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thinking about AIDS drugs
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Dr Olive Shisana
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And to cc list

Dear Dr Shisana

South African National HIV Prevalence, HIV Incidence, Behaviour and Communication Survey, 2005

While waiting very patiently for your answers to my questions that I posed in January, my eye was caught by a report by PlusNews on 27 February quoting your response to the news that President Mbeki had just 'dismissed the findings of the HRSC as highly speculative'. 'The numbers are real,' you insisted – in other words that the President doesn't know what he's talking about, and that

your sky-high ‘HIV Prevalence’ numbers among Africans in our country (but not whites) are not total junk but are completely spot-on.

The following day, your colleague and co-author of your ‘HIV Prevalence’ study, Professor Leickness Simbayi, went on SAfm radio staunchly defending it, claiming that you and he had relied on ‘state of the art methods that are recommended for doing these kinds of studies’ – in other words that when it comes to HIV and AIDS and everything, you guys know better than the President does. Since you’ve got big time white AIDS experts from America such as Tom Rehle telling you what to do.

Can you refer me to any reference, any authority, for Professor Simbayi’s contention that the ELISA *screening* tests used in your study became converted into reliable *diagnostic* instruments indicating HIV infection, and therefore ‘HIV Prevalence’, by using two of them (as you did), and what’s more that this is a ‘state of the art method’, meaning the finest method of determining ‘HIV Prevalence’ that there is? Or would you say Professor Simbayi was just cluelessly shooting his mouth off? And that he doesn’t know what’s going on.

I see that the TAC was so pleased with your ‘HIV Prevalence’ report that it got you to write a piece for the March 2006 edition of its ARV drug marketing newsletter *Equal Treatment.* (I take it you got paid a nice ‘honorarium’ from the TAC’s current operating budget of R38 million a year.) I must say though that your article gave me the impression that you don’t really believe the ‘numbers are real’ after all, do you? Be honest now!

To begin with, your title ‘HOW WE KNOW THERE IS AN HIV EPIDEMIC IN SOUTH AFRICA’ sounds a bit desperate to me. If there really was a terrible new epidemic of infectious disease in our country, we’d all know about it without having to be convinced by the experts, don’t you think?

You say ‘There is evidence from many sources showing beyond reasonable doubt that South Africa has a massive HIV epidemic.’ And that ‘The main source of information about the epidemic is the antenatal clinic HIV surveys conducted by the South African Department of Health.’ This surprised me, firstly because, as you know, those useless antenatal surveys rely on just a *single* ELISA *screening* test, whose results are extrapolated to the general population to determine supposed ‘HIV Prevalence’, and secondly because I thought the best ‘source of information about the epidemic’ was your December 2005 study using two ELISA tests – the most accurate and reliable ‘state of the art’ method according to Professor Simbayi.

I’m sure you don’t need this lawyer to tell you that the ‘lot of evidence’ for the ‘HIV epidemic in South Africa’ that you talk about, no matter how wide your ‘variety of sources using different methodologies’ may be, won’t establish anything, let alone ‘beyond reasonable doubt’, if all your ‘evidence’ is rubbish. (Think of how a ‘lot of evidence’ from a ‘variety of sources’ can quickly pile up against women accused of being witches.)

But the most telling indication that you don’t really believe that your ‘numbers are real’ is that you left out all the big ones. You mention that ‘10.8% of all South Africans over the age of two years were

living with HIV in 2005. Among those between 15 and 49 years old, the estimated HIV prevalence was 16.2% in 2005.'

Why did you omit the sparkling highlight of your report that fully one quarter, yes one quarter, of African women in our country of childbearing age are living with HIV, the virus that causes AIDS – going up to nearly 40% of them in their ripest 25 to 29 years? Which means that just about every second young African woman you see has HIV, the virus that causes AIDS, living in her vagina!

Why did you leave out your finding that among whites, on the other hand, only 0.6% are infected, as one would expect from a race that's much more hygienic and has a much lower sex-drive?

Why do you try so hard to create the false impression that HIV is an equal opportunity virus that goes for everyone, when according to your 'state of the art' scientific research findings it infects Africans almost exclusively?

Since you say in your report that 'the most common mode of HIV transmission in South Africa is heterosexual intercourse', would it be correct for me to deduce from your 'real' figures that African women are fifty times more free with their favours than white women, so that when selecting my dinner dates it would be better to go out with African women rather than white, because they are very much more likely to put out afterwards, with my already excellent prospects almost doubling if they're in their late twenties?

And that even though you tell us in your report that African women are just about all reeking with the pox (as they used to say in the olden days), all will be well just as long as I wear a condom, so

they don’t kill me in about ten years time? You know, like the wages of sin catching up with me later on as they teach in Church on Sunday.

Finally, talking about condoms, would it be advisable that before going out I should pack a pair of surgical rubber gloves in my wallet as well, so that should my high class accent and witty dinner conversation be found irresistibly charming I can cover my hands before they wander south during our postprandial amorous adventures? Considering that, according to AIDS experts such as yourself, lips all pursed, this once previously delightful destination has recently become a potentially deadly place, a septic pit of lethal germs. If, according to your report, my sugar’s brown.

Or would it be enough if I took a couple of lemons or limes along with me in my jacket pocket, so that when things hot up I can squeeze them in there, like on a pancake? Your American AIDS expert colleague Dr Anke Hammerling from the University of California at Berkeley reckons this is a brilliant way to fight the virus – so the Microbiocides 2006 conference in Cape Town heard last month. What do you think of this tasty proposal?

Would this be a sensible way to plan my weekends?

I look forward very much to hearing from you eventually.

Yours sincerely

ADV ANTHONY BRINK

PS: Have you ever considered the rather surprising possibility that HIV-positive doesn't actually mean infected, as just about everyone thinks it does? (Especially since none of the antibody test kit manufacturers claim this.)

Cc: Government, ANC, HSRC, media, other interested parties, and online at www.tig.org.za