“People Are Dying, but They Don’t Listen When We Tell Them”

The Corporate Response to HIV/AIDS in South Africa

Many outside of South Africa may be puzzled that businesses that are not in health care are responding to the AIDS epidemic. Why are South African businesses—slowly at first and now more visibly—responding to the problem of HIV/AIDS, and how is that response unfolding?

When questioned, many company managers and management consultants initially offer an economic rationale. Since HIV/AIDS primarily affects those of working age, it makes business sense to prevent HIV infection of workers and ensure, through the use of antiretroviral drugs, that those already infected continue working so that companies don’t lose labor, accumulated skills, and experience. In this view, a cost-benefit analysis should demonstrate the financial value to a company of mounting HIV/AIDS programs. Yet, the business case for aggressively responding to HIV/AIDS in South Africa is not compelling—at least not yet.

Expanding cost-benefit calculations from the level of individual companies to the national economy provides another possible explanation for business’s desire to counter the epidemic. In this scenario, the macroeconomic
implications of the epidemic distinguish it from other diseases and have prompted private-sector action aimed at staving off macroeconomic decline or even collapse; businesses are voluntarily putting their shoulder to the wheel now to avoid economic catastrophe later. However, studies predict only marginal declines in gross domestic product (GDP) growth as a result of the disease within South Africa.  

Moreover, as described in this chapter, company responses don’t look, smell, or feel as though corporate South Africa is throwing its resources at HIV/AIDS in either a patriotic or far-sighted attempt to mitigate the epidemic’s national impact.

Rather, just as social activists have spawned a corporate social responsibility movement and mobilized public pressure to address a variety of social issues, company managers in South Africa have responded to pressures to do something about HIV/AIDS. If they are responding to the human

1. While some studies indicate a loss of GDP growth due to AIDS (e.g., ING Barings 2000), the overall consensus is that “there is currently no clear evidence of the actual economic impact of HIV/AIDS in South Africa” (South African National AIDS Committee [SANAC] 2007). Nevertheless, there remains uncertainty over the long-term economic impact. As Pieter Fourie (2007, 293) puts it, “Macroeconomic models focus on the size of economies and tend to neglect changes in the overall long-term structures of economies—not because of a weakness inherent of the discipline; the reality is that economists (like all AIDS analysts) simply do not have any clear understanding of how AIDS is impacting on the systemic variables that drive patterns and events in various societies.” What is certain is that at the household level, the advent of AIDS in a family member frequently has catastrophic implications for household welfare (Desmond, Michael, and Gow 2000).

2. Two additional arguments seeking to explain why companies are responding to HIV/AIDS in South Africa can be put forward. First, that health and safety legislation (the origins of which may lie in social pressures) mean that occupational diseases, or diseases that affect safety, need to be responded to by business. HIV/AIDS does have implications for workplace health and safety, but generally only in specialized working environments such as hospitals where needle-stick injuries present an occupationally related danger of HIV infection. While health and safety structures are sometimes used as a vehicle for HIV/AIDS programs, it is not because of health and safety concerns that South African companies are responding to HIV/AIDS.

Second, many companies, especially larger ones, already make health-related interventions beyond that required by health and safety legislation. These take the forms of subsidized health insurance schemes, the provision of primary health care by company occupational health practitioners, and wellness programs. Such interventions may be the result of union pressure for employee benefits and social protection, recruitment competition, or arguments that a healthy workforce is more productive and that such interventions make business sense. The advent of HIV/AIDS has impacted on such interventions and has often been a stimulus for their expansion. Moreover, the structures responsible for company-based health systems form part of most companies’ response to HIV/AIDS. However, to argue that company HIV/AIDS responses have resulted from such structures would, as illustrated in this chapter, be a misrepresentation.
suffering that the AIDS epidemic inflicts, it is because they have been forced to do so by internal and external pressures.

An Overview of Business, Labor, and the Economy

South Africa, with a population approaching fifty million is a middle-income, developing country. Historically, the powerhouse of the economy has been the mining industry, which started with the discovery of diamonds in Kimberley in 1867 and gold in Johannesburg in 1886. Gold and diamonds continue to be mined along with coal, platinum, and a range of other minerals. A few mining houses, loosely federated in the Chamber of Mines, have dominated the mining industry. Standing head and shoulders above them all for many years were the linked giants of Anglo American Corporation and De Beers. Restricted from investing overseas by anti-apartheid sanctions (and apartheid legislation), the mining houses diversified into massive industrial conglomerates that contributed to the creation of a large manufacturing sector. Alongside mining and manufacturing, agriculture has historically been a major sector of the economy. Like mining, agriculture has operated on a low-skilled labor-intensive basis. More recently, with the decline of all three of these sectors as job creators, the service sector—including South Africa’s advanced financial institutions—has become the largest provider of employment. This service sector also includes over a million domestic workers working in the houses and gardens of the country’s richer citizens.

Industrialization in South Africa was consciously promoted by the apartheid state, partly though the creation of a number of “parastatal” companies that were owned, but not directly run, by the state. These included the electricity company Eskom, the Iscor steel company, and Sasol, which converted coal to petrol in part to provide energy independence for a country that has few reserves of oil or gas but massive coal fields.

Many foreign companies set up shop in South Africa’s growing economy—Unilever, Ford, Volkswagen, and the General Electric Corporation (GEC) among them. However, as the apartheid regime came under increasing international pressure, so too did these companies. A number disinvested—often a process of selling out to a domestic companies. Since the end of apartheid most have returned, and while the South African
market is small by global standards, a base in South Africa that doubles up as a gateway to the southern African region is an important component of many companies’ global strategies. In a reverse process, most of South Africa’s conglomerates have been broken up into their component industries some of which, such as AngloGold Ashanti, the paper company Mondi, and South African Breweries (SABMiller) (all emerging from the Anglo American Corporation) have pursued their own aggressive globalization strategies.

The development of the South African economy has been integrally linked to policies of racial domination—that long predate the election, by an almost exclusively white electorate, of the National Party government in 1948 on a platform of apartheid (separate, racial, development). Many components of the apartheid economy were developed by the mining industry. Critical among this was the use of Africans as low-skilled, low-paid laborers while more skilled and better-paid jobs were reserved for whites. The migrant labor system also perpetuated low wages by separating economic and social reproduction. By relegating Africans to homelands, or drawing them from parts of Africa, to which they had to return once their employment contracts were over, employers and the state did not have to take responsibility for the true costs of maintaining a labor force. While working on the mines, Africans were accommodated in huge single-sex hostels while their wives and families remained in foreign countries or apartheid homelands that carried the costs of raising and caring for families.

