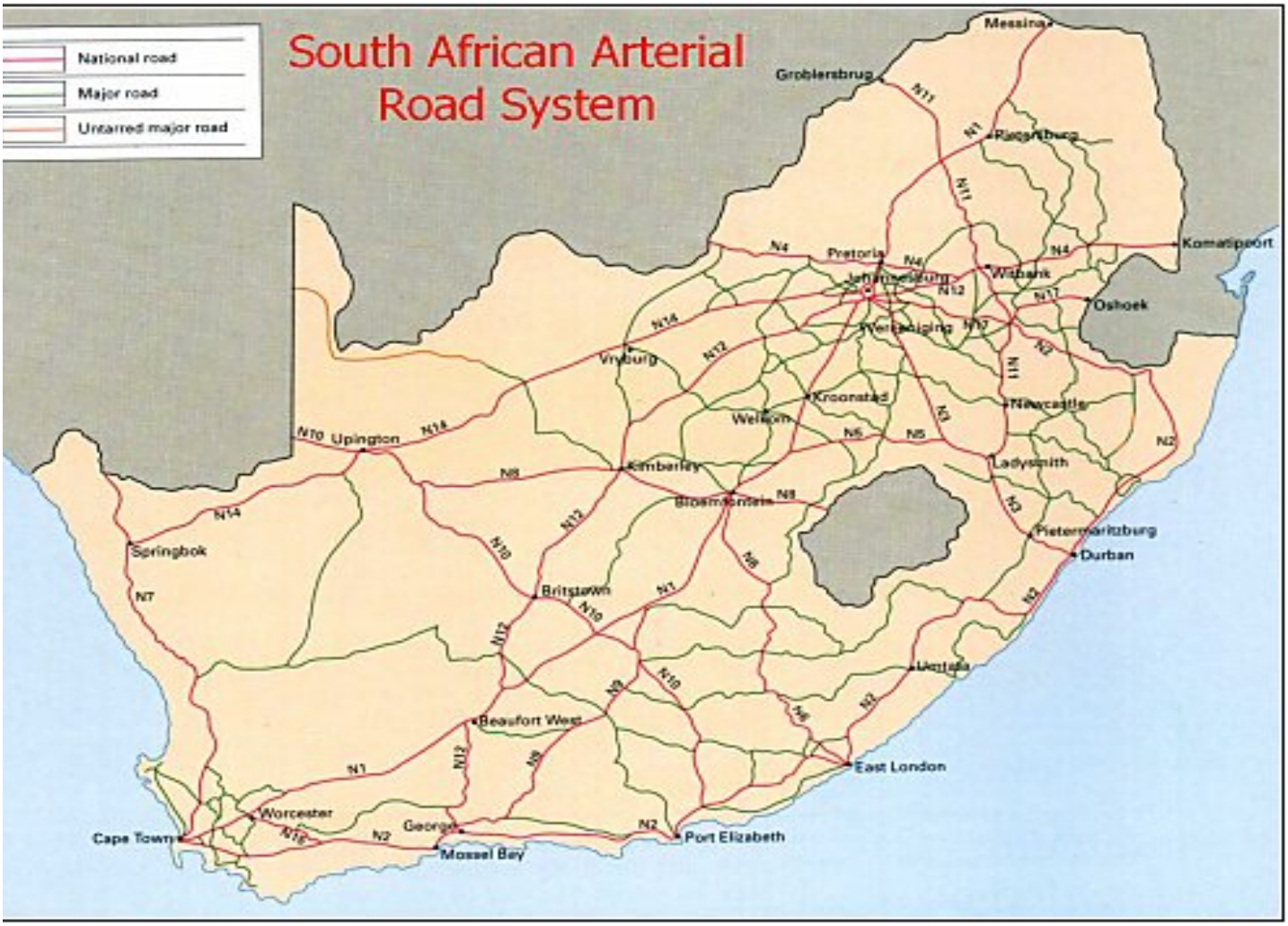
APPENDIX A

South African Truck routes

trucking (road-freight) industry is a key provider of transport in
th Africa. It is a fast and flexible link in supply chain management
stics and is an essential service provider for just-in-time delivery
ices. In addition, the road freight industry is an important job
tor, with owner-driver operators becoming a more common feature
e industry. At the same time, the continued consolidation of
lium size truck companies has led to the presence of four major
ips. These are Bidvest, Imperial Holdings, Super Group and
rans, each having its unique history and market niche.



