Recent reports from the Joint United Nations Programme on HIV/AIDS (UNAIDS) suggest that the total number of HIV/AIDS cases worldwide, especially those in India, China, and Africa, may be significantly lower than previously estimated. Like the advances that are continually being made in understanding the nature of HIV and the treatment of HIV disease, these revised figures can only be good news, but of course the danger is that they will obscure the irreducible fact that the planet faces a pandemic whose dreadful consequences for individuals and for entire communities could hardly be over-estimated. If an efficacious HIV vaccine were developed tomorrow, it would not take away from the brute reality that tens of millions of men, women, and children suffer extraordinary hardships under the impact of HIV/AIDS across the globe, especially where poverty is the greatest. Nor would it make up for the incalculable losses that HIV/AIDS has left in its wake as the epidemic enters its third decade. For every success story in the treatment and prevention of the disease, there are thousands of other stories in the developing world whose outcome are much less happy.

Our cluster of short essays on the subject of HIV/AIDS brings the question closer to home, to remind readers that, while the unfolding disaster and heroic efforts in places like sub-Saharan Africa remain a top priority – worthy of our undivided attention and concerted action – HIV continues to be a pressing problem in North America and indeed in Hamilton, site of McMaster University’s Michael G. DeGroote School of Medicine. Although the history and future of HIV/AIDS in North America is strikingly different than that of other regions in the world, it remains a medical and cultural phenomenon that affects the lives of patients and care-givers in profound ways. Recent evidence shows that HIV infections are rising again in communities that have been disproportionately affected in the past, an up-tick that, among other things, underlines how AIDS education must change as the epidemic changes.

Those who are HIV positive (+) in cities like Hamilton continue to struggle with the social, physiological, and psychological consequences of their serostatus. Physicians never cease facing the challenges of treating an illness that is complexly caught up in patterns of behavior and questions of identity, and that runs up against the limits of existing science.

Our objective was to offer two HIV+ individuals, and a Canadian physician with considerable experience treating HIV disease in the Hamilton area, a place to reflect upon the nature of the illness, and to speak to the ways in which it has shaped and continues to shape their sense of themselves. Dr. S.M. Barber, Dr. Dale Guenter, and Mr. Peter Horner graciously share with us their remarks, in the form of individual autobiographical columns. The questions that our columnists ask are at once simple and complex: What does HIV look like, as it were, on the ground and locally? What has it meant to have come of age, professionally and personally, in the time of HIV/AIDS? We find their candid and thoughtful responses to be uncommonly helpful, so much so that they formed the occasion for David L. Clark to reflect upon the different faces of the epidemic in its local context. We conclude this – for us, inaugural – edition of “Literature, the Arts, and Medicine” with that discussion.