The Group Areas Act, which legislated who could live where (down to the smallest detail), supported this system of labor migration between rural and urban/industrial areas. However, the development of manufacturing industries, requiring higher-skilled workers, created the need for more permanent settled labor. Townships or “locations” housed this workforce in vast developments of cheaply built houses—to which tenants added numerous shacks. South African cities came to represent a microcosm of the apartheid system. Whites lived in well-serviced leafy suburbs around the city center while Africans—or in the Western Cape, coloreds—lived in dusty neglected townships connected to factories (for company employees) and the town (for domestic workers) by railways or roads by which Africans commuted daily. Suburbs and townships were kept apart by industrial zones acting as buffers, by natural features such as valleys, or simply by being built miles apart.
The urbanization of Africans was a reluctant concession on the part of the custodians of apartheid—and with good reason. It was from the ranks of the growing black urban workforce that South Africa’s powerful independent trade union movement emerged in the early 1970s. By the end of the decade, despite resistance, the power of the black unions was acknowledged with their incorporation into the industrial relations system of collective bargaining, which had previously been reserved for white workers. The most powerful grouping within this surge of black unionization was the socialist Congress of South African Trade Unions (COSATU) federation that aligned itself with the exiled African National Congress (ANC) and the South African Communist Party (SACP). By the 1990s some 50 percent of workers in South Africa were unionized.

In many ways the granting of African, colored, and Indian workers “industrial citizenship” by permitting their unions to bargain with management prefigured the wider processes of democratic change that would come to a head with the overwhelming election of the ANC in the first democratic elections of 1994. A raft of new labor legislation was promulgated by the new ANC government with the intention of rectifying workplace inequality and exploitation. The Labour Relations Act established rights for trade unions and, along with the Basic Conditions of Employment Act, working conditions for individual workers. The Skills Development Act sought to redress the country’s massive skills shortage, something that was integrally linked to racially allocated education and job reservation for whites. Finally, the Employment Equity Act established a system of monitoring and processes by which companies were expected to de-racialize workplaces.

This raft of new laws represented a decisive shift in the relationship between business and labor in comparison to previous legislation that allowed white-owned businesses, with the compliance of white unions, to keep blacks, and Africans especially, economically subservient. In shifting this balance, great efforts were made to implement these changes in an orderly and consensual way. The newly created National Economic, Development and Labour Council (NEDLAC) was made up of equal representation from government, labor, and business, and all labor legislation had to be approved by NEDLAC before being ratified by parliament.

Despite this institutional ability to influence new labor laws, business was in a precarious position after the fall of apartheid. Other than a few
tentative discussions with the ANC in exile, it had gone along with the apartheid regime. South Africa’s Truth and Reconciliation Commission (1998, 4:58) concluded that, “Business was central to the economy that sustained the South African state during the apartheid years. . . . Most businesses benefited from operating in a racially structured context.” Given this, business chose not to confront new labor legislation head on. Recognizing the increased costs that this legislation represented, it sought to maintain profitability by moving to more capital- (and less labor-) intensive processes.

The resulting shedding of jobs in a country with a still-growing population has kept union power in check and produced mass unemployment. Between 1995 and 1999 unemployment (using the expanded definition) rose from 27 to 36 percent (Stats South Africa 2002) These figures, however, hide wide discrepancies: Those with less education and training are more vulnerable to unemployment. In practice, given the enduring legacies of apartheid’s racially separated schooling systems, this means blacks in general and Africans in particular. By contrast, at the high end of the skills market there are chronic shortages—something that supports continued wage inequality in one of the world’s most unequal nations. The plight of the unemployed is, however, mitigated by two factors. The first is extensive informal economic activity, such as hawking goods at street corners, that provides survival incomes for those without work. Additionally, the ANC government has extended the country’s social security system. While this remains far from comprehensive, social grants for pensioners, the disabled, and children provides much-needed cash for many poor families that would otherwise face starvation.

In addition to the capitalization of production, business has resorted to the extensive use of temporary contract workers to combat the increased cost of labor. While labor legislation provided standards and protection for employees of the company, this can be circumvented by the use of labor brokers who create “triangular employment relationships.” The labor broker is the employer of the worker. These brokers provide a labor service (via a commercial contract) to the company, and the contract worker provides labor to a company of which they are not an employee. The use of such arrangements confuses the lines of the employment contract and increases the vulnerability of workers. Despite efforts by the Department of Labour to close the loopholes that allow this practice, the rise
of labor brokering has resulted in a two-tier labor market: company employees, usually unionized and enjoying relative security and a range of benefits and unorganized contract workers employed by labor brokers, who receive lower wages and few, if any, benefits.

The government has had to walk something of a tightrope in regard to labor market policy. On the one hand, the bulk of the ANC’s electoral support comes from workers and their families. On the other hand, as the ruling party its fortunes are tied up with the South African economy. Thus, pro-labor legislation has gone along with an otherwise pro-business ideology. The rise of a small number of African business barons along with attempts to open economic opportunities to the previously disadvantaged through Black Economic Empowerment legislation is beginning to produce a change in the racial composition of management and ownership in the private sector. As much as the speed of this black economic empowerment should not be overestimated, it raises the question of whether class tensions will start to dominate over race politics in South Africa. There may be some truth in the idea that class will start to trump race, but what it overlooks is the demographics of the country. Although South Africa’s business class may be starting to take on a multiracial complexion, South Africa’s working class remains, and will largely remain, African.

