Coming from a community health background in KwaZulu-Natal and the informal settlements around the Grasmere toll plaza, I was working in occupational health in the late 1990s and seeing a number of truck drivers with all the clinical features of HIV/AIDS, and feeling frustrated at how little we could do for these patients. Then I sustained a needle-stick injury with HIV-positive blood in 1997. Spending a nauseous month on Combivir, I became aware that HIV had come to visit me and my family. What was this experience saying to me? It was calling me to engage.

As I reflect on the past two decades, we have lived through seismic shifts in our medical understanding and management of the infection. I recall watching a polymerase chain reaction viral load being reduced to nearly undetectable levels in eight days in one clinical trial that required weekly testing in the first six weeks. From an inevitable death sentence, we have moved to being able to offer our patients chronic disease management and wellness. The costs of antiretrovirals and monitoring have dropped significantly.

In the occupational health world, we have integrated HIV testing into our periodic medicals along with blood pressure and fasting glucose. Each company with whom we work, has a policy on HIV/AIDS – including non-discrimination. There are peer educators and ongoing education on the factory floors.

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But perhaps the most profound observation has been to watch people ‘drop the blanket of their fear’. This happened slowly in support groups and with one-on-one encounters with patients in the early part of the millennium. But the rate of change has accelerated. Recently, for World AIDS Day, I spoke at a company with one of my patients who shared her ‘Lazarus’ story. Three people came up to her and disclosed their status and requested to join the support group.