APPENDIX B

Table representing HIV prevalence statistics

Estimated HIV prevalence among antenatal clinic attendees, by Province

Province	2000 prevalence %	2001 prevalence %	2002 prevalence %	2003 prevalence %
KwaZulu-Natal	36.2	33.5	36.5	37.5
Gauteng	29.4	29.8	31.6	29.6
Free State	27.9	30.1	28.8	30.1
Mpumalanga	29.7	29.2	28.6	32.6
North West	22.9	25.2	26.2	29.9
Eastern Cape	20.2	21.7	23.6	27.1
Limpopo	13.2	14.5	15.6	17.5
Northern Cape	11.2	15.9	15.1	16.7
Western Cape	8.7	8.6	12.4	13.1
National	24.5	24.8	26.5	27.9

Estimated HIV prevalence among antenatal clinic attendees, by age

Age group (years)	2000 prevalence %	2001 prevalence %	2002 prevalence %	2003 prevalence %
20	16.1	15.4	14.8	15.8
20-24	29.1	28.4	29.1	30.3
25-29	30.6	31.4	34.5	35.4
30-34	23.3	25.6	29.5	30.9
35-39	15.8	19.3	19.8	23.4
40+	11.0	9.8	17.2	15.8

Death Rates	Age (years)					Total
	0-14	15-24	25-49	50+	Unspecified	
1997	40,495	19,831	92,479	159,731	5,571	318,287
1998	47,407	22,723	113,848	178,616	5,095	367,689
1999	46,534	24,629	129,383	178,637	2,719	381,902
2000	47,419	26,252	149,391	188,714	2,193	413,969
2001	48,954	28,026	171,942	201,127	1,887	451,936
2002	56,250	30,815	199,485	210,729	1,989	499,268
Increase 1997-2002	38.9%	55.4%	115.7%	31.9%	-35.7%	56.9%

APPENDIX C

LIST OF INTERVIEWEES

1. Abner Ramakgolo, National Director of Road Freight (SATAWU), SATAWU National offices, 2004/09/23
2. Louis Hollander, Head of the Employer Association and the National Bargaining Council – Imperial Group- Bedfordview offices – 2004/10/22
3. Tertius Wessels, Director – the Learning Clinic in Sandton – 2004/11/08
4. Cedric Nukeri, Education Coordinator – TAC GP offices in Braamfontein, 2004/10/26
5. Hein Swart, Human Resource Manager at Truck Africa – Wadeville offices – 2004/10/25
6. Tiisetso Motloung, Director of HIV Clinic in Hillbrow – Dept of Health – 2004/11/15
7. Kgopotso Mokgope, Research Coordinator, RHRU at Baragwanath Hospital – 2004/10/22
8. Uanda Masia, Assistant Director HIV in the Workplace project – GP Dept of Health in Johannesburg – 2004/11/19
9. Palesa Etsane, Assistant Director HIV/AIDS in the Transport Sector – GP Dept of Transport – 2004/11/25
10. Shane Petzer, Director – Sex Workers Education and Advocacy Taskforce (SWEAT) Cape Town – 2004/12/ 20
11. Dudu Letseli, Executive Officer Road Freight Chamber – Transport Education Training Authority (TETA) Randburg – 2004/12/01
12. June Dube, 1st Deputy President, SATAWU National Offices, Johannesburg – 2005/01/07
13. Lucas Zondo, SATAWU Gauteng Regional Chairperson – Road Freight sector – 2005/01/15
14. George Malapane, truck driver & SATAWU member – 2005/01/29 in Johannesburg
15. Simon Mahlangu, truck driver & SATAWU member 2005/01/29 in Johannesburg