The Corporate Response to HIV/AIDS

The earliest company response to HIV/AIDS was in the mining industry, which, in 1986 discovered 4 percent HIV prevalence rates among Malawian migrant workers. The Chamber of Mines’ reaction was that “no known carriers [of HIV] will be engaged [i.e. employed] [and] all recruits from high risk areas will be tested at [the] source [of recruitment]” (Brink and Clausen 1987, 15). The union argued against pre-employment testing for HIV and eventually won an agreement with the Chamber of Mines to this effect. However, the Chamber rapidly scaled back the recruitment of Malawians (Campbell and Williams 1999). Such pre-employment testing (or profiling and avoidance of high-prevalence groups) was designed to minimize companies’ risk and did nothing constructive to respond to the epidemic.
Outside the mining industry the first major company to deal with disease was Eskom, the state-owned electricity corporation, which adopted an HIV/AIDS policy in 1988. Until 1993 Eskom conducted pre-employment testing for HIV (Department of Health 1999; New Academy of Business 2001). Eskom dropped pre-employment testing as counterproductive in 1993, but other South African companies continued to use this as a “solution” to the threat of HIV/AIDS. Only in September 2000 did the Labour Court, responsible for interpreting labor law, rule against the routine use of pre-employment HIV testing in the case of “A” v. South African Airways (AIDS Law Project 2000).

In the late 1990s, large companies in South Africa launched comprehensive HIV/AIDS policies or consolidated their previous ad hoc responses. These included the Ford Motor Company (1998), Ilovo Sugar (1999), and Daimler Chrysler (2000) (Global Business Council on HIV/AIDS 2002; Randall 2002). In 2000 the tripartite National Economic, Development and Labour Council negotiated a Code of Good Practice on Key Aspects of HIV/AIDS and Employment (Department of Labour 2000). This document focused on the rights of HIV-positive employees and provided a broad overview of what company HIV/AIDS policies should include. In 2003, the Department of Labour’s HIV/AIDS Technical Assistance Guidelines provided detailed suggestions on workplace HIV/AIDS programs.

South African mining companies have remained at the forefront of corporate efforts to check HIV/AIDS because their workforce is the most vulnerable to the disease. This vulnerability stems from the extensive migrant labor system in which male workers are separated from their families for long periods of time and from the low socioeconomic and educational status of most mine workers. The mining sector introduced large-scale antiretroviral drug provision for employees without health insurance. Arguing that such an initiative was cost-effective, Anglo American announced drug provision for all its employees, on 6 August 2002. The first pilot program, in Anglo America’s gold mining subsidiary, began in November 2002 (Keeton 2003). De Beers and the Old Mutual insurance company followed suit by announcing their own antiretroviral drug programs on 12 August and 10 September 2002 respectively. In relation to the government’s slow-changing policy on antiretroviral drugs, such announcements allowed South Africa’s Business Day to argue—in a September 12 editorial entitled “Taming the Hurricane”—that “It is increasingly clear that
corporate SA is beginning to take the initiative in getting to grips with the disease...Corporate South Africa is stepping into the breach where government has so obviously and tragically failed.” Since then, corporate action on HIV/AIDS has continued to grow in scale and scope with most large companies now having specialized HIV/AIDS managers. Key aspects of recommended workplace HIV/AIDS responses in corporations include the following (Department of Health 1998; Department of Labour 2000, 2003; Family Health International 2002; ILO 2001; NOSA 2003):

- Identify and understand the risk HIV/AIDS poses.
- Establish commitment from management and employee representatives for the workplace response.
- Draw up an HIV/AIDS policy.
- Establish implementation structures that include management and employee representatives.
- Ensure good internal and external communications.
- Establish partnerships with groups able to assist the workplace program.
- Run awareness and education interventions.
- Encourage and assist behavioral change that will prevent HIV infection.
- Encourage voluntary HIV testing and provide counseling.
- Offer wellness programs, HIV/AIDS treatment, and care (subject to resource availability).
- Extend programs to families of employees and the community (subject to resource availability).
- Create an environment in which fear, stigma, and discrimination around HIV/AIDS is minimized.
- Monitor, evaluate, and review the program.

South Africa’s Business Day argued that the corporate reply to HIV/AIDS demonstrated the triumph of private-sector decision making over a bungled state response to one of the greatest challenges South Africa has had to face. It is certainly true that some large companies were ahead of the state in providing antiretroviral drugs and that some company HIV/AIDS programs are far ahead of what is being done outside of the corporate
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environment. But focusing on these strengths hides the excruciatingly slow business response to AIDS.

As early as 1987, sections of South Africa’s intellectual and political elite were aware that AIDS would have major implications for the country (Grundlingh 2001; Marais 2000). South African business even had its own AIDS “prophet” in the form of Clem Sunter, who used the Chairman’s Corporate Social Responsibility (CSR) Fund of South Africa’s largest company, Anglo American, as a platform to raise issues of national importance. In 1987 he identified AIDS as a “wild card” in a global scenario exercise. By 1992 it was portrayed as a significant threat to South Africa, although one that could still be averted. By 1996, the threat to productivity that AIDS posed was addressed in detail, and by 2000 Sunter coauthored a book on AIDS with an entire chapter on “AIDS in the Private Sector” (Sunter 1987, 1992, 1996; Whiteside and Sunter 2000).

In theory, the widespread use of strategic planning tools such as SWOT (Strengths, Weaknesses, Opportunities, and Threats) analyses and scenario exercises that businesses use to understand the environment they operate in should have identified HIV/AIDS as a potential threat at an early stage. Had this happened, companies could have begun to investigate this risk by measuring HIV prevalence in the workforce. There are several ways in which HIV prevalence in a population can be established—with different degrees of certainty. Anonymous prevalence testing takes unlinked samples of blood or saliva from, ideally, every member of the workforce and tests for the presence of antibodies to the HIV virus. Individuals cannot access their results, but this method allays concerns over being identified as HIV-positive and increases participation rates. However, to the extent that individuals cannot, for whatever reason, be persuaded to provide a sample, there remains uncertainty as to the true level of prevalence. Actuarial risk assessments take the demographic profile of the company workforce and, on the basis of data drawn from HIV prevalence surveys elsewhere, estimate prevalence among this group of employees. Alternatively, though only where companies, at a minimum, provide antiretroviral therapy to employees that will provide an incentive for testing, the prevalence rate can be estimated using data collected from voluntary counseling and testing programs.

