

REMEMBERING RUBEN SHER

It was in 1983 that I received a call from a man named Ruben Sher at my rooms in Jeppe Street in Johannesburg. We had spoken once previously when he was doing research on hepatitis B prevalence among gay men, and he was now contacting me about the mysterious 'gay plague' that was hitting gay men in America. It was a simple, straightforward call. He was pursuing his doctorate in virology, and since I had a large gay practice, he asked if I would help him conduct a prevalence study, collecting bloods and medical histories of many of my patients. We began the study, not certain exactly what we meant to be looking for. But two years later, when a commercial test did become available, we found that over 12% of the subjects were, in fact, HIV-positive.

Ruben took this news as he would any other piece of distressing medical research: a thoughtfully furrowed brow, a slight shake of the head, following by a soft, exasperated 'Acch'. It was not so much the action of a steely-eyed researcher. There was an instinctive empathy, a sincerity, that preceded the inevitable rolling up of the sleeves. The call to get down to business; to get back to work.

Ruben was neither a fiery activist nor a hardened political creature, but somehow he managed to inhabit both of those worlds. One has to remember that back in the early '80s, the HIV community was divided into two camps: the stone-jawed, Robert Gallo politicians on one side and the angry, confrontational ACT-Up gays on the other. While I tended to fall into the latter, myself HIV-positive, Ruben couldn't understand all the fuss or lack of co-operation. 'Let's just get down to work,' he would persist, half-frustrated. 'Let's just do it!'

And do it he so often did. During those years, Ruben would drag me into the halls of the Walter Reid Hospital in Washington or to some top-level research conference, his

hand outstretched like a battering ram to the likes of Gallo, Luc Montagnier, and others. He had what I would often call an 'aggressive affability'. He was humble, everyone liked him, but he clearly wasn't there to score points. Ruben always had an agenda – sometimes large, sometimes to clarify a simple issue that confounded him. I remember back in 1985 going with Ruben to a research lab in Bethesda, Maryland (I can't recall which), where he simply dropped in, as for tea, and announced that he 'really could use some HTLV-3 culture'. The researcher, clearly off-footed, handed Ruben a test tube sample, which he carried back to South Africa – and right through Customs – in his shirt pocket.

As artless as all this might seem, Ruben never ruffled any feathers. He used common sense and humility where others would confront or manoeuvre. To Ruben, it didn't matter if it was a gay issue, a black issue, or a rich/poor issue. The facts were clear. People were getting ill. People were dying. There was no need to argue. What do we do now?

Upon Ruben's passing, many in the media have christened him 'Mr AIDS'. It's one of those dual-edged distinctions, particularly when for nearly 20 years it brought him more derision and frustration – from an unmoving government and, at times, his own medical colleagues – than respect. At the same time, there's a strange tradition in the medical community: watching an elder colleague as the science progresses and proclaiming, in hushed tones, that they've somehow 'lost it'. In looking at Ruben's slides from the '80s (yes, slides, no Powerpoint), it's clear that in his simple educational message – condoms, test, treat – Ruben really never lost it. It's a message that's just as urgent and relevant as ever, a chilling reminder of how far we have to go and how much we still have to learn.

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