

Woman Misdiagnosed With HIV Gets \$2.5M

She Believed She Had AIDS Virus For 9 Years

BOSTON (AP) — A jury awarded \$2.5 million in damages Wednesday to a woman who received HIV treatments for almost nine years before discovering she never actually had the virus that causes AIDS.

In her lawsuit against a doctor who treated her, Audrey Serrano said the powerful combination of drugs she took triggered a string of ailments, including depression, chronic fatigue, loss of weight and appetite and inflammation of the intestine.

Serrano, 45, said she cried after hearing the verdict in Worcester Superior Court and was gratified that the jury believed her.

"I'm going to finish my school and I am going to continue to help others," Serrano said in a telephone interview from her Fitchburg home. "I am going to find another doctor that will help me."

Serrano's attorney, David Angueira, said Dr. Kwan Lai, who treated his client at the University of Massachusetts Medical Center in Worcester's HIV clinic, repeatedly failed to order definitive tests even after monitoring of Serrano's treatment did not show the presence of HIV in her blood.

"It is one of the clearest cases of misdiagnosis that I have ever seen and it's based in part on a presumption that people who engage in certain types of conduct are more likely to have HIV and AIDS than other people without really listening to the patient," Angueira said after the verdict.

Lai testified last week that Serrano told her she had worked as a prostitute, her partner had AIDS, and that she had suffered three bouts of a type of pneumonia typically associated with those infected by the virus.

Serrano has denied she had ever been a prostitute. She confirmed that her former boyfriend tested positive for HIV/AIDS, but disputed the claim that she told the doctor that she had suffered bouts of Pneumocystis pneumonia.

Lai's attorney, Joannie Gulliford Hoban, did not return a call for comment Wednesday night.

Lai testified that she had no reason to question Serrano's original diagnosis at another clinic because Serrano convinced her she had HIV when she took her personal history, and her blood had abnormal amounts of cells used to fight infections.

Hoban argued during the trial that Lai had provided standard care to Serrano.

"Audrey's case clearly demonstrates how inadequate that procedure was," Angueira said. He said his client "is responsible for changing thousands of lives in the future."

The medical center, which was not named in the lawsuit, did not immediately return a message for comment Wednesday night. The institution has denied wrongdoing in the case.

The jury reached its verdict after two days of deliberations, Serrano's attorney said. He said the damages could total about \$3.7 million including prejudgment interest.

Serrano filed the lawsuit in 2003 after she became suspicious of her diagnosis and had herself tested at another hospital.

Further information on this case has come from the group *Rethinking AIDS* as follows in their press release:

The complaint by Audrey Serrano, 45, in court hearings this week in Worcester, Mass., focused on the absence of a "confirmatory" Western Blot test in her records. However, Andrew Maniotis, Ph.D., research assistant professor in the Department of Pathology, University of Illinois-Chicago School of Medicine, contends that, though the reliability of all HIV testing was not on trial in court here, the case history opens questions about it. And, because Serrano developed illnesses commonly defined as "AIDS-related conditions" only after taking HIV medications known as "highly active antiretroviral therapy" (HAART), the drugs themselves appear to have caused "AIDS."

Rodney Richards, Ph.D., worked on the development of antibody (ELISA) and genetic "viral load" tests for Amgen and holds some related patents. "The diagnosis of being HIV positive is based on arbitrary combinations of tests, none of which are approved for diagnosing HIV," he says. "In fact there is no test for HIV. It's just an illusion."

Raising issues of informed consent for all persons submitting to HIV antibody testing, the test kits themselves contain disclaimers that doctors rarely, if ever, share with patients. For example, Abbott Laboratories' ELISA test kit, typically used as a preliminary test, warns:

"ELISA testing alone cannot be used to diagnose AIDS."

Confirmation of an ELISA result with a Western Blot test is currently required as a "standard of care." Epitepe's Western Blot package insert reads:

"Do not use this kit as the sole basis for HIV infection."

"This is somewhat more concerning, since the Western Blot is supposed to be a highly accurate test, used to confirm that an ELISA is not a false positive," says Dr. Maniotis. "Moreover, the peer-reviewed literature gives substantial evidence that the virus 'HIV' has never been isolated in purified form free of contaminating cellular debris in order to generate the so-called 'specific viral antigens' used in the test kits."

Serrano, now acknowledged to have always tested HIV negative and therefore not to have been at risk for developing AIDS, nevertheless suffered from several AIDS-defining illnesses, including wasting, herpes, and oral thrush, while taking HAART. She also suffered from other health problems, including constant diarrhea (AIDS-defining under the African definition), muscle wasting, profound fatigue, non-specific skin lesions, oral thrush, herpes outbreaks, severe nosebleeds, constant gynecological bleeding and pain from ovarian cysts, fibrocystic breast lesions, hyperplastic pituitary lesions, and severe heart and respiratory difficulties.

Labels for HAART drugs actually list these conditions as possible side effects, suggesting that the drugs themselves cause AIDS-related conditions, Maniotis says.

Serrano's experience is, sadly, not unique. Dr. Maniotis chose to investigate her case because, he says, "it is typical of many cases reviewed and, as it illustrates so clearly the development of AIDS-related conditions in a woman testing HIV negative who was healthy before she took HAART, strongly suggests that profound paradigm shifts are urgently needed to avoid more human rights violations."

Drs. Maniotis and Richards are available for immediate media interviews and talk show appearances:

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