However, risk assessment, as measured by the HIV prevalence in the workforce, did not happen. In May 2002, the South African Business Coalition on HIV/AIDS’ (SABCOHA) survey of business’ policies and
programs revealed that the majority of companies had yet to assess the risk of HIV/AIDS within their own workforces, let alone mount a response to this risk. Even more surprising was that only 22 percent of companies with over five hundred employees had conducted anonymous HIV testing—the only sure way of knowing the levels of infection in the workforce. While only 52 percent of them had commissioned an actuarial risk assessment, a far less intrusive but also far less reliable method of assessing the scale of the problem in an organization (SABCOHA 2002). A survey of five hundred South African companies in September 2002 presented an even bleaker picture. More the 75 percent of companies had no idea of the prevalence rate in their organizations, and more than 60 percent of these firms had no strategy to manage the disease in their workplaces (Rusconi 2002).

The fact that the South African government failed to lead and coordinate a national response to AIDS is often used to rationalize South African business’s slow reply to the threat of the disease. Some observers have argued that the government’s failure to respond to the crisis confronted business with such a massive problem that their isolated actions would be ineffectual (Jelly 2003; Jordan 2001; SAPA 2001). Indeed, as in other countries, initial action by the South African government was often ill-informed. Whenever the apartheid regime had attempted to deal with HIV/AIDS, it suffered from a lack of credibility with the majority of the population. The advent of a democratic government in 1994 made a national response to HIV/AIDS, involving all relevant stakeholders, a possibility (Leclerc-Madlala 2005). However, the demands of political transition and the ambitions of the new regime to develop South Africa into a modern economy deflected attention and resources away from HIV/AIDS (Marais 2000). Additionally, and significantly, intellectual skepticism at the heart of the post-apartheid government on the link between HIV and AIDS confused the national response (William 2004).

Yet government failure as an explanation for business inaction overlooks the fact that with or without a state-led effort to deal with HIV/AIDS, business would still have needed to respond to the epidemic. So why did business wait to do so until 2002 (the year that the first large companies introduced antiretroviral treatment), sixteen years after the first studies had identified HIV among workers and antenatal HIV prevalence rates had risen to 26.5 percent (Department of Health 2003a)?

One reason for this inaction was that corporate attention was focused elsewhere at the end of apartheid. If the post-1994 government has faced
the enormous task of transforming society, so too business has been preoccupied with protecting its place within this new order. Because of its central role within the apartheid system (Truth and Reconciliation Commission 1998), South African business started this effort from a weak position. Adding to its problems, as it moved out of its apartheid isolation, South African business has also had to cope with increased competition from abroad. Despite these challenges, it seems hardly convincing to argue that these tasks preoccupied business to the extent that it was unable to evaluate its own interests in the face of the AIDS epidemic. Business leaders, for example, did not hesitate to raise AIDS when they attacked the government for mishandling the epidemic because it discouraged investment. By the end of the 1990s in the business press, AIDS was routinely added to lists of social challenges that “need[ed] to be tackled seriously through a comprehensive programme in order . . . to achieve a higher rate of growth in the long run” (De la Dehesa 1999). Prominent business leaders such as Julian Ogilvie Thompson, Chair of Anglo American, cited President Thabo Mbeki’s open questioning of the link between HIV and AIDS as an area where South Africa had “stumbled badly” (SAPA and I-Net Bridge 2000).

To understand the true reasons for a slow reaction from South African business to the AIDS epidemic, it is important to move beyond the glaring failures of government and examine the actual business dynamic around the crisis. To get a close look at how corporations have dealt with AIDS, we will explore the case of one large South African company, “Deco,” which illustrates how company responses to HIV/AIDS have been stimulated by social, rather than business, concerns. This case makes it clear that company action on HIV/AIDS has been driven from below rather than above and has been only weakly supported by legislated or voluntary regulation. All this has profound implications for the nature of company responses to HIV/AIDS and workplace peer education.

**Getting Companies to Respond to HIV/AIDS:**

**The Story of Deco**

**Background to Deco**

Deco is a large South African corporation with over 25,000 domestically based employees. The company is divided into several major “divisions”
that operate a number of diverse production processes including mining, processing, and manufacturing. These divisions, some of which are divided into smaller “business units,” are located within a number of large industrial complexes. The largest division, in terms of employees, is Mining. Deco’s management is predominantly Afrikaans and male, and its top management, until recently, almost exclusively so. Its structure is strongly hierarchical with fifteen grades of employee within the company. One human resources manager, when questioned about the lack of HIV/AIDS programs in his business unit, explained how this structure discouraged action: “I would have to fight the Deco system and that would just disrupt relationships. It would be jumping grades to take the initiative.”

An engineering background is highly valued within the company, and this technical orientation supports a formidable capacity for project development which has seen the company expand operations dramatically in the last ten years. While the company is proud of its technical prowess, which has translated into high profit margins, management tends to struggle with “softer” workplace issues, such as employment equity legislation designed to bring the profile of the company’s workforce into line with national demographics.

The company employs a large number of predominantly white, skilled, blue-collar workers. Lower grades, such as miners and machine operators, are predominantly African. Only 12 percent of the company’s workforce is female. Approximately 55 percent of the workforce is unionized.

Short-Sighted Strategists

In the late 1990s Deco conducted a scenario planning exercise to map the “road ahead” between 2000 and 2010. This exercise drew on insights from thirty-six Deco managers and eleven “remarkable people” from outside the company. These managers and notables came up with four company scenarios, only one of which identified AIDS as a major factor. Even here, the scenario strategists contended that HIV/AIDS was a challenge to an underresourced economy rather than to the company itself. While the Deco document cautioned against overemphasizing individual scenarios, the fact that HIV/AIDS did not feature as a component of all four scenarios is telling. Certainly, the scenario exercise had no impact on the company’s response to HIV/AIDS, which was already gaining traction elsewhere in
the company. For all their managerial acumen and remarkableness, when it came to HIV/AIDS, the assembled think tank had failed to map the road ahead.

A Response From Below

Deco’s response to HIV/AIDS began in a low-key fashion in some of its divisions, notably Mining, around 1997–1998. In 1999, Kay Smit, a mid-level manager in the company’s central Human Resources (HR) office in Johannesburg, established a Corporate AIDS Forum. Smit’s role as HIV/AIDS Coordinator was only one of a number of portfolios for which she was responsible. The Forum drew up a brief set of guidelines on HIV/AIDS, but these did not amount to a company policy. In the absence of central direction, individual Forum members, or AIDS Champions as we will call them, independently developed a number of HIV/AIDS policies for their own division or business units. Membership of the Forum was informal and consisted of Deco employees who were already active around HIV/AIDS in the company.