16. Sydwell Mhlaba, truck driver & SATAWU member 2005/01/29 in Johannesburg

17. Peter Morajane, truck driver & SATAWU member 2005/01/29 in Johannesburg

18. Petrus Lebepe, truckdriver & SATAWU member 2005/01/29 in Johannesburg

19. Tugela Plaza/truck stop – Driver #1 – 2004/12/09

20. Driver #2 - 2004/12/09

21. Driver #3 – 2004/12/10

22. Driver #4 – 2004/12/10

23. Mojalefa Musi – SATAWU Education Officer, SATAWU National Offices, Jhb. – 2005/02/25

24. Mrs Ndou – Truck driver's wife – at home, Protea Glen Soweto – 2005/03/03

25. Mrs Letsapa – Truck driver's wife – at home, Mohlakeng, Randfontein– 2005/03/05

26. Mrs Gumede – Truck driver's wife – at home, Ladysmith – 2004/12/11

27. Mrs Mpume Zwane – Nursing sister at the Care Based Clinic at the Ladysmith Hospital – 2004/12/11

28. Ms Sthe Guliwe - Nursing sister at the Care Based Clinic at the Ladysmith Hospital – 2004/12/11

29. Mrs K. Khumalo – Nursing sister at the Tugela truck stop clinic – 2004/12/10

30. Mr. Vusi Makhabane – Project manager at the Tugela truck stop clinic – 2004/12/10

APPENDIX D

DRAFT

SATAWU POLICY GUIDELINE ON HIV/AIDS

1. Introduction

SATAWU recognised AIDS as a chronic, life threatening disease with a variety of consequences for the single employees as well as the union as a whole. The leadership/organisation therefore aims to minimise these consequences through a comprehensive needs orientated HIV/AIDS workplace programme and commits itself to provide leadership in its realisation.

1.2 Objectives

The objectives of this HIV/AIDS organisational policy is to:

1.2.1 Create a compassionate and non-discriminatory working climate for employees living with HIV/AIDS.

1.2.2 Ensure a uniform and fair approach in managing the impact of HIV/AIDS prevention and care program including treatment to reduce new infections in the organisation and members across industries and to

1.2.3 Establish an environment in which, through increased knowledge about HIV/AIDS.

1.3 Policy Principles

1.3.1 This policy is based on the principles of consulting, non-discrimination, and confidentiality and compliance with national laws including SADC (Code of Good Practice Code on HIV/AIDS and Employment)

1.3.2 It has been developed and will be implemented in consultation with all employees and members at all levels.

1.3.3 Employees living with HIV/AIDS have the same rights and obligation as all other employees. They will be protected against all forms of unfair discrimination based on their HIV/AIDS status.

1.3.4 All information and test results of an employee concerning HIV/AIDS will be kept confidential unless the employee gives informed consent.

1.3.5 This policy is based on and in compliance with our existing country laws (SA) regarding HIV/AIDS as well as with the SADC CODE ON HIV/AIDS AND EMPLOYMENT.

- **Some relevant legislation.**

i. **The constitution of SA Act no 108 of 1996**
ii. **Employment Equity Act no 55 of 1998**
iii. **Labour Relations Act no 66 of 1995**
iv. **Occupational Health and Safety Act no 85 of 1993**
v. **Compensation for Occupational Injuries and Diseases Act no 130 of 1993**
vi. **Basic Conditions of Employment Act no 75 of 1997**
vii. **Medical Schemes Act no 131 of 1998**
viii. **Promotion of Equality and Prevention of Unfair Discrimination Act no 4 of 2000**
ix. **The Commission for Employment Equity Code of Good Practice on key aspects of HIV/AIDS and Employment.**

2. HIV/AIDS Education, Awareness and Prevention Programme

(to be guided by a designed programme)

Consultation should be done in order to develop programs on information, education, prevention and treatment. It should be accessible to all employees in the organisation and wherever possible include employee's families.

It should include further management of STI and TB, Condom promotion and distribution as well as access to voluntary counselling and testing. It should

co-operate with the federations' programmes (if any) and National Aids program in order to access resources and materials.

3. Programme implementation

3.1 Co-ordination and Communication

3.1.1 The union employs a HIV/AIDS dedicated coordinator to coordinate and implement the HIV/AIDS programme and its policy.

3.1.2 An HIV/AIDS Program Committee/Office Bearers is created to serve as the main decision making body in liaison with the organisational constitutional structures. This structure is representative of all constituents of the union.

3.1.3 The HIV/AIDS Program Committee will regularly report on the development of the HIV/AIDS policy and the HIV/AIDS program using formal and informal communication channels.

