionism devoid of social movement unionism, tangible and effective movement organization renders the stalling and muting of trade union ability to advance their material and ideological independence. In the context of HIV/AIDS, where a myriad of socio-economic realities are needed to be re-assessed, re-evaluated and re-framed, union subjugation over a clear concern is particularly tragic and needing serious change.

To frame this dilemma more eloquently, Adler et al. (2000) argue that by withdrawing from the alliance, unionists would be perhaps passing up on unprecedented opportunities to be a part of the development of economic and social policy and lose all ability to potentially influence government leniency towards labour. A key aspect of this argument is that the state is largely an instrument of the elite, divorced from the reality of the working class, and it would bear no consequence if labour were truly and utterly independent. However, continued participation does imply a range of overt and covert dangers, from co-option to subservience to conservative participation – and this implies failing to keep up with the mandate of a working class organization (Adler et al., 2000). Through the process of radical reform, labour attempted to be part of government structures, yet maintain a strategic distance – offering the independence to mobilize if the need ever did arise. While mobilization is not banned, it is institutionalized, requiring particular procedures, largely undesired by the alliance. Thereupon, the structure of radical reform has clearly failed to allow COSATU the maximum space of independence, which

has essentially placed a huge strain on the alliance partnership. In essence, as Von Holdt (2002) argues, this project of strategic unionism has since failed.

In reality, it is precisely this narrowed dichotomous vision that has hampered trade union effectiveness, to the detriment of its members, and perhaps larger society. For a vigilant and coordinated movement, effective enough to influence in forums yet strong enough at grass roots level to mobilize is a prerequisite, for any resilient democracy. Hence, while a thesis of this scale could never posit itself as solving an immensely complex dilemma, there is space to forward a thematic recommendation in the larger spectrum of further research and development into this realm of thought.

The ANC has largely diverted from the socialist underpinning of both the Freedom Charter and the RDP, invariably manufacturing an uncomfortable and complex space of discontent and inadvertent confusion within the trade union movement on to which avenue to thread in the best interests of their movement and members. Even this confusion has resulted in a never-ending charade of debate, discussion, promises and pledges that has largely seen COSATU remain static in altering their mode of organization or approach to its participatory mechanisms.

6.2. Recommendations

As a point of departure, the alliance will always be a scene of conflict. To envision a perfectly harmonious relationship would be akin to explicit co-option of one over the other. In effect, von Holdt's (2002) argument reflects an acknowledgment that unions are in constant flux: a consistent tension over *movement* and *institutionalization* and the *routinization* of industrial relations. To withdraw from the alliance would be tantamount to giving away decades of hard labour, yet to participate without worker character and tradition would be yet the same submission. COSATU's problem lies not in the alliance per se, but in its strategic approach to its institutionalization. The manner in which the goal of institutionalization has occurred has created ruptures within the organization and led to a depletion of their movement philosophy. Tarrow (1998, in von Holdt, 2002: 298) argues that as trade union conditions alter, trade unions tend to move through frames as, 'cycles of contention, in which unions alter or revitalize their movement as a response to changing contexts.

Thereupon, trade unions, in varying contexts will at different points and in different positions of their histories may usefully choose *movement* as a tool alongside *institutionalization*, if the need may arise. In essence, the union federation needs to emancipate themselves from narrowed dichotomies that fail to encapsulate the use of negotiation and mobilization in conjunction and as parts fitting an entire whole of trade union culture and organization.

Deciphering the various tensions and in the forms they may manifest, how these tensions may change with differing historical contexts, and what kind of conditions bring forth a social movement approach, “goes to the heart of trade unionism as a contradictory set of practices and goals, and are likely to be more fruitful in illuminating its transformative potential and constraints than attempting to prescribe a model of SMU” (von Holdt, 2002: 298). Moreover, he maintains that the forthcoming unionist approach should reflect a combination of “movement and contention, institution building and negotiation” (von Holdt, 2002: 298).

The example of HIV/AIDS fits into the framework for the re-adoption of social movement unionism as a dictum within the organizing frame of COSATU. The emergent trade union discourse across the globe suggests social movement unionism (Bezuidenhout, 2000; Waterman, 2001) as been an essential feature of contemporary trade union evolution (in the “North”), for the effective advancement of worker interests and in sustaining trade union survival. However, instead of advocating particular models of social movement unionism as an axis to address worker and indeed larger socio-economic hardships, von Holdt (2002) argues that particular contexts bring forth historical contexts where movement is required *in addition to* or should be regarded *as equally important* to the highly institutionalized bodies of union strategy. This is clearly the position facing the South African union movement.