It was apparent from my very first contact with Deco in 2001 that HIV/AIDS was an issue that was being driven from below. The company’s AIDS Forum was recognized, but it functioned without clear lines of communication to the rest of the company and was essentially voluntary. Smit encouraged those already working on HIV/AIDS in the company to attend. An invitation from corporate headquarters was enough to justify to divisional or business unit superiors that other responsibilities could be set aside to attend the Forum’s monthly meetings. Few Forum members had a mandate to speak on behalf of their divisions or business units and decisions had to be taken back to individual workplaces for approval.

Around twelve AIDS Champions attended each meeting in late 2001 and early 2002. The members of the group ranged from Leon Nel, a mid-level HR manager in the company’s Mining Division, through a range of junior managers, administrators, and company occupational health practitioners, down to Hillary Botha, a secretary in a divisional business unit. Botha had been a secretary since 1990 and had become involved with HIV/AIDS because she had “a passion for people.” Deco was a “wonderful company,” but she believed it wasn’t responding to HIV/AIDS as it should. So she got things moving in her workplace. Siphelele Ganga, a junior HR
manager in a different business unit, also illustrated the bottom-up nature of countering HIV/AIDS in Deco. When he came to Deco in 1998, he had been given the HIV/AIDS portfolio for his business unit not, he wryly pointed out, because of any previous experience on HIV/AIDS, but because he was new to the company and couldn’t say “no” when the responsibility was delegated downward.

Given this downward delegation of responsibility, Ganga could, of course, have done nothing: Nobody was going to check up on him. But he had enthusiastically taken up the task and after drafting an HIV/AIDS policy for his business unit recruited a group of fifteen peer educators for whom he had organized training. Although the company didn’t know it, he had come face to face with AIDS in his previous job at a mining company in South Africa’s North West Province: “We buried people [who had died of AIDS],” he said. “As an HR manager it was my job to attend funerals [on behalf of the company].” He knew it would be the same for Deco and had decided to do what he could.

Other AIDS Champions had also been motivated by seeing the human impact of AIDS. Linda van den Burg blended her role as an industrial nurse at Deco with compassion. HIV/AIDS extended what she undertook beyond her formal responsibility for occupational health and first aid. Her first AIDS case in Deco was in the late 1990s. The union had brought a man who was being disciplined for absenteeism. Van den Burg got his permission for an HIV test. When it came back positive, it was clear the man was dying. She ended up taking ration packs, provided by the company for overtime shifts, to his home.

Grassroots Activism within the Company

Without any formal company policy on HIV/AIDS, it was necessary for AIDS Champions to operate in unorthodox and unauthorized ways. These included bootlegging resources and finding ways to navigate around the barriers presented by the structure and culture of the company. As more employees came to Van den Burg’s office with apparently minor complaints, such as diarrhea, she started to offer them counseling and HIV testing. However, even when people knew their status, they didn’t always act. Although most employees had health insurance they could not always afford the required copayments or time off work to visit the doctor. Worse
still, contract workers did not have medical aid. One day a contract worker had staggered into Van den Burg’s office and pulled up his shirt to reveal massive herpes zoster blistering across his chest and abdomen. She sent him to a doctor with instructions to bring back a prescription and utilized a trick her manager had taught her (for different purposes) to transfer funds within the company’s accounting system to pay for the drugs the contract worker needed. When the manager confronted her because she had used the money to pay for a worker’s medications, she reminded him that he had taught her the trick. If she was now doing something wrong then he was to blame.

Botha also learned that results could be achieved in unorthodox ways. As the 2001 World AIDS Day approached, one manager sent an e-mail to her warning that company vehicles were not available to transport workers to an HIV/AIDS educational event. When she got no reply to her e-mails questioning this, Botha ignored company protocol and walked straight into the manager’s office. The vehicles were released: “It’s the verbal that gets through to people,” she explained. From then on Botha bypassed company etiquette and would arrive directly at managers’ offices whenever she needed something.

Like other AIDS Champions in Deco, Botha had realized that, in the absence of a centralized company HIV/AIDS program, they needed to initiate structures within their own workplaces. She had set up an AIDS Action Team of peer educators in her business unit. This team met every month and conducted activities ranging from condom distribution to school art competitions. Report-back sessions at the AIDS Forum shared what these AIDS Champions were doing in their own parts of the company. Successful events and the recruitment of peer educators were always received with enthusiasm and congratulations. However, resistance to HIV/AIDS activities from management convinced many AIDS Champions that they needed to move beyond their individual workplaces.

Developing a Shared Technical and Emotional Understanding of HIV/AIDS

Collectively the Forum’s members began to drive the grassroots action in Deco upward. This started with the development of an accurate understanding of HIV/AIDS, a shared emotional position, and the development
of tactics and strategies that could be used to stimulate the company into taking HIV/AIDS seriously.

Although Smit convened and chaired Forum meetings, they were remarkably participatory, and there was a strong sense that the Forum belonged to all the AIDS Champions. In contrast to the larger corporate culture, decision making was collective with long discussions and involvement over details. The entire Forum participated in drawing up a deck of HIV/AIDS playing cards—each card had a humorous illustration and snippet of information about the disease—that was to be distributed on World AIDS Day 2001. Such involvement was in itself educational with, for example, long discussions over the messages and pictures on the playing cards. Many of the AIDS Champions also attended a university-based HIV/AIDS training course that Smit paid for from the HR budget—a joint activity that built further knowledge and camaraderie.

Their collective learning over HIV/AIDS provided frequent opportunities for employees not only to work together but to laugh together. On one occasion, when Smit was reporting back on the content of the university course to members of the Forum who hadn’t attended, Nel interrupted, exclaiming that Kay’s account was “Not true! We just talked about sex!” Amid the hilarity that followed Nel was asked with mock seriousness, “Were you corrupted?” But in addition to fun and laughter, there were also deeply sobering moments when the warmth created by the group was punctured by the cold reality of the epidemic. At one meeting Nel shared the results of a prevalence survey that had revealed an adult infection rate of over 30 percent in a township near his workplace. The meeting descended into a grim silence that was broken only when Botha quietly summed up their consensus: “That’s the reality out there, it’s a disaster.” For Forum members this emotional understanding of the disaster that was breaking over the country constituted the rationale for an escalated company reply to HIV/AIDS.