3.1.4 It will create partnerships with other NGO and Governmental organisations for the successful implementation of its program.

3.1.5 The HIV/AIDS Program Committee supports partnership initiatives with other stakeholders where its employees work and live whenever possible.

3.2 Monitoring and Evaluation

3.2.1 Monitoring will be ongoing and depending on the program.

3.2.2 Evaluation should be based on implementation and outcome based - also depending on the program.

4. Managing HIV/AIDS in the Organisation

4.1 Discrimination

4.1.1 This policy aims to create a Committee and non-discriminatory environment for employees living with HIV/AIDS through providing information, education, prevention and treatment and encouraging open communication about HIV/AIDS.

4.1.2 Supported by its regular grievance procedure the policy guarantees that no person with HIV/AIDS shall be discriminated against by co-workers, within the employment relationship or within any employment policies or practices.

4.1.3 This implies that none of the following procedures will be influenced merely by the HIV/AIDS status of an employee.

i. Recruitment procedures, advertising and selection criteria,
ii. Appointments and the appointment process,
iii. Job classification or grading,
iv. Remuneration, employment benefits and terms and conditions of employment,

A. Job assignments

i. The working environment and facilities,
ii. Training and development,
iii. Performance and evaluation systems,
iv. Promotion, transfers/re-deployment and demotions
v. Disciplinary measures short of dismissal, and
vi. Termination of services.

4.2 HIV Testing

Based on the Employment Equity Act, no 55 of 1998, the union rejects HIV Testing during the following situations:

i. During an application for employment,
ii. As a condition of employment,
iii. During procedures related to termination of employment,
iv. As an eligibility requirement for training of staff development programs, and
v. As an access requirement to obtain employee benefits

vi. The union however promotes and facilitates access to voluntary counselling and testing (VCT) on HIV for all employees.

4.3 HIV: Status Disclosure and Confidentiality

4.3.1 The union guarantees confidentiality of all medical information relating to the HIV/AIDS status of their employees.

4.3.2 The union respects the privacy of their employees to keep HIV test results to themselves, but strives to create a climate that allows for and encourages voluntary disclosure of someone's positive HIV status.

4.3.3 If an employee chooses to disclose his/her HIV status to the employer or other employees, this information may not be given to others without the employees express consent.

4.3.4 The union also guarantees that an employee will not be discriminated against based on their disclosed HIV status.

4.4 Performance Management

4.4.1 The union recognises the ability and desire of HIV positive employees to work.

4.4.2 It therefore guarantees employees living with HIV/AIDS to work as long as they are able to perform their duties in accordance to the job requirements.

4.4.3 In case an employee can no longer continue with his/her normal duties because of medical reasons, the union will make efforts to offer reasonable accommodation for HIV positive employees.

4.4.4 The union will also follow the accepted guidelines to determine medical incapacity and for the dismissal for incapacity before terminating the contract of an employee with AIDS.

4.5 Risk Management, First Aid and Compensation

4.5.1 Union Is committed to provide and maintain as far as is reasonably practicable, a working environment that is safe and without risk to the health of its employees.

4.5.2 The Risk of HIV transmission within most workplaces is minimal. However, occupational accidents involving bodily fluids may occur.

4.5.3 Standard procedures (universal precaution) are applied to reduce infection risk following injuries at work involving blood, and potential exposure to blood borne pathogens including HIV.

4.5.4 Appropriate HIV/AIDS information and materials is included into occupational health and first Aid training/CIT.

4.5.5 Emergency care and post exposure prevention treatment for medical personnel and people performing First Aid in and after medical HIV exposure will be provided.

4.5.6 An employee who becomes infected with HIV as a result of an occupational accident is entitled to claim compensation.

4.5.7 The union will take reasonable steps to assist employees with the application for benefits.

4.6 Occupational Benefits

4.6.1 Workers with HIV have the right to receive the same employee benefits as all other workers.

4.6.2 Employees who become ill of HIV/AIDS will be treated like threatening illness with regard to employees' benefits.

4.6.3 Information from benefits schemes on the medical status of an employee will be kept confidential and will not be used by the employer or any other party.

4.6.4 The union will ensure that the medical scheme, as part of its employee benefit package, does not discriminate against any person the basis on his/her HIV status.

