Mailbox

January 1, 2005

Hu Loves Ya

After you published "Who's Afraid of HU?" (October 2004), about the debate over using the drug hydroxyurea (HU) for HIV, I received a letter from the Department of Health and Human Services (DHHS) stating that it would remove its guideline recommending that HU "not be offered at any time" for HIV treatment. They are now "neither endorsing nor not endorsing the use" for HIVers. This is a very significant step in getting this important treatment on track. I hope it is a sign that a new treatment paradigm for HIV is emerging that can significantly help physicians and patients meet clinical challenges. Congratulations to the staff of *POZ* for publishing a courageous article on a controversial subject.

--Paul Bellman, MD
New York City

Editor's Note: For the revised guidelines, go to http://aidsinfo.nih.gov/guidelines/.

Sleeping with the Enemy

I experienced a situation similar to the man in your article "Crime No. 69" (October 2004) who was nearly prosecuted for lying about his HIV status to a sex partner. I was falsely accused of date-raping a negative boyfriend. I disclosed my status when we dated. But when a young guy says "an HIV positive guy raped me," no one wants to hear your story.

We have let society make anyone diagnosed with HIV a potential criminal. The moral of Mr. No. 69's story isn't "Disclose at all costs." It's "Don't lie when asked—but certainly don't disclose your status to someone you do not know or trust." You never know with whom you are dealing. Mr. 69's partner is responsible for his own sexual behavior, and 69 shouldn't feel guilty. But you should still always practice safe sex.

--Name withheld
via the Internet

Coloring Between the Lines

When discussing the dearth of black HIV doctors ("Their Patients, Their People," October 2004), it is important to think about the process of community evolution. AIDS is the "passion issue" for the middle-class white gay community, just as civil rights is the "passion issue" for the black community. In both cases, the issue has grown beyond the group that initially carried it, and often

it takes a while for those leaders to realize that.

But we have finally reached a critical mass of concerned people within our affected group, and we can finally do the things needed to get people to get tested and treated. Of course, the issue of homophobia and, worse, the issue of the closeted black male remain obstacles.

--Wilbert C. Jordan, MD
Los Angeles

Mono y Mono

So you're calling Kaletra alone "monotherapy" ("Bangkok Big Top," October 2004)? The folks at Abbott, who manufacture Kaletra, will surely thank you. But let's think about this: What exactly is Kaletra? Why, it's lopinavir plus ritonavir! Sure sounds like two drugs to me—two protease inhibitors [PIs], in fact. Does [the low ritonavir dose] invalidate any toxicity or drug-interaction concerns? I don't think so. We rely on *POZ* to cut through the pharma bullshit—not shovel it higher.

--Name withheld
via the Internet

David Gelman, MD, responds: *If there were a drug other than ritonavir that could boost PI levels more effectively, it would be mixed with lopinavir and called monotherapy. It just happens that the best PI booster is itself an antiviral drug—ritonavir. Ritonavir dosed at 100 mg (as in Kaletra) does not effectively suppress viral load—it's not a separate antiviral agent. Kaletra taken alone is boosted-PI monotherapy.*

Global Good Will Hunting

I'm a Zambian youth, age 24, and I just read *POZ* magazine for the first time. I've had problems accepting people with HIV, but after reading *POZ*, I don't have a problem, and I'm more than ready to work with HIV positive people. Well done for the wonderful magazine, and may God richly bless you.

--Brian Chisulo
Kasama, Zambia

Corrections

The photographer who shot POZ*'s October 2004 cover and the lead image for "Who's Afraid of HU?" is Kanji Ishii.*

The phone number for Valerie Stone, MD, in the October 2004 article "Their Patients, Their People" is 617.726.3906.

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