

The AIDS conspiracy?

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The AIDS conspiracy:
Science fights back

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The AIDS conspiracy?

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The AIDS Conspiracy addresses a fundamental problem with the relationship between science and society that drives progress, by highlighting the downside – the disastrous impact that absurd and false theories on AIDS have had on the survival of HIV-infected individuals and at-risk communities. An informed and dispassionate account on the subject is long overdue. Nicoli Natrass tells us that she was moved by the tragic human consequences arising from the 'denialist' policies of former President Thabo Mbeki and his Minister of Health Mantombazana Tshabalala-Msimang, to understand why these beliefs exist in such individuals and groups. She embarked on this book for these reasons: to uncover the reasons for denialist beliefs and to describe the successful scientific rebuttal of these theories – to demonstrate how 'science fights back' against this conspiracy, and succeeds.

The concepts of conspiracy and medical conspiracy

The concept of 'conspiracy' is dealt with at length in the introductory passages. Natrass settles for a loose definition of 'medical conspiracy', which indicates "an agreement between researchers to act in a way that harms others". This definition can lead to interesting inclusions of many examples of medical malpractice which generally would not have been designated as 'conspiracies'. 'Conspiracy', in the dictionary sense, means working collectively and in secret for an unlawful purpose. My close friend, a judge in the High Court, tells me that the term 'conspiracy', when employed by either the defence or the prosecuting authority, is an argument of last resort. Which means it is hard to prove; so Natrass has a job to do to succeed in fulfilling the curiosities of readers attracted by the title.

Natrass amassed a large volume of material on the subject, and whilst her labour for *The AIDS Conspiracy* is commendable, the tendency to default to conspiracy as an explanation for all manner of medical fraud, research ethics violations and fortuitous connections, can be a barrier to unravelling truth and arriving at an accurate diagnosis of causes. For example, the inevitable allusion to the Tuskegee Trial in the USA, during which Black Americans were not provided treatment for syphilis which became available over the lengthy period of the study, is frequently referred to in the text. In fact this trial has been widely and repeatedly recorded as an egregious violation of medical research ethics, not as a conspiracy. If Natrass is deliberately raising the terminology of medical conspiracy for ethical violations in medical research, a regular event, it would create an interesting conversation and much work for many of us. In unethical research programmes, there is nearly always consultation between field workers, primary investigators, administrative staff and others – a collection of opinions for a common purpose. Many years after the Nuremberg trials and the Nuremberg code, unethical medical research on humans continues; should we not include these far worse human rights abuses and war crimes too? Nonetheless, there are many instances of conspiracies hidden from scrutiny in the AIDS saga, which Natrass brings to light, that readers will find absorbing, and sometimes astonishing.

The global spread of conspiracy theories in AIDS

Natrass covers a range of themes on the subject, some more successfully than others. She decided, *a priori*, to emphasise the experience in the USA, because of data availability and connections between USA denialists and their South African peers. An account of the origins of AIDS conspiracies across the globe reminds us of the common features between them. In South Africa, some of the blame for engineering HIV was attributed to the collaborations between apartheid South Africa and Israel, and between Wouter Basson (head of apartheid biological and chemical weapons) and the CIA. She draws links between the US conspiracy theorist William Cooper and Tshabalala-Msimang, to show how ideas on AIDS spread through many countries. There are also some unusual comparisons: her account of the spread of AIDS conspiracy theories across national boundaries takes us to the strange linkages on AIDS conspiracy theories between Louis Farrakhan (Black leader of the Nation of Islam) and the White right-wing dissident Leonard Horowitz. However, the truly astonishing revelation is that a misinformation campaign concocted by the East Germans and the Soviet Union's agents ascribed the AIDS epidemic to the development and use of HIV as a bioweapon by the USA. Natrass suggests that this theory appeared plausible because of the capacity of the USA for production of bioweapons, and the historical racism against Blacks, who were one of the most affected groups in the country.

Susceptibility to belief in conspiracy theories on AIDS

There is an interesting search for both individual and group characteristics which can identify susceptibility to acceptance of AIDS conspiracy theories, which is not dissimilar to the linkages sought by biomedical scientists between genes and disease susceptibility. Some evidence for race (Black), gender (right-wing White males – not a convincing piece of evidence I must add), and psychological and spiritual factors, is presented; socio-economic factors are not convincingly involved. In brief, even when broader determinants of vulnerability to belief in conspiracy theories are similar between people, there are differences on an individual level. This finding should be of some interest to the legal system in cases against individuals charged with gross violations of human rights perpetrated in the name of a conspiracy theory against AIDS.

AIDS denialist groups in the USA

In an informative chapter there is a comprehensive description of the AIDS denialist community which illuminates their darker corners and main actors. Natrass suggests that this community is reinforced by four organisational and symbolic roles: (1) the hero scientists (individuals with impressive scientific and medical backgrounds, such

as the Nobel Laureate Kary Mullis, Peter Duesberg and David Rasnick); (2) the 'cultopreneurs' (those who promote alternative cures, such as Mattias Rath, Leonard Horowitz, Louis Farrakhan and Tshabalala-Msimang); (3) the living icons (those who appear to survive with HIV/AIDS without ARVs); and (4) the praise singers (journalists and others who use the print and electronic media to spread dissident theories). Acceptance (and later withdrawal) of an article by Duesberg on AIDS in South Africa, by the journal *Medical Hypotheses*, raised the critical issue of the need for proper peer review of any paper before acceptance by a legitimate science journal. There is a striking figure drawn of the AIDS denialist networks, with overlapping organisations and individuals; it is a very useful item for those who try to illuminate the denialists in the developed world. It would help if Natrass published a similar diagram for the developing countries.