4.7 Grievance Procedure

To be dealt with in line with the dispute resolution.

5. Policy Reviews

The HIV/AIDS Program Committee reviews this Policy in regular intervals and conducts a formal review for recommendation to CEC.

APPENDIX E

South Africa

with funding from the European Union, established a complementary project called Focus on AIDS in January 2000.

Partnerships work

Trucking Against AIDS/Focus on AIDS is a joint initiative of the Road Freight Association (RFA), the National Bargaining Council for the Road Freight Industry (NBC) and the Department of Health. The project is funded by the Department of Health and other private sector organisations.

The process

The education and counselling of truck drivers and women at risk and the distribution of condoms are key objectives of the project. The focus of the project, however, is to reduce sexually transmitted infections (STIs) and in so doing slow the HIV infection rate.

To achieve these aims, roadside clinics have been established on main trucking routes in South Africa. The clinics are situated in Beaufort West in the Western Cape, Harrismith and Ventersburg in the Free State, Messina in Limpopo Province and Port Elizabeth in the Eastern Cape.

Two new sites have been identified, one on the N3 Tugela in KwaZulu-Natal and one at the South African/Botswana border in Lobatse for the current financial year.

The long-term vision is to have a comprehensive network of clinics on national routes and at all border posts in South Africa.

The clinics are open in the evenings, from around 17:00 to 24:00 to accommodate drivers who are often en route at these times.

Each site has two containers. The first consists of a fully operational clinic run by a registered nurse and offering syndromic management of STIs to drivers and women at risk. The second container serves as a classroom. In addition, the clinics are condom distribution points and also serve the needs of the adjacent communities when required.

Furthermore, a fully equipped mobile unit is used for HIV/AIDS awareness programmes, to provide syndromic management of STIs and as a condom distribution centre at toll roads and in "hot spot" areas. It is also used to monitor road freight industry traffic flows, which are crucial when establishing the feasibility of new roadside clinics.

Truck drivers are recruited to attend education sessions, which last for approximately 45 minutes. Topics covered include: basic information on HIV/AIDS/STIs; prevention, care and support; the link between TB and other opportunistic diseases and HIV/AIDS; and women abuse.

Women at risk are offered counselling and education about HIV/AIDS/STIs. They are also encouraged to attend a five-day peer-educator programme which sets out to establish a group of people who can help educate others about safe sex and HIV/AIDS.

Trucking against AIDS Focus on AIDS

Background

Every day more than 15 000 people around the world are infected with HIV/AIDS, with the greatest concentration of HIV/AIDS cases being found in Sub-Saharan Africa.

In South Africa, where the pandemic is most acute, national HIV prevalence rates have grown from between 0.8% in 1990 to 22.4% in 1999. By the end of 2000, an estimated 1 600 South Africans were contracting HIV daily and it is now estimated that by 2010 South Africa may have almost 2 million AIDS orphans. This represents 30% of all children under 15 years of age.

