

The route of the problem: Part 1

My computer has a function that allows me to programme it so I only have to type a few letters and then a whole word automatically appears, such as 'DoL' which becomes Department of Labour or 'uic' which becomes union investment company. This way I don't have to type words that I use often in full every time. In this country with many diseases I have only programmed one into this function: typing 'h/a' becomes HIV/AIDS.

The state of the epidemic

In South Africa we often hear or see statistics on the extent of the HIV/AIDS epidemic. But it is still worth repeating where we stand:

- The Institute of Medical Research and the World Health Organisation estimated that at the end of 2000 4,2 million South Africans were infected with the AIDS virus.
- The Department of Finance believes that the HIV/AIDS epidemic has so far infected 11,1% of the entire population.
- The Ministry of Transport reports that one in every five workers in South Africa will be HIV positive by 2005.
- The average life span of a South African in 2010 will be 40 years because the epidemic is mainly found in the

Etienne Vlok examines the impact of HIV/AIDS on the trucking industry and argues that labour, business and government need to do more to go beyond awareness.

country's 15 to 49 year olds.

These figures show the extent of the crisis. Their cost in human and economic terms will be enormous.

Certain industries will probably be hit harder by HIV/AIDS than others. One such industry is the road freight or trucking industry.

It is a high-risk sector for exposure to infection by HIV/AIDS. This is because of the long periods truckers spend away from home, their high mobility and because the spread of HIV/AIDS across the world follows transport corridors.

The Medical Research Council (MRC) described it as follows: 'The complex web of travel and sexual mixing, in and outside South Africa, create a milieu that is conducive to the spread of HIV and other sexually transmitted diseases (STDs).'

A joint project between SA Labour Bulletin and the American Center for International Labor Solidarity (ACILS) and sponsored by ACILS

The trucking industry

Because truckers spend so much time away from home some use commercial sex workers and contract STDs, which ease the transfer of HIV. A study by the MRC showed that out of 320 truck drivers surveyed in KwaZulu-Natal, 56% were infected with HIV. The study showed poor condom use among truck drivers and sex workers. Only 46% reported always using condoms with sex workers.

Paul Matthew, managing director of the Learning Clinic, says that the industry is losing four to eight drivers a week: 'Out of a total of 35 000 drivers it is causing a major impact.'

'It is even a bigger blow if one takes into account that these are experienced drivers,' says Abner Ramakgolo, SATAWU's road freight national co-ordinator.

In the past companies employed drivers for many years. Now, the high infection rate of HIV in the industry has changed this. As the pool of HIV infected people is becoming larger, the pool from which to choose drivers is becoming smaller. Sharon White, managing director of AIDS Education and Training identifies drivers' skill as a long-term skill that you cannot teach in six months. 'A truck driver is in actual fact an asset manager because the vehicle is the owner's asset and he is transporting the client's asset.'

White describes the severity of the situation with a story of a small operator who employed a driver. By the time that driver got to the Mozambican border with the truck, he had died because of an HIV-related complication. 'A company can choose to provide medication for opportunistic infections or anti-retrovirals to keep a driver as healthy as possible. Then that driver is productive for the company and can also accumulate wealth for him or herself. If we take the emotion out of it, the bottom line is to boost the

economy,' argues White.

The severity of HIV/AIDS in the industry causes many problems: productivity levels decrease as absenteeism increases and experienced drivers are unable to continue working; companies have to train new drivers; the rates of medical aid and provident fund schemes increase; and drivers are only in the industry for 15 instead of 30 years. According to Matthew even when new drivers are employed, one might find that a high percentage of them are also HIV positive.

All of this takes place against the background of the industry growing and new possibilities opening up for it in the rest of Africa.

The high number of workers in the trucking industry infected with the virus might just mean that the wheels of the industry come to a standstill in a few years. Patrick O'Leary, managing editor of *Fleetwatch* magazine, believes the economy will then stop. 'It is the most strategic industry in South Africa. Food, clothes, building materials all touch trucks. It is also strategic in Southern Africa because of the cross border trade. Trucking is essential to a healthy economy. Look at the economic impact when Turning Wheel blockaded the N3.'

The union

All unions have a huge task facing them due to the growth of HIV/AIDS. This is even truer for SATAWU, the largest union in the industry, as most of their members are migrant workers in the rail, trucking and shipping sectors. They are particularly vulnerable to HIV because of the conditions under which they work.