Thereupon, the HIV/AIDS pandemic and the poor response of unions clearly reflect this particular historical moment, whereby the union movement need to re-adopt their movement ideology. This might imply a complete re-adoption of SMU. While this is plausible, it is clearly not the solution. It is rather a case of a purposeful movement dimension to the overall theme of participation.

Drawing from the social movement theory, this movement dimension may be characterized as 'contentious challenge', which is based on common purposes and social solidarities, in sustained interaction with elites, opponents, and authorities' (Tarrow, 1998: 4-5 in von Holdt, 2002). Interestingly, Zackie Achmat (in Devenish and Mbali, 2004) argues that it is often more practical and effective to use legal methods of social mobilization than waiting for a nebulous revolution to occur before pushing for immediate results in serious life and death scenarios. The dilemma for leadership in this context is to respond to the immediate needs of workers while simultaneously leading them towards a longer-term vision. The labour movement resolved this dilemma relatively successfully during the apartheid period, where the enemy was clear-cut and solidarity was relatively easier to organize.

Indeed, the need for movements, bearing grassroots and livelihood ambitions rather than 'developmentalist' mathematics is inseparable to the advancement of socio-economic issues beyond the realm or the concern of the state (Sitas, 1999). By implication, trade unions may best achieve their union goals and serve a larger social constituency by becoming objective driven rather than obsessed with bureaucratic procedure. Clearly, participation is a victory and an endemic need for the union movement. This is an indubitable fact. However, there is a clear need for NUMSA and the trade union movement to reassess the manner in which they have approached this alliance, their particular role within alliance and an agreed set of standards they need to abide and follow in ensuring both the best advancement of the needs of their workers and indeed, the maintenance of their independence and ability to act independently.

Indeed, it is not about re-adopting social movement unionism *per se*, for this is already a feature of strategic unionism. Instead, COSATU need to rethink their priorities and strategically differentiate issues of compromise and those needing pure advancement. It further needs to expand its organizational horizons by working with robust living rights organizations, thereby expanding their base to the unemployed and the economically deprived, which may only serve as to strengthen their ability at the negotiating table in economic forums. There is a categorical need for unions to expand, which is in line with contemporary social movement unionism. However, in this context, it is about strengthening their prowess at the negotiating table with a stronger base, which in turn offers flexibility in regards to mobilization in particular circumstances. It is

clear from the example of HIV/AIDS, that not only is COSATU losing members, through economic restructuring, privatization and HIV/AIDS; their focus on institutionalization has meant that they are drifting away from their grassroots, their constituency, and their very purpose.

HIV/AIDS is but one of many socio-economic extremities, yet no other encompasses such a vast multiplicity of historical, political, economic and social factors, and no other phenomenon has exposed such pre-existent truths on gender inequality, poverty, and a rampant pharmaceutical economy. HIV/AIDS categorically exposes every socio-economic inequality espoused by the apartheid government, and indeed reveals junctures of failure within the current administration as well. HIV/AIDS is precisely the impetus trade unions require to re-embed themselves at grass roots level while maintain the strategic apparatus to influence larger socio-economic policy. It is an apparatus yet to be used.

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Appendix A

COSATU resolution on AIDS

This Congress noting that:

1. Thousands of people have died and over 1 million have contracted the deadly virus over the world.
2. A number of people are dying of this disease in South Africa and it is estimated that 40% of the population may be infected.
3. That presently there is no cure for AIDS, and therefore we can expect to see many deaths.

Noting further:

1. That certain employers are beginning to discriminate against workers who suffer from AIDS.
2. That poverty contributes to the spreading of AIDS and other diseases.
3. That the migrant labour system, forced removals, and the state of emergency contribute to the instability of families and communities, creating conditions for the spread of AIDS.
4. That the state has already promulgated a law that empowers it to repatriate foreign workers carrying the AIDS virus.
5. That the education and information programmes of the government and bosses are racist and have created suspicion amongst our members, and have even led to a doubt that AIDS exists.

Therefore resolves:

1. That the Education department of COSATU together with the education departments of affiliates embark on an extensive programme aimed at informing our members how to prevent AIDS.
2. To campaign against the dismissal and discrimination of workers who are found to have the AIDS virus.
3. To expose and eliminate the conditions which break steady relationships and thereby help to spread AIDS (conditions such as migrant labour, hostel living, shortage of housing and so on). □

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Source: *Critical Health*, 33, online under: <http://disa.nu.ac.za> [Accessed: 1/01/05]