Trucking Against AIDS/Focus on AIDS: How it all started

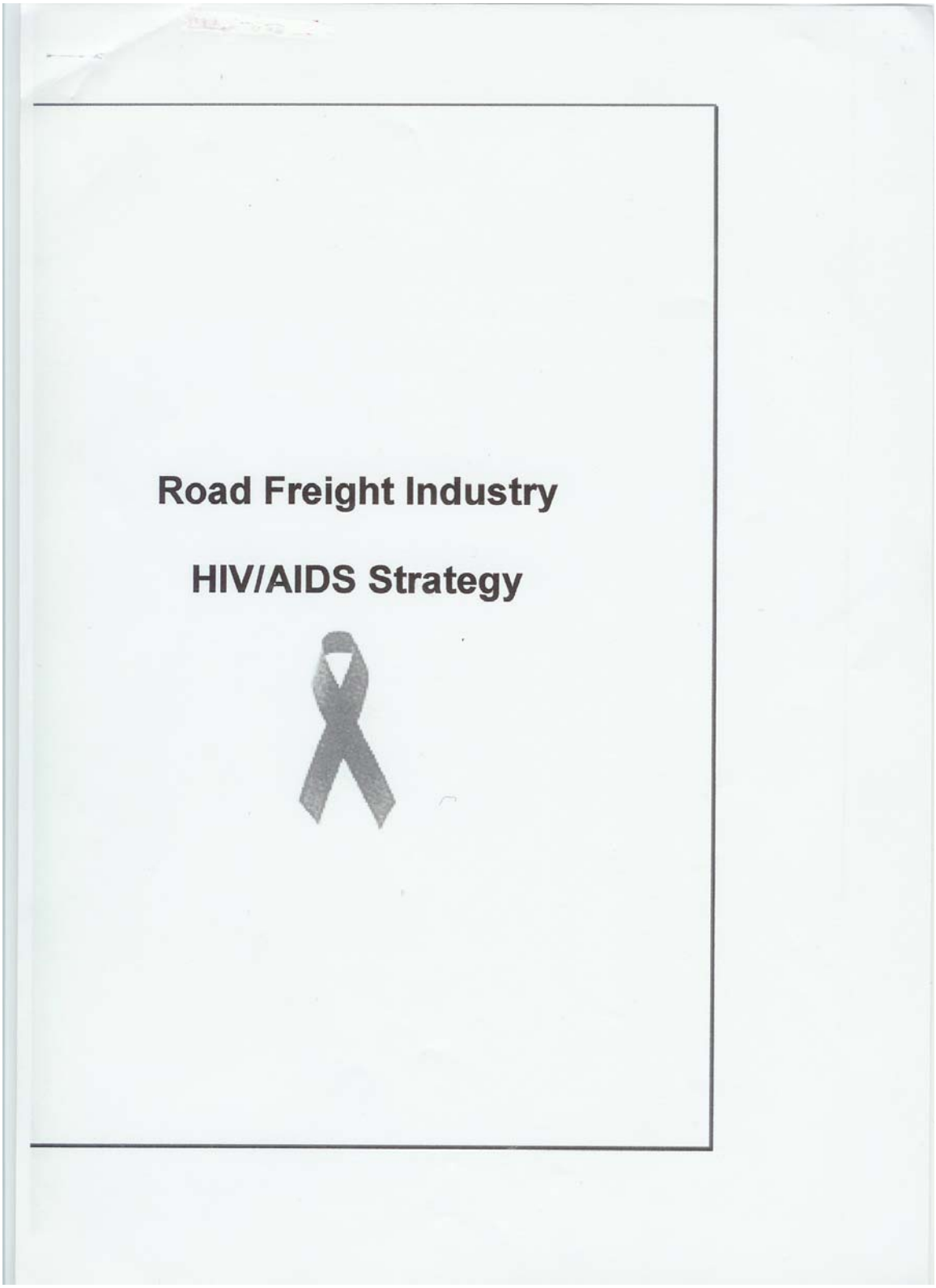
The South African road freight industry for hire and reward employs approximately 70 000 people and has 3 000 registered transport operators. It is a key industry in the South African economy, conveying more than 80% of total freight in the country.

The growth in the road freight industry has seen a concomitant rise in HIV/AIDS infection among truck drivers. As a result of the long distances truckers have to travel in South Africa and elsewhere in the region, many are away from their families for long periods and this makes them vulnerable to HIV/AIDS infection along the region's trucking routes. Current research shows that the prevalence rate is about 60% for truck drivers on all national routes.

Trucking Against AIDS was launched in South Africa in 1999 under the banner of the National Bargaining Council to create awareness of HIV/AIDS/STIs among long-distance truck drivers and women at risk. The key aim of the project is to reduce the spread of the disease in the road freight industry and to provide assistance to truckers who are already infected.

In order to strengthen the Government's partnership strategy, the Road Freight Association (RFA) and Department of Health joined forces and,

APPENDIX F



2.2 Overview of Proposed Strategy

The proposed strategy is set out diagrammatically in figure 1. below.

As indicated above a comprehensive strategy is required which will focus on the following:

2.3 HIV Education and Behavioural Change Interventions

- Transport Education and Training Authority (T.E.T.A) will develop HIV/AIDS training and educational material in accordance with predetermined standards based on the needs of the Industry
- The training and educational material will be made available to employers and training providers in the Industry for implementation on an industry wide basis.
- These educational and behavioural change programmes should achieve the following:
  - Raising the awareness of HIV/AIDS and its transmission and the availability of facilities and services in the Industry for confidential testing, counselling, treatment and aftercare, which should be available to employees at no cost wherever possible.
  - Motivating employees in the Industry to make themselves available for voluntary confidential testing in order to determine their HIV status. (This strategy does not intend to introduce a system of mandatory testing)
  - Raising the knowledge of management in the industry in order to ensure that the rights of HIV/AIDS employees are protected.