So what is the union's HIV/AIDS policy? According to Ramakgolo, it has not adopted new policies yet as SATAWU only merged last year. It still uses the old TGWU



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and defunct SATAWU approaches which are not very different from the Department of Health's and in line with COSATU's. The union used these to develop its own policy after shaping it to suit its industry. 'In the policy we talk about non-discrimination and equal opportunities where people are still employed. Regarding benefits, we look for insurers who do not insist on doing tests to determine a person's HIV/AIDS status. We are against that.

We have aligned ourselves with non-governmental organisations and COSATU to be part of the Treatment Action Campaign (TAC). We share their views in terms of reduction of the prices of drugs. However, it is not easy as SATAWU does not have a permanent health and safety co-ordinator.'

Ramakgolo is currently the interim co-ordinator together with his work as road freight co-ordinator. He admits that the union needs to employ a full-time

person. Only then will it have the capacity to take HIV/AIDS issues further.

So does Ramakgolo have advice for other unions who are putting together an HIV/AIDS policy? Firstly, he believes unions need dedicated people to succeed. He also suggests unions budget for HIV/AIDS education. They can also use COSATU's policy as an example of how to engage employers. Ramakgolo urges unions to especially engage at national level. This will make it easier to get into the plants where the different employers have different ideas.

In the past, unions have been criticised for not doing enough to educate their members about their rights regarding HIV/AIDS issues. 'We address this in a three-fold manner,' explains Ramakgolo. 'As the interim health and safety co-ordinator, I educate shopstewards and health and safety representatives at companies on how to deal with it. The gender department calls meetings at national,

regional and local level to deal with gender issues that are part of HIV/AIDS. Lastly, the education officer ensures all this is part and parcel of our engagement. Last year we had three workshops dealing with HIV/AIDS. I am confident the members are now aware of their rights, especially in most major companies.'

These major companies, such as Imperial, have their own people dealing with HIV/AIDS issues. Ramakgolo admits that the problem is with small employers. 'We rely on shopstewards there to raise problems for us to deal with. If employees are not aware of their rights then it is difficult to intervene. We ensure that new employees' induction includes education on HIV/AIDS.'

It seems the union attributes financial problems for certain inefficiencies regarding its AIDS education programme. 'We are funding problem areas but unions are not profit making,' explains Ramakgolo.

If the union is unable to do effective and far-reaching education on HIV/AIDS it is going to affect its members. They will not know their rights when they are abused, they will not modify their behaviour which might result in their being infected with HIV and they will not attend to STDs they might have. But a lack of education will also affect the union. Ramakgolo says when drivers pass away it affects the membership figures. 'We are losing a cadre of leadership which we built for many years.'

White, who has a long working relationship with unions, challenges them to do more. 'HIV has not been acknowledged as a strategic issue by the union. The HIV figures are too high to only deal with awareness. We must find out the infection level. One transport company, with the blessing of the union and its employees, did a prevalence study to find

out the rate of HIV infection. It was voluntary and anonymous and 98% of staff participated. A medical doctor did the study, which was approved by an ethics committee. Determining the rate of infection allowed the company to project how HIV/AIDS will affect it in the future. The company did this because it realised that its staff is its most important commodity. It realised HIV/AIDS will affect its benefits, productivity, medical, recruitment and training and bottom line. Using the information, it can develop a strategy to deal with HIV/AIDS in the workplace.'

'The union must push companies to develop HIV strategies for the workplace. HIV is not a negotiable issue. It is not a union and not a management issue. They should work as equal partners,' adds White.

O'Leary agrees and implores unions to act as pressure groups: 'Unions must put pressure on the companies. It is unfortunate that pressure and threats are needed for people to do something about this. Unions must use any tactic. They must talk bottom line and survival to companies. Companies will do this for business reasons, not out of moral obligation. You attract business people with business issues.'

The employers

The unions obviously have a lot to do, but the responsibility to ensure the epidemic is under control in this industry is not only theirs. It cannot be if companies are losing drivers weekly. As O'Leary suggests, if not for moral reasons, then for business reasons companies should be involved.

Five or six years ago when *Fleetwatch* started to highlight HIV/AIDS in the industry, employers did not know about it. 'If they did,' says O'Leary, 'they told us it was not their job, but the Department of Health's. We realised from the figures on



SATAWU faces a huge task due to the growth of HIV/AIDS.

the epidemic that we had to continue to highlight it.'

