

Dear Editor,

In the article "When the Obits Ed was fired" Shereen Usdin's says that, "The question of whether HAART works is no longer up for debate." Why is debate no longer permitted and who gave her the authority to stop it? Seeming to anticipate my question, Usdin adds, "More than 15 years of sound research indicates that a cocktail of a least three antiretroviral medicines, taken every day for life is effective in slowing down the development of AIDS—keeping people both healthier and living longer."

I guess Dr. Amy Justice of the University of Pittsburgh forgot to check with Usdin before telling her colleagues at last month's 14th International AIDS Conference in Barcelona that the "most common cause of death among HIV positive people is liver failure"—not AIDS-defining diseases. Dr. Justice based her conclusion on a study following nearly 6,000 HIV-positive patients at four sites in the United States. While liver damage has not yet been blamed on HIV, HAART is well known to cause liver damage.

Anemia is another non-AIDS disease that has turned out to be an excellent predictor of clinical outcome of HIV-infected people. Patients with severe anemia have from 30 to 90 times the risk of death compared to patients with a normal hemoglobin level [1]. "Patients with mild or severe anaemia were significantly more likely to have taken zidovudine [AZT] at some stage... . In addition, patients with anaemia, mild or severe, were much more likely to have been diagnosed with AIDS...". You guessed it: HAART also causes anemia.

Concerned about anti-HIV drugs, AIDS doctors have recently introduced "structured treatment interruption" [2] or "drug holidays" [3], to allow the patients to recover from the toxic effects of HAART. In the words of Kendall Smith from the New York Hospital-Cornell Medical Center, "Right now, the disease is life-threatening, on one hand, and the drugs that we have so far have life-threatening toxicities, on the other hand. It puts us between a rock and a hard place" [3].

Casual readers of The New York Times might want to "debate" Usdin on her "taken every day for life" statement. A year and a half ago The New York Times reported that the US government appointed a panel of AIDS scientists to review the toxic effects of antiviral medications and issued recommendations to restrict prescriptions of anti-HIV drugs[4]:

"Altering a long-held policy, federal health officials are now recommending that treatment for the AIDS virus be delayed as long as possible for people without symptoms because of increased concerns over toxic effects of the therapies. ... More recently, concern has grown over nerve damage, weakened bones, unusual accumulations of fat in the neck and abdomen, diabetes and a number of other serious side effects of therapy. Many people have developed dangerously high levels of cholesterol and other lipids in the blood, raising concern that H.I.V.-infected people might face another epidemic—of heart disease."

In April 2001, the FDA followed up on these concerns by “ordering drug makers to tone down their upbeat ads for AIDS medications, calling them ‘misleading’ ... because they imply greater efficacy than demonstrated by substantial evidence, or minimize the risks associated with HIV drugs” [5].

The “U-turn” of AIDS researchers [6] from “Hit HIV hard and early” in 1995 [7] to reducing, skipping and delaying treatments, and even recalling anti-HIV drugs has since gradually improved the lot of AIDS patients [2, 8-11].

While Usdin agrees that HAART is toxic (how could she not?), she says this is okay because the drugs are at least effective. But instead of citing examples of “sound research” to make her case, Usdin recites the catechism of AIDS Inc. “Highly Active Antiretroviral Therapy (HAART) was introduced in 1996 and the number of people dying with AIDS began to drop dramatically. In just a few years, HAART has transformed HIV/AIDS from a fatal illness into a manageable disease.” If Usdin was up on the AIDS literature, she would know that the CDC's own HIV/AIDS Surveillance Reports show that AIDS peaked in 1992 and has been going down steadily ever since. The mortality rate from AIDS is dropping because AIDS has been declining in the USA since 1992, years before the introduction of HAART. The apparent life-saving benefits of the HIV-protease inhibitor cocktails is a consequence of the simple fact that these drugs have appeared on the scene long after AIDS peaked in the USA, during a period when the mortality due to AIDS was naturally in decline [12].

Another reason for the decline in AIDS deaths is the CDC's re-definition of what constitutes AIDS in the USA. Well over half of all new AIDS cases in the USA now represent people who aren't even sick. As of 1993 all you needed to qualify as an AIDS case are results from two lab tests: be immune to HIV, that is have antibodies to the virus, and have fewer than 200 CD4 cells per microliter of blood or a CD4 percentage less than 14. In 1997, 36,634 people (61% of all new AIDS cases) were classified under this non-disease category [12]. Regrettably, we can no longer follow the trend of including healthy people as AIDS cases because the CDC no longer lists the AIDS-indicator conditions (formerly Table 12) in its HIV/AIDS Surveillance Reports.

As a consequence of the CDC's 1993 definition of AIDS, over half of the people treated with the anti-HIV drug cocktails in the USA since 1996 (the year the HIV protease inhibitor cocktails became available) are healthy. The mainstream AIDS press and AIDS researchers are crediting HAART with prolonging the lives of these healthy people. Sadly, these healthy people on HAART don't stay healthy long, they eventually get sick from the drugs and die if they stay on them long enough.

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