2.4 **Confidential Voluntary Counselling and Testing**

- The intention of this programme is to establish a network of service providers who could conduct confidential HIV testing, where employees have elected, as a result of the awareness education, to establish their HIV status.
- HIV/AIDS testing should be accompanied by pre and post test counselling.
- The employees who have elected to be tested should, depending on their HIV status, be counselled with regards to the spread of the disease and when employees are determined to be HIV positive it should serve as a qualification for entry into a comprehensive industry managed treatment and counselling programme.

2.5 **Treatment and Support**

- Once an employees has discovered that he or she is HIV positive through this programme or otherwise, he/she will have the option to enrol in a managed treatment and support programme which will be provided in accordance with this strategy. His/her confidentiality will be ensured once he/she is enrolled in this programme.
- The managed treatment and support programme will depend on funding available and will include the following:

  - Medical treatment (in accordance with a predetermined approved treatment protocol) which should include treatment with respect to:

    - Opportunistic infections
    - Tuberculoses
    - Anti-retroviral treatment
    - Sexually Transmitted Diseases

  - Counselling and support services

    - Counselling with respect to the further spread of the disease
    - Counselling with respect to living with HIV/AIDS
    - Counselling with respect to lifestyle, i.e dietary habits and wellness programmes, etc.
    - Provision of food supplements, etc
    - The availability and access to other support services

  - The above mentioned managed care and support programme will be provided through the establishment of a network of approved designated service providers. These

may include public and private hospitals and clinics, the current network of roadside clinics and other available service providers. It may also mean the establishment of additional roadside clinics. These services should as far as possible be provided free of charge to employee and their families. (see funding proposal below)

- Once an employee becomes disabled as a result of AIDS he/she should have access to Home Based Care Services and Hospice. Once again these services should be provided through a network of approved designated providers and as indicated above these services should as far as possible be free.

3. OVERVIEW OF CURRENT PROGRAMMES

3.1 Employer Based Education and Training

Various employers in the industry have embarked on HIV education programmes in their respective companies. Various training providers and education and training programmes are used for this purpose and the content of these programmes generally differs from employer to employer. It is not certain at this stage to what extent these programmes support the education and training programme as set out in this strategy. One can safely assume though that most of these programmes focus on the core message with regard to the transmission of the disease which would be in support of this strategy.

3.2 Bargaining Council/RFA/Department of Transport/Department of Health

In 1998 the National Bargaining Council for the Road Freight Industry (NBC) (Trucking Against Aids) together with the Road Freight Association (Focus On Aids) embarked on an AIDS Education Initiative. An awareness and education programme on the serious health ramifications relating to the HIV/AIDS virus is conducted by qualified and experienced trainers. These programmes are on site at Road Freight Organisations and with the support and involvement of Management, Union, Shop Stewards and Employees.

Awareness and education programmes required more information about the killer disease, therefore the NBC embarked on a peer-education training programme. Organisations nominate selected employees who have the ability to hold their own at staff meetings with colleagues to offer them a more intensive programme on the serious health problems and the type of sexually transmitted diseases that can occur by having unprotected sex with several partners.

APPENDIX G

Aidswatch

Shock findings of HIV/AIDS survey

56% of drivers in KZN test HIV positive

For many years, FleetWatch has warned of the dire consequences of the spread of HIV/AIDS in the trucking industry. Our warnings have been heeded in some quarters and ignored in others. The bad news is that a recent study conducted by the HIV Prevention and Vaccine Research Unit of the Medical Research Council showed that out of 320 truck drivers surveyed in KwaZulu-Natal, 56% of them were infected with HIV. The study concluded that if urgent measures are not implemented, the spread of the HIV epidemic could have a seriously negative impact on the trucking industry of southern Africa. Although the finding have been reported in the general media, FleetWatch sourced more details from the MRC. Here they are.