Even now operators are still not doing enough. O'Leary attributes this to the fact that AIDS still has not impacted on their businesses. 'Down the line workers will be dying. It will impact on business with staff turnover and absenteeism. AIDS will affect their bottom lines. This is and will be coinciding with a demand for trucking in our economy. At the same time the labour force is decreasing.'

HIV/AIDS will not only affect companies internally. By killing breadwinners and increasing the costs of medical aids and provident funds, disposable income will decrease. This will mean fewer buyers and less demand for the products that the companies transport.

Obviously, there is still reluctance on the side of many companies to throw their full weight in this war. But, if a company wants to get involved, what should it do? O'Leary is not sure and believes companies themselves do not know what to do. He has some suggestions: 'They

should be handing out free condoms but we all know that. They must get an AIDS policy covering the employees' rights and funeral policies. They must give workers time off for training as long as it is effective and fast training.'

In the trucking industry, many bigger companies' programmes are shown as examples of what the industry is doing. 'Yet,' says O'Leary, 'they are not the entire industry. There are many small and medium enterprises.' In their defence, O'Leary argues that many of them are not doing nothing out of ill will, but because they do not know what to do. 'We talk about beyond awareness,' O'Leary argues, 'but we should talk about management awareness now. The drivers know.'

White stresses that both management and labour are pussyfooting. 'Until now the AIDS programmes have focused on awareness, condom usage and STDs. The next step is difficult and no one wants to even mention it. It is like a can of worms: either it bursts open at some stage because no one does anything about it or you open it and take out one worm at a

time. Companies have to manage the disease strategically, determine how bad it is in the industry and what its impact will be. Only then can the trucking industry manage it strategically.'

Beyond awareness

White stresses the fact that you cannot only give out condoms anymore and think that is enough. 'Even the government, and you can say what you want about their AIDS policy, are saying that we have to go beyond awareness. We need behaviour changes but that is the most difficult aspect in human beings. The next best option is to modify behaviour. Give people choices so they can choose the one they are most comfortable with.' This can be done by preaching abstinence - which White concedes is very difficult; having less partners; and condom usage.

Openness

In a previous HIV/AIDS column in the *Bulletin*, Andrea Meeson identified the creation of a culture of openness and acceptance as one of the biggest challenges regarding HIV/AIDS. The stigma which society attaches to HIV/AIDS is one of the reasons why it is difficult to fight it. White speculates on why we stigmatise it: 'We made a mistake by making HIV/AIDS a confidential thing. The reason it is confidential is because one can be infected through having sex so it is difficult to have openness. We need an icon like Mother Theresa to help break the stigma around it.'

'If someone lives with cancer they get sympathy and help but if they live with AIDS they are stigmatised. But it is just a sickness, not a moral issue,' emphasises O'Leary.

It is difficult to expect society to be open about it when one of the most progressive forces in the country has

problems with openness and acceptance. According to Ramakgolo, COSATU agreed to ensure openness about HIV/AIDS in the federation at a 1998 workshop on HIV/AIDS. 'We said leadership must take a stand to help members. However, comrades are ducking and diving but we cannot force them.'

A regional effort

Increasingly Southern African borders are disappearing and countries are being linked through the customs union. It will mean increased trade, which will mean increased travelling by truckers across the borders. Thus it is necessary to establish a partnership within the region to manage the epidemic. The need for it is reflected in the MRC's study, which showed that 65% of the drivers infected with HIV travelled to neighbouring countries. Forty per cent reported having sex with sex workers in neighbouring countries. The truckers might not only be transporting goods.

A joint effort

'Unions must fight HIV/AIDS. Employers must fight HIV/AIDS. The government must fight HIV/AIDS.' Yes, all of that is true but not separately. This industry will lose the fight with a knockout in the second round unless it comes up with a joint effort to fight HIV/AIDS. In 1999 Mac Maharaj, the former Minister of Transport, managed to bring all the role players in the industry together: operators, manufacturers, suppliers, unions, the Road Freight Association and health workers. Out of that was born 'Trucking against AIDS', an industry prevention and education programme.

In the next issue I will look at this programme and its success in the fight against HIV/AIDS in this high-risk sector. ★