

TREATMENT INFORMATION GROUP

thinking about AIDS drugs

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OCTOBER 1957: THALIDOMIDE AND PREGNANCY

OCTOBER 2007: AZT AND PREGNANCY

ANOTHER TRAGEDY OF COUNTLESS CHILDREN KILLED AND
MAIMED FORETOLD

Fifty years ago this month, the German pharmaceutical manufacturer Chemie Grünenthal began marketing thalidomide for use by pregnant women as a sedative and antiemetic, and the resulting tragedy of thousands of children killed in the womb or born with missing or grotesquely stunted limbs and/or internal organ deformities is well-known.

Little known is that thousands more suffered neurological injuries such as deafness and nerve-damage causing life-long pain, and even more were injured sub-clinically, permanently damaging their health and reducing their quality of life.

Little known too is that thalidomide was a best-seller, both on its own and combined with other drugs, whose alleged safety in pregnancy was extolled as a selling point by its manufacturer; and concerned, well-meaning doctors recommended it to pregnant women accordingly.

Although millions of prescriptions were written for thalidomide before it was withdrawn in the West in 1962, only about 10 000 children were crippled by it. So it's arguable from these figures that thalidomide is safe for a woman to take during pregnancy, because the risk of her baby being harmed by it is minute. But it's unthinkable in Western countries today to give a pregnant woman any drug known to potentially damage the child she's bearing. And certainly not if she's white.

Because many of the injuries that thalidomide caused unborn babies were hideously conspicuous, and therefore readily reportable by newspaper and television journalists, the thalidomide episode is generally thought the worst drug disaster in the modern era. It isn't; an incomparably greater one

immediately preceded it. From 1910 until the late fifties, doctors repeatedly injected Salvarsan (arsenic) into people diagnosed with syphilis by means of the Wassermann test (now universally accepted to have been entirely non-specific and completely worthless) – a treatment formally approved by the Health Organization of the League of Nations in 1934. This included pregnant women to prevent mother to child transmission of the disease. Already known then to be extremely toxic, arsenic is now officially rated the deadliest poison known to man, weighted for risk of exposure, by the US Agency for Toxic Substances and Disease Registry.

For fifty years, babies killed in the womb, born with cancer, blind, deaf, paralysed, mentally retarded, otherwise brain-damaged, malformed, and/or very sick and soon dead, were said by doctors to have contracted ‘congenital syphilis’ from their mothers – a once common disease that practically disappeared with the abandonment of arsenic as a treatment for pregnant women. Although the enormous medical blunder and human tragedy that resulted from the administration of arsenic by concerned, well-meaning doctors for half a century as an intended curative and preventative treatment for syphilis vastly exceeds the scale of the thalidomide tragedy, it’s quite unknown to journalists, and it’s consequently quite unknown to the general public today.

On the 1st of this month, the same day fifty years ago that the thalidomide horror began (it continues in the Developing World, in Latin America particularly), the Treatment Action Campaign put the South African government on terms to provide AZT to HIV-positive pregnant women, mostly African, mostly poor.

It’s very little known among journalists, and therefore very little known by the general public, that AZT is a cell-poison, purpose-designed by Dr Richard Beltz in 1961 to kill blood cells for potential use as a cancer chemotherapy in the treatment of leukaemia⁽¹⁾.

Since the introduction of AZT as an AIDS drug in 1987, following a grossly corrupt clinical trial⁽²⁾, hundreds of research papers have reported AZT to be profoundly toxic to all cells of the human body⁽³⁾ – predictably so, considering that AZT was specifically synthesized as a cell-poison to kill them. A brief overview is provided in the pamphlet [*Why do President Mbeki and Dr Tshabalala-Msimang warn against the use of ARV drugs like AZT?*](#)⁽⁴⁾.

It’s virtually unknown by journalists, and therefore virtually unknown by the general public, that consistent with its basic pharmacological action as a cell-poison, dozens of studies have found that babies exposed to AZT in the

womb and after birth by concerned, well-meaning doctors suffer a massively increased incidence of early death, serious disease, immunological disorders, brain damage, blindness, paralysis, spasticity, epilepsy, mental retardation, learning difficulties and other neurological injuries, as compared with unexposed babies born to untreated HIV-positive mothers⁽⁵⁾. Some of these findings are excerpted in the leaflet, [Why do Zackie Achmat, Nathan Geffen and Mark Heywood want pregnant African women and their babies to be given AZT? What AZT does to unborn and newly born children](#)⁽⁶⁾.

In *Corporate Crime in the Pharmaceutical Industry* (Routledge&Kegan Paul, 1984), John Braithwaite noted that ‘Investigative journalists played a more important role than health regulatory authorities in many parts of the world in saving children from thalidomide.’ Widukind Lenz, the German doctor who with his Australian colleague William McBride brought the thalidomide disaster to an end in the West, confirmed that ‘the drug was withdrawn largely due to reports in the press’.

In the interests of a generation of South African children, mostly African, is there a single journalist in our country with the intelligence, the compassion, the diligence, the independence, the integrity, and the courage to follow the example of their European colleagues fifty years ago during the thalidomide disaster, and work towards averting another impending tragedy of thousands of children killed or maimed by AZT, some grossly, some slightly, by bringing the facts about the harm it causes to public attention? Even if the unborn and newly born children in jeopardy of being poisoned in South Africa are only African?

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CC: The Presidency, the Health Ministry, Cabinet, SANAC, ANC, MRC, and other interested parties.

Footnotes:

All articles and books mentioned below are accessible in the ‘Quick links’ column of the TIG website, www.tig.org.za.

1. [Inventing AZT](#) (PDF, 28 kB)

2. [Licensing AZT](#) (PDF, 40 kB)
3. [Debating AZT: Mbeki and the AIDS drug controversy](#) (2000) (PDF, 1.19 MB). Reports published since 2000 are included in [Introducing AZT: 'A World of Antiretroviral Experience'](#) (445 kB), which also quotes several prominent local and foreign AIDS experts and treatment activists in favour of AZT.
4. (PDF, 98 kB); see 'Quick links' in the right-hand column of the TIG website, www.tig.org.za.
5. [Poisoning our Children: AZT in Pregnancy](#) is a comprehensive survey of the medical and scientific literature on the foetal and neonatal toxicity of AZT, and a critical discussion of WHO and other institutional recommendations that pregnant women and their babies be given the drug.
6. (PDF 76 kB); see 'Quick links' at www.tig.org.za.

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