## TREATMENT INFORMATION GROUP

## thinking about AIDS drugs

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PO Box 6460 Roggebaai 8012 3 October 2005

Dr Humphrey Zokufa

Registrar: Medicines Control Council

PO Box 828

**PRETORIA** 

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Dear Dr Zokufa

I enclose for your information a copy of a letter to your chairman, asking when we might expect a now fantastically overdue response to our letters informing your MCC about the latest published research findings on the foetal and neonatal toxicity of AZT, on how this drug permanently damages and sometimes kills children exposed to it in the womb and after birth. We have also requested Professor Eagles's help in our current troubles with the Advertising Standards Authority, which considers it misleading to state AZT is toxic, especially for unborn and newly born children.

The **Treatment Information Group** is a public interest initiative to promote *research-based* debate of antiretroviral drug policy, alternative non-toxic treatment approaches to AIDS, and HIV testing issues in South Africa. The TIG has entered into a strategic alliance with the **Dr. Rath Health Foundation Africa** to achieve this.

The Terraces, 34 Bree Street, Cape Town www.dr-rath-foundation.org.za

It was a bit before your time, but you'll be interested to know that after receiving our correspondence on AZT (collected together under the title *Poisoning our Children: AZT and nevirapine*, enclosed) individual members of the MCC were telephoning Dr Tshabalala-Msimang and telling her that they were 'amazed' by the 'detailed research' contained in it, of which they had been 'unaware'.

This matter is given some urgency by the fact that Dr Tshabalala-Msimang tells me she's under pressure to announce a change in government policy and to recommend the use of AZT in pregnancy in tandem with nevirapine – in line with the MCC's recommendation to this effect in July last year, before you took the job.

As you'll read in our sixth letter, the really horrible thing is that unlike the case in thalidomide, where the damage caused was apparent immediately, this isn't so with AZT: for some reason it takes many months for the harm caused to set in and show up in children exposed to it during pregnancy and after birth, as you'll read in the published research reports that I review.

But just like thalidomide, the brain and neurological damage that AZT causes babies is occasional rather than frequent. Remember that for the millions of doses of thalidomide ingested by pregnant women (it was a best-seller), only twenty thousand or so babies were maimed in the West (and no one was counting how many were killed during gestation, or were crippled in the Developing World). So on a numerical analysis one could fairly argue that the

risk of bearing a maimed child from taking thalidomide to relax during pregnancy was negligible. Nonetheless it's unthinkable to give this stuff to white mothers these days – so they're now dumping it in the Developing World, reincarnated as a treatment for leprosy (it was originally designed in 1953 as cell-poisoning antibiotic) with the result that you'll currently find children with missing and mangled limbs all over South America (discussed in *Oxford Illustrated Companion to Medicine*).

Researchers in France have reported that babies exposed to AZT *in utero* and postnatally face a risk of developing brain and nervous system damage from mitochondrial disease, 'a risk about 30 times higher than that in the general population' — a shockingly high risk (much, much higher than the risk of harm from thalidomide exposure). This then is the danger posed to our country's children, mostly black, mostly poor — on top of a much higher rate of early death and other serious diseases that other researchers have reported AZT-exposed babies suffer, as compared with unexposed ones (all canvassed in my letters).

Is there something you can do about getting some action for us? I can tell you that government is very concerned. And as the nevirapine saga has shown, we obviously can't look to the Americans in this. As you'll see from *The trouble with nevirapine*, enclosed.

Yours sincerely

ADV ANTHONY BRINK