

FROM THE EDITOR



It is an interesting time in South Africa ... with public debate on education, the judicial system, and whether or not politicians should be allowed to say and sing what they like in public, to name just a few issues. The journal also takes on controversy this quarter, and I hope will elicit some debate. I remind you that the opinions expressed in its pages are not necessarily supported by the editorial committee or the Clinicians Society!

The first three papers in this issue are such articles, the first being the Ruben Sher Memorial Lecture delivered by Judge Edwin Cameron some weeks ago. He describes his own testing experience and makes a case for why the human rights activism around testing is less relevant in the era of effective HIV treatment, and why HIV testing should be normalised. The SA Government will be attempting to do just that through countrywide scale-up of testing. An intriguing article

probes the impact of a 'sexual abstinence month', and Kenyon grapples with some epidemiological 'holy cows' and questions the attribution of poverty as a driver for the epidemic in southern Africa.

The new public sector guidelines are out, and for easy reference we asked Celia Serenata from SANAC to give a succinct summary of the differences. Our review this quarter looks at cytomegalovirus co-infection, but also comments on treatment options for South African practitioners and calls for antiviral price review. We thank visiting ophthalmologist Sophia Pathai for her corroborating comment.

The last three articles are original research. The first looks at mortality trends in a hospital district after the introduction of ART, the second at mental health, and the third at laboratory abnormalities in HIV-infected pregnant women.

Remember, we will welcome your letters should any of the above invoke the need to respond! However, I hope this edition will also raise discussions at your place of work and among your colleagues. Whichever, I hope you enjoy it, and am happy that we have got to a position in our country where relevant and appropriate issues can be freely debated.

LINDA-GAIL BEKKER
Editor



What is most frustrating, though, is the silence of the medical fraternity in all this. Where are the local health care worker and public health organisations, condemning their government's idiocy? For too long patients have had to rely on treatment activist organisations and international agencies to protect them. Health care worker organisations should loudly condemn unscientific approaches to dealing with HIV, especially when these may harm their patients.

HIV prevention has proven very complicated. Quick-fix, emotional, prejudiced and unscientific solutions are hardly going to help. Governments listen to health care workers, as we have status and power. Organisations need to stand up to dangerous policy and legislation.

FRANCOIS VENTER
President

MESSAGE FROM THE EXECUTIVE

Weirdness appears to be affecting African HIV prevention efforts recently. Governments seem to think that criminalising HIV transmission, on a continent where the vast majority of people do not know their status, is an important way to control HIV. Legislation has been enacted, or is being considered in several countries, despite evidence that this simply stigmatises people with HIV. A particularly bizarre and disturbing bill being considered in Uganda called for the death penalty against gay men who transmit HIV (implying that it is more OK to transmit if you are straight). It also implies that HIV in Uganda, where numbers of cases have been on the rise for the past few years, is driven by gay men, when all data suggest that the epidemic remains heterosexual. Human rights and other organisations appear to have stopped the Uganda bill; not because it was seen as dangerous, rather because it was a threat to donor funding – Obama called the bill 'odious'. You can read our letter to the Ugandan parliament at <http://www.sahivsoc.org/>.