According to Dr Gita Ramjee, chief investigator of the MRC study, the study reveals a high prevalence rate of HIV and poor condom use among truck drivers and sex workers. The complex web of travel and sexual mixing - both within and outside South Africa - create a milieu that is conducive to the spread of HIV and other Sexually Transmitted Diseases (STDs). It also highlights the urgent need to deal with the HIV epidemic across political boundaries in the Southern Africa region.

The aim of the study was to establish HIV prevalence among truck drivers frequenting sex workers at truck stops in KwaZulu-Natal by determining their migration patterns, frequency of condom use, treatment-seeking behaviour for sexually transmitted diseases (STDs), and frequency of sex with sex workers.

At all the truck stops where this study was conducted, the overall HIV prevalence among truck drivers was 56%. Of the truck drivers recruited in the study, 297 were Black, seven were Coloured, nine were Indian, while nine were White. One hundred and sixty eight (57%) black drivers were found to be HIV positive. Five (71%) of the Coloured men, five of the Indian (56%), and two of the White men (29%) also tested positive. The HIV prevalence for these truck drivers was highest in those aged between 45 and 49 years.

Sex workers recruited

During the study, two sex workers from each of the five truck stops, approximately 300 km from Durban, were recruited as field workers. They were informed of the study objectives and were trained to obtain informed consent, provide pre-test HIV counseling, administer a short questionnaire and collect saliva samples from consenting truck drivers they had sex with during the period of the study. The 6th truck stop in close proximity to Durban was also included.

Furthermore, to avoid duplication of samples, truck drivers were asked if they had supplied a sample of their saliva to any sex worker along the truck route. The questionnaire was used to elicit information of the demographics of the men, condom use, travel patterns and frequency of sex with sex workers.

The mean age of the truck drivers was 37 (range 18-71) years and they had been truck drivers for an average of 8.4 years. For sex workers, the mean age was 25.1 years (range 15-49) with an average education record of six years, and the mean time spent as a sex worker ranged from one month to 31 years.

Sixty percent of the truck drivers reported having an STD (discharge and ulcers) in the past six months and 83 % received treatment. About 34% always stopped for sex at the truck stops. Condom use was not very high. Twenty nine percent reported never using condoms with sex workers while 46% reported always using condoms. Seventy five percent of men had wives/girlfriends and only 12,9% percent never used condoms with their wives/girlfriends.

Neighbouring countries
All men travelled to more than two provinces in South Africa and 64,5% traveled to neighbouring countries. Forty percent reported having sex with sex workers in neighbouring countries. Forty two percent of the men engaged in anal sex and only 23% of these men reported condom use during anal sex.

Interviews with sex workers revealed that the men they had sex with came not only from South Africa but from other SADC countries such as Zimbabwe, Angola, Zambia, Mozambique, Botswana, Swaziland and Namibia. Furthermore, the sex workers often travel with truck drivers to these countries and continue to have sex with other partners.

"Given that men as young as 18 are visiting sex workers at truck stops, urgent measures are needed at the work places of the truck drivers to educate men on HIV/STD transmission issues and to promote condom use. Similarly, interventions are needed at truck stops to promote condom use as well as voluntary testing and counseling," says Dr Ramjee

"In addition, seeing that many men drive large trucks which makes access to city clinics and hospitals difficult, it is imperative that mobile clinics providing STD syndromic treatment and free condoms are made available at strategic places along trucking routes and at border posts. Peer education programmes are urgently needed in these groups to help them adopt risk reduction measures and to contribute positively towards curbing the spread of HIV."

First for South Africa
This is the first study of its kind from South Africa among truck drivers. Other similar studies have been conducted in other countries. A seroprevalence

study which was conducted in Kenya in 1991-1992 found that 26% of the 283 truckers and their assistants who transported goods from Kenya to Zaire, were infected with HIV. Another study in five areas of India suggested that a history of STDs was common among inter-city truckers.

It is obvious from this study that every operator within this industry needs to take a hard look at what they are doing to curb the spread of HIV/AIDS among their drivers - and other workers. It's not only a driver thing this. It is also, contrary to some people's views, not a Black or White thing this. HIV/AIDS knows no colour, creed nor class. As the study shows, Black, Coloured, Indian and White men tested HIV positive. Forget the debates. HIV/AIDS is real and your future is at stake. Do something about it!