Driving the HIV/AIDS Agenda in the Company

Technically mastering the details of HIV/AIDS was for AIDS Champions a means to an end; knowledge would support and/or prompt action. During a session in which they worked through “Ten Questions and Answers on HIV/AIDS,” the group shared tips on how they could avoid confusion
and get messages across clearly within their workplaces. For example, to explain that unprotected sex didn’t automatically result in infection, Nel used the analogy of people racing through red traffic lights or in South African English, “jumping the robots.” Jumping the robots didn’t always mean a collision, but everybody could agree that eventually there would be an accident. For this reason it was best to be safe every time. Many of the other Forum members noted that they could also use this analogy.

Increasingly, the Forum developed a collective understanding that their disparate individual efforts, while valuable, were not enough: The company had to respond systematically. As this conviction grew so did the understanding of the immediate obstacle they confronted. It was management. This was not a great leap for AIDS Champions who had already found themselves frustrated by their immediate managers who often knew little about HIV/AIDS and were willing to do even less. A Knowledge, Attitudes, and Practices (KAP) survey conducted in Mining across all employment levels had generally received a good reception. But many managers at company level six and above (level six formed supervisory management, five and above middle- to top management) had refused to participate, even though the survey was anonymous. Although a number of AIDS Champions were themselves higher than level six, they agreed that “the problem is six and higher: that’s where the attitudes are.” Ganga volunteered that this was because managers “think they’re immune.”

As the 2001 World AIDS Day approached and managers would have to acknowledge the epidemic, the group collectively strategized about how they could confront managerial attitudes. Having decided that people should be encouraged to wear an item of red clothing on that day, someone suggested, to much laughter, that “we should unleash a hot, blond, white chick in a tight red dress on the fourth floor [where senior management had their offices] to distribute condoms! It would challenge their psychological perceptions that it’s [only] gay and black people [who have HIV/AIDS].”

Although campaigning to bring about policy changes, AIDS Champions generally did not consider themselves to be social activists, such as Treatment Action Campaign (TAC) members. “Activists simply demand,” they insisted. “We want to see this [HIV/AIDS response in the company] through. [For example,] there is no good getting treatment provided if you don’t have a way of making it work.”
Notwithstanding this intention to do as well as to demand, AIDS Champions were still in no position to implement a companywide program to make things work. It was not even clear what communication channels were available to them or if anyone would listen. While a managerial line ran from Smit through her superior to Deco’s HR manager, on the issue of HIV/AIDS this connection was weak. However, as the Forum began to assert itself, new members started to join what looked like something of a corporate bandwagon. Not surprisingly, these new members sometimes clashed with the culture that founding members of the Forum had established. At one meeting Botha reported back on an AIDS orphanage project. She said that her workplace was supporting it and circulated a list of items that could be donated. Kobus Bezuidenhout, who was at his first Forum meeting on behalf of Group Health & Safety, worried because the list included farmyard animals. What would happen, he asked pragmatically, “if somebody gives them a cow?” For older Forum members niggling over details, rather than expressing a spirit of support, was not helpful. Botha quickly dispatched the matter: “What a pleasure! The children would have milk!” Amid giggling, Bezuidenhout’s point was lost. Such clashes were usually passed over quickly, and the newcomers were generally welcomed as a sign of success in widening the company’s response to HIV/AIDS.

Persuading the Company to Act

A key lesson for many AIDS Champions in Deco was that numbers would win arguments around HIV/AIDS in the company. In a profit-driven, engineering-dominated culture, one had to prove one’s project both technically and financially. For AIDS Champions, responding to HIV/AIDS was not about profit. They viewed drawing up plans and anticipating difficulties as “talk” when what was needed was “action.” However they also realized that if the company was to respond they needed to make the case in ways that management would understand. As a nurse on the Forum explained, “People are dying, but they don’t listen when we tell them. We need to give them statistics.”

In Mining, Nel had been putting these together as best he could. As an HR manager, he had teamed up with a mine doctor to champion HIV/AIDS. With the advantage of annual medical checkups for underground
workers, the rising number of AIDS-related illnesses had been easy to spot. The first case was picked up in 1994. In 1998 they put together a simple model that doubled new HIV cases each year, presenting it to management with the message that: “A bomb’s exploded. The first bits of shrapnel are coming past us now and the big bits are on the way. We’ve got to put plans in place.” Although the Mining management had expressed skepticism, they nonetheless gave the go-ahead for Nel to work on HIV/AIDS. As a result, Mining had the most advanced HIV/AIDS program within Deco. Nel’s voice, an inspiration to other AIDS Champions, carried considerable weight within the Forum. He advised his colleagues that one first needed to “make an economic argument and then back it up with a moral case. Then they [management] see the point.”

Smit did the same for the company as a whole. In 2001 she commissioned an HIV prevalence and costing exercise that allowed her to compile a simple economic case for intervention in which savings outstripped costs. The calculated savings over a six-year period were a miniscule fraction of the company’s annual profits. Nevertheless, the argument that the company was being financially responsible in dealing with AIDS served as a useful fiscal fig leaf that allowed it to respond to mounting pressure. We can see that cost-benefit analyses serve an almost ritualistic role when we consider the fact that a 1999 HIV-prevalence estimate whose conclusions almost mirrored those of the 2001 study was universally ignored within the company. Moreover, the decision to escalate Deco’s response in 2002 continued when a third, and more comprehensive, study indicated that economic benefits of a company HIV/AIDS program were likely to be neutral; that is, for each Rand spent on interventions, one Rand would be saved in terms of reducing the cost of HIV/AIDS—a return on investment of 0 percent.

Pressure from Inside and Outside

In addition to the cost-based arguments, Smit identified and tested a raft of other reasons for dealing comprehensively with AIDS, in the road shows that she took to divisional managers in an attempt to build support for intervention. Pressure was mounting, she outlined, both internally and externally for the company do to something, and it needed to create a comprehensive program. She argued that employees expected the company to
do something about HIV/AIDS. She hoped that Forum members would back up her appeal as they brought their own concerns from their divisions and business units to upper-level management. She also emphasized that rising concern about the pandemic meant the company would be coming under greater public scrutiny.