Some excluded themes

Given the vastness of the subject of AIDS – it is the most studied virus in the history of infectious diseases – it is difficult to decide on what should be included in this book. Choices will always be subjective, and authors have a right to their own errors of judgement. Even so, each choice should be carefully justified over another. It is difficult to explain an entire chapter devoted to David Gilbert, a prisoner in the USA who, we are informed, wrote an "influential article debunking the conspiracy theory that HIV had been manufactured in a laboratory". By comparison, it is difficult to ignore, in any reckoning, the scale of human rights abuses by President Yahya Jammeh of Gambia, who claims that he has the power to cure HIV/AIDS, but can do so only on Thursdays! Throngs of subjects with 'AIDS' (the diagnosis itself may be in doubt) line the steps of State House in Banjul, Gambia, daily, to receive a green herbal paste, which Jammeh rubs on to their skin, and a bitter yellow drink.

It is also difficult to ignore the strength of the voice of science during the AIDS 2000 Conference, which clearly showed 'how science fights back'. Natrass does not adequately convey the tumultuous events and intellectual energy in the struggle between science, community, politics and the state, which occurred at the 13th International AIDS Conference held in Durban in 2000. Indeed, the Durban Declaration, which she mentions, is by any account the purest defence of medical science in this context and a dedication to the solid foundations of medical research. It was the most significant opposition to the denialists and conspiracy theorists by scientists of the world. Many important and contentious issues were faced at AIDS 2000, including: the assertion of scientific integrity of the Conference in the face of threats by Tshabalala-Msimang; the endorsement of the need for community engagement in the fight against AIDS; the overcoming of the inaccessibility to AIDS drugs because of unfair global trade practices and the Agreement on Trade-Related Aspects of Intellectual Property Rights within the WTO; and the positioning of developing countries, especially in Africa, in the academic and community discourses at international conferences on AIDS and in the worldwide search for equitable solutions.

It would have helped the author to read the thousands of media and other articles on the 13th International AIDS Conference and its national and global significance. These biennial conferences are unique in the world of AIDS; they are a window to the best of science, community voices and engagement, political commitments, and global experiences, in virtually every conceivable aspect of HIV/AIDS. Interviews with those involved overseas and in South Africa would have helped too.

The South African AIDS saga

Natrass provides a fair but incomplete account of the travails of the country during the Mbeki period. At her best, she entertains a plausible list of reasons for Mbeki's denialist position on HIV/AIDS, and rightly dismisses those which are not credible. Poverty was Mbeki's chief causal factor for AIDS. Natrass also discusses other reasons for Mbeki's assertions on the cause of AIDS: lack of health personnel, facilities and numerous health service resources for a putative HIV/AIDS intervention on a large scale; and an alternative remedy in the ANC's possession which could be commercialised – the Virodene saga gave

some credence to this proposition. Aspects of Mbeki's character were said to play a part in his deviant beliefs: a sustained political struggle with civil society in a battle to assert state authority over non-governmental groups; a belief that 'Big Pharma' was corrupt and profiteering from the disease; and, lastly, a hangover from the anti-colonialist struggles against an enemy which saw Africans as diseased, and unable to restrain their base proclivities and exuberant sexual impulses. Natrass disdainfully dismisses such a narrow argument on AIDS denialism, instead proposing "...it is far more than mere Africanism – it is part of a global conspiracy genre built on the twin pillars of a conspiratorial move against science coupled with a narcissistic portrayal of the author and his followers as the truly enlightened". Natrass refers to the social, economic, political and psychological determinants of individual and community vulnerability to beliefs in conspiracies.

Natrass also does an injustice in not giving more credit to the brave and principled head of the Medicines Control Council, Professor Peter Folb, a scientist and a fellow democrat from the University of Cape Town, who refused to comply with Mbeki's insistence to approve Virodene, an industrial solvent, for the treatment of AIDS, and who was removed from the Medicines Control Council.

In general, Natrass's book comes in the wake of some excellent accounts of critical conspiracies of which brutal colonialism was a supreme example. Western interventions in German Cameroon and the Belgian Congo established the social, economic and political conditions for the social and iatrogenic spread of the virus through Africa and the world.

Lastly, I am afraid the system of references preferred by the author, which may be entirely appropriate for certain academic disciplines, is not suited for a book meant for an informed public; traversing three sets of information per reference is simply too off-putting for any reader. Many of the references are unfortunately based on dubious sources and fail to convince. Choosing websites, which alter with time and may disappear, is not always a good idea, unless the website is appropriate to the point being made, for example, the HSRC and WHO annual reports on HIV.

Conflict of interest

I chaired the 13th International AIDS conference and was central to many of its key activities, such as mobilising for the Durban Declaration and making the first public announcement of it for the world and South Africa.