Inside the company, employees and their unions were echoing public pressure in their calls for the provision of antiretroviral drugs. A consultant who assisted Deco in drawing up its response to HIV/AIDS in 2002 explained that, when developing the business case for the intervention, there had been little option but to address the perceived gap of antiretroviral drug provision in the company’s program: “It felt like a trap. We either had to make a business case for providing antiretroviral drugs, or we had to find some other way of justifying them. There was no way we [the consultancy company] were going to come out against antiretroviral drugs…[T]he solution had to include antiretroviral drugs.” Perceiving public concern about HIV/AIDS, senior management sought to project an appropriate image. The company chairman asked Smit, through a number of intermediary levels, to provide information that could be publicly presented. Subsequently, in his annual statement, he reported that the company was implementing “a series of non-intrusive and proactive measures to educate and protect our employees from this disease [HIV/AIDS].” These comments were reprinted in advertisements placed in the national press in October 2001. Of course, this series of interventions was nothing more than what AIDS Champions had organized—largely without management assistance or knowledge.

Despite the lack of any clear channel for the AIDS Champions to push their message upward in the company, it nonetheless got through. Growing unease around the epidemic had justified Smit’s establishment of the Forum, which was able to link the previously isolated actions of individual AIDS Champions throughout the company. Now a realization that the company would not be allowed to ignore the epidemic ensured that senior managers were willing to listen to voices from within the company.

In the absence of structures that linked the Forum and senior management, senior management itself had to come to the Forum. In March 2002, after the Forum had been meeting for over two years, the Company HR manager “dropped in” at their monthly meeting. His imminent arrival, preceded by a phone call from his secretary, reduced the Forum to a
collective state of excitement. Between the phone call and his arrival, Van den Burg reduced the group to peals of laughter when she asked, “Should I put on more lipstick?”

**Understanding Company Responses to HIV/AIDS**

Even after senior management officially approved the Forum’s activity, it was far from plain sailing. Nevertheless, this recognition of rising managerial concern marked a turning point. From then on, AIDS Champions could build programs with much greater attention to what was needed rather than what could be slipped into the spaces between “real” company activities.

The story of Deco helps us better understand that company responses to HIV/AIDS are far from straightforward products of cost-benefit analysis, social concern, or compliance with recommended best practice or national legislation. Rather, they are a messy outcome of internal activity, social pressures, and a pragmatic recognition from senior management that it is best to make a virtue out of a necessity. Deco’s reply to HIV/AIDS can, with variations, be generalized to South African companies. Companies must build a business case that legitimates creating a program to deal with HIV/AIDS. Legislation and best practice guides play a minor, and rarely proactive, role, while the visibility of the epidemic combined with internal and external social pressures encourage action. This matrix of factors sculpts company responses as well as their limitations.

In many South African companies it was AIDS Champions who commissioned the studies that helped promote positive action. Often these studies didn’t make a convincing case. Unresolved questions included the exact prevalence rate among the workforces; how lost productivity could be accurately measured; to what extent the price of antiretroviral drugs would drop; how many HIV-positive employees would access treatment; and whether workers could continue to be cheaply replaced if the national impact of the disease was considered. Nor could studies take into account the unknown future trajectory of the epidemic in the workforce; if HIV infection were to move into the more-skilled section of the population then the sums would stack up very differently. But these uncertainties aside, studies did at least demonstrate that the cost of intervention would pay for
itself. (Sometimes with a little massaging, because by the time these studies were being commissioned in earnest nobody, mindful of public concern over HIV/AIDS, was going to produce a report that said “Do nothing; it’s cheaper to let the epidemic run its course.”) That was hardly going to galvanize company boardrooms seeking double-digit returns on investments, but it did get everybody off the hook. Managers could respond to demands for action on AIDS while at the same time plausibly arguing that it made business sense.

Although there was a raft of national legislation that could be applied to HIV/AIDS in the workplace, none of this forced companies to be proactive in confronting the epidemic.3 The protection of HIV-positive individuals’ rights was important in blocking pre-employment testing. Otherwise legislation has been of little value in driving company action on HIV/AIDS. Beyond stating what should not be done, the law says very little. The Department of Labour’s Code of Good Practice on Key Aspects of HIV/AIDS and Employment (2000) is no more than a code and joins a number of other such guidelines that companies are free to use, adapt, or ignore as they wish (Whelan, Dickinson, and Murray 2008).

If financial and legal pressures have not compelled companies to deal with the crisis, then it is clear that corporate action has largely been a reaction to social pressures brought to bear on senior management. The story of Deco illustrates how AIDS Champions—lower-ranking managers and in some cases rank-and-file employees—mobilized within their own workplaces and campaigned within their company until they were taken seriously. The stories of other companies vary in detail, but are broadly similar in this respect. Not infrequently, early attempts at internal mobilization failed as AIDS Champions became discouraged or left companies without their programs being institutionalized. Later, new employees would start all over again. Only toward the end of the 1990s and early 2000 did grassroots responses inside companies start to link up, as in Deco, with concerns of executive management.

3. The Department of Labour’s (2000) Code of Good Practice on Key Aspects of HIV/AIDS and Employment lists, in addition to the country’s Constitution, eight relevant pieces of national legislation. These are: The Employment Equity Act, the Labour Relations Act, the Occupational Health and Safety Act, the Mine Health and Safety Act, the Compensation for Occupational Injuries and Diseases Act, the Basic Conditions of Employment Act, the Medical Schemes Act, and the Promotion of Equality and Prevention of Unfair Discrimination Act.
These executive concerns stemmed from the realization that, however weak the legal and financial arguments for responding to HIV/AIDS might be, inaction carried penalties. The threat to South Africa’s corporate image was even more serious given employers’ previous role within the apartheid system. Employees expected corporate leaders to do something about the epidemic. The TAC and unions were also critical in exerting external pressure, notably around the provision of antiretroviral drugs. As the managing director of one of Deco’s divisions put it, “There isn’t a business case for antiretroviral drugs on labor supply grounds. But there’s a case in terms of the company’s image.”

Many company programs were motivated by concerns about image, as illustrated by this frank assessment from a senior Deco manager: “It’s now a corporate image issue, but if we’re late [in responding to HIV/AIDS] we’re not going to be killed for it. Who’s ahead on this issue? [i.e., nobody]. So we’re in the club. There is little competitive image difference on HIV/AIDS.” This calculated evaluation from senior management reflects not only the limited value that workplace responses to HIV/AIDS would bring to the bottom line but also their own social distance from the epidemic. By contrast, those campaigning for more robust corporate action had, for one reason or another, come into direct contact with the human consequence of AIDS. In a survey of 383 companies in late 2002 with an average workforce of 580 employees, 50 percent of managerial respondents reported that HIV/AIDS had no impact on their company. However, among the 33 percent of these managers who knew of somebody who was HIV-positive in the company, 72 percent thought that HIV/AIDS was having an impact on the company (Stevens et al. 2005), suggesting a causal link between personal knowledge of HIV-positive employees and the perceived impact of HIV/AIDS.

The visibility of HIV/AIDS in companies often varied widely. In a manufacturing company with around 250 employees researched in 2004, uncertainty about prevalence extended to visible indicators of impact, such as AIDS-related deaths within the company. When interviewed, three managers—all members of the company HIV/AIDS committee—gave different figures in this regard. One, the most senior, said he knew of no such deaths, a second cited a figure of four, and the third (the most junior of the three) claimed seven such deaths—producing copies of death certificates euphemistically indicating “natural causes” and “diarrhea” to
support this (Dickinson 2005). More broadly, given the distribution of HIV prevalence among different socioeconomic groups outlined in Chapter 1, there is a clear inverse relationship between those who have firsthand experience of HIV/AIDS and their power within companies.

Not surprisingly then, AIDS Champions were self-selected from among those who, while not members of socioeconomic groups bearing the brunt of the epidemic, nonetheless came into direct contact with AIDS in their daily work. Thus, predominantly lower-ranked managers, notably in HR departments, and occupational nurses have driven company HIV/AIDS programs.

One outcome of this self-appointed set of AIDS Champions was the process of internal lobbying that the story of Deco illustrates. Despite their frustrations with company leadership, the Champions objective remained to “turn” management rather than to force it to concede to a set of demands. In getting senior management to take AIDS seriously, they recognized the value of having the TAC and unions make or threaten to make demands on companies. Given that these pressures were independent of their own work, they could position themselves as helping senior management to understand the imperative of responding to the epidemic. They provided managers—who knew next to nothing about HIV/AIDS, other than that it was becoming a corporate image issue—with actions that could be economically justified and made moral sense.

While managers realized that they had to be seen to be responding to HIV/AIDS and came to appreciate that they had employees keen to put programs in place, that did not mean they threw themselves unconditionally behind company HIV/AIDS programs. While some components of such programs were cheap and easy to sanction, others elements could be much more costly. What quickly became obvious was that it was not possible to easily limit the company’s response. The sexual transmission of disease means that the success of any workplace program depends on the success of programs in the communities in which employees live. The provision of antiretroviral drugs to employees was something that could be justified financially, especially as drug prices dropped. But the cost would escalate if drugs were provided to employees’ spouses who would very likely also be HIV-positive. Further, managers questioned whether treatment could be continued if the HIV-positive employee were laid off or retired. The problem of how far companies should go in providing antiretroviral
drug treatment was considerably eased by the state’s August 2003 decision to roll out treatment in the public sector. But, beyond the question of payment for drug therapy, if the epidemic is fueled by poverty, then company management—while wanting to project an image of corporate responsibility—also looked nervously at surrounding communities and their socioeconomic needs. Responding to these needs could overwhelm their resources.

In a survey of twenty-eight of South Africa’s largest companies, with a total workforce of 547,000 employees in 2002–2003, 48 percent of responding managers said the most important reason for responding to HIV/AIDS was “to act as a responsible corporate citizen” (Dickinson and Innes 2004, 39). In practice, however, companies’ policies circumscribed the extent of this corporate citizenship. Thirty-eight percent of the surveyed companies agreed that their company’s HIV/AIDS policy recognized that the “whole of society must be considered.” However, when it came to contract workers, who were not payroll employees but walked in and out of the company gates every day, only 19 percent of the companies included them in their programs (Dickinson and Innes 2004).

At Deco, managers raised considerable doubts about the potential cost and complexity of Deco’s taking responsibility for HIV/AIDS in the community. The Deco managers interviewed highlighted the company’s corporate social responsibility projects with local communities, but saw any move beyond this as something that was neither practical nor affordable. The managing director of one division explained, “There is a fear that we could be sucked into this kind of thing,” while a senior HR manager thought that, “If we try to grapple [with HIV/AIDS] beyond the immediate family [of employees] it could become enormous.”

**Company Managers, AIDS Champions, and Peer Educators**

Workplace peer educators operate in environments that are similar to that of Deco where the writ of legislation or guidelines around HIV/AIDS is limited. They also have to accept senior management’s reluctance to deal aggressively with HIV/AIDS beyond efforts to project a good corporate image. This reluctance is due, in part, to managers’ limited exposure to the human impact to AIDS. By contrast peer educators, even more than
AIDS Champions, are confronted with the tragedy of AIDS within their own families and communities. Another reason for managerial inaction was that when the sums were finally calculated, they didn’t amount to a compelling bottom-line argument. This may yet change, but for the moment those seeking to lobby for company responses to the epidemic have to be content with a financial fig leaf of cost neutrality to justify a HIV/AIDS program. Yet, for peer educators, drawn from the ranks of company employees—most in lower occupational levels with limited education or resources—these programs, for all their limitations, are important.

This chapter, in describing how AIDS Champions catalyzed company responses, may have given the impression that Champions, as middle-level employees, both lobbied upward and organized downward. There is some truth in this; in addition to raising consciousness about the problem and arguing for a more comprehensive company reply to the epidemic, they were also busy organizing, as best they could, within the company. But, as we shall see in Chapter 3, their efforts to recruit and deploy peer educators rode on the enthusiasm and spontaneous activity of peer educators themselves. AIDS Champions did not call peer educators into being, nor can peer educators be seen as merely grassroots implementers of company HIV/AIDS programs. Instead peer educators represent a vast response to AIDS from below.