Nicolai Nattrass’s book is long overdue. She provides a comprehensive, definitive rebuttal to the genocidal that AIDS denialism continues to propagate around the world. Nattrass succeeds in educating the public and arming them with truth based on proven science—not pseudoscience. Nattrass should be widely commended for her work.”

—ROBERT G. GALLO, M.D., director of the Institute of Human Virology at the University of Maryland School of Medicine

“A must-read for anyone interested in confronting the anti-science backlash causing so many unnecessary deaths across the globe.”

—PAUL A. OFFIT, M.D., F.A.C.P., chief of the Division of Infectious Diseases, director of the Vaccine Education Center at the Children’s Hospital of Philadelphia, and author of Autism’s False Prophets: Bad Science, Risky Medicine, and the Search for a Cure

“A rigorous and illuminating investigation into the anatomy of AIDS conspiracies, this book ought to be read by anybody interested in the relationship between science and ordinary people.”

—JOHNNY STEINBERG, PH. D., Oxford University, author of Seven Days: A Young Man’s Journey Through Africa’s AIDS Epidemic

“Nicolai Nattrass does a wonderful job uncovering the dangerous consequences of following fringe ideas in health and medicine. Her new book puts medical myths and misinformation square in front of us, and she tells the story with such passion, we dare not look away.”

—SETH G. KAULICH, PH. D., University of Connecticut, author of Defying AIDS: Conspiracies, Theories, Pseudoscience, and Human Tragedy

Since the early days of the AIDS epidemic, many bizarre and dangerous hypotheses have been advanced to explain the origins of the disease. In this compelling book, Nicolai Nattrass explores the social and political factors propelling the erroneous belief that the American government manufactured the human immunodeficiency virus (HIV) to be used as a biological weapon, as well as the myth’s consequences for behavior, especially within African American and black South African communities.

Contemporary AIDS denialism, the belief that HIVs is harmless and that antiretroviral drugs are the true cause of AIDS, is a more insidious AIDS conspiracy theory. Advocates of this position make a “conspiratorial move” against science by implying its methods cannot be trusted and that untested, alternative therapies are safer than antiretrovirals. These claims are unfounded, yet threatening, as tragically demonstrated in South Africa when the delay of antiretroviral treatment resulted in nearly 100,000 AIDS deaths and 180,000 HIV infections—legitimately of starring proportions.

Nattrass identifies four symbolically powerful figures ensuring the lifespan of AIDS denialism: the hero scientist (dissident scientists who lend credibility to the movement); the cultropreneur (alternative skeptics who exploit the conspiratorial know as marketing mechanisms); the living black scientist (individuals who claim to be living proof of AIDS denialism’s legitimacy); and the praise-singer (journalists who broadcast movement messages to the public). Nattrass also describes how pro-science activists have fought back against deploying empirical evidence and political capability to resist AIDS conspiracy theories, which is part of the crucial project to defend evidence-based medicine.
THE AIDS CONSPIRACY: SCIENCE FIGHTS BACK
THE AIDS CONSPIRACY

SCIENCE FIGHTS BACK

NICOLI NATTRASS

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THE AIDS CONSPIRACY: SCIENCE FIGHTS BACK
Most people do not believe conspiracy theories about the acquired immune deficiency syndrome (AIDS). But suspicions that the human immunodeficiency virus (HIV) may have been created in a laboratory, and that the pharmaceutical industry invented AIDS as a means of selling toxic drugs, persist on both sides of the Atlantic. During the 2008 US presidential campaign, Barack Obama had to deal with politically embarrassing revelations that his pastor, Jeremiah Wright, believed the government had created HIV to harm blacks. Four years earlier, the Nobel Prize–winning Kenyan ecologist Wangari Maathai stunned the world with her casual observation that HIV had been “created by a scientist for biological warfare.”

Most tragically, conspiracy theories about HIV were promoted in the early 2000s by then South African president Thabo Mbeki and his health minister Manto Tshabalala-Msimang—with devastating consequences for AIDS policy.

AIDS conspiracy theories range from the claim that the HIV is a man-made bioweapon, to the “AIDS denialist” assertions that HIV is harmless and antiretroviral drugs themselves cause AIDS. Although very different,
both theories make a “conspiratorial move” against HIV science by implying that scientists and clinicians have either been duped by, or are part of, a broader conspiracy to inflict harm. This, in turn, undermines trust in the scientific consensus on HIV prevention and treatment. A growing body of research shows that AIDS conspiracy beliefs in the United States and South Africa are associated with risky sex, with not adhering to antiretroviral treatment, and with not testing for HIV.

My interest in AIDS conspiracy theory was born in 1999–2000 when Mbeki questioned HIV science and claimed that the pharmaceutical industry was conspiring with the US government to inflict toxic drugs on Africans. He and Tshabalala-Msimang consequently delayed the use of antiretrovirals for both HIV prevention and treatment—causing literally hundreds of thousands of unnecessary deaths from AIDS (see chapter 5). But the harm to public health was more insidious than this. By casting aspersions on medical science itself, a healing vacuum was created into which rushed alternative healers of all descriptions. The resulting confusion was reinforced by an international group of self-styled HIV “dissident” thinkers, some of whom were also associated with promoting alternative therapies. Contesting them (including as a founding member of the anti-AIDS-denial website www.aidstruth.org) was a painful lesson in the difficulties involved in countering the conspiratorial move against HIV science. This book is the product of my attempts to understand the nature of AIDS conspiracy beliefs, why they matter, and how to challenge them.

CONSPIRACY THEORY, SKEPTICISM, AND THE CONSPIRATORIAL MOVE

The term conspiracy theory is pejorative in that it implies irrationality and implausibility. Its use here is not to suggest that the very idea of a conspiracy is irrational or implausible. Indeed, the origins of the “HIV as US bioweapon” theory can be traced to a real-world conspiracy between Soviet and East German intelligence operatives to spread misinformation (see chapter 2). Furthermore, if a medical conspiracy is understood loosely as an agreement
between researchers to act in a way that harms others, then the infamous Tuskegee Study conducted between 1932 and 1972, which left syphilis patients untreated in order to observe the natural progression of the disease, and the more recent Vioxx scandal, in which the reporting period for heart attacks during the clinical trial was deliberately shortened to conceal these side-effects, could both reasonably be seen as “conspiracies.” Given the potential for the profit motive to undermine scientific integrity, there are good grounds for skepticism toward the pharmaceutical industry in general and industry-sponsored clinical trials in particular. But when this skeptical stance morphs into an *a priori* certainty that an entire body of science and related clinical practice has been corrupted and that none of the evidence it generates can be trusted, then a fundamental conspiratorial move is made. A conspiracy theory is thus born which is implausible in scope (it implies an international plot involving corporations, governments, scientists, and physicians that is so secret and cunning that hundreds of thousands have been conned into believing lies) and irrefutable in character.

Some scholars argue that even though conspiracy theories may be implausible and irrefutable, they are nevertheless logically possible and thus cannot be rejected out of hand. But, as philosopher Brian Keeley observes, “there is much in the world that is possible but nonetheless is literally incredible.” Plausibility, credibility, and judgment all ought to matter in coming to “some consensus as to when belief in the theory entails more scepticism than we can stomach.” A key contention of this book is that the conspiratorial move against HIV science is “incredible” given the substantial evidence that antiretrovirals reduce HIV transmission and AIDS mortality. HIV scientists, pro-science advocates, and AIDS treatment activists find the conspiratorial move hard to stomach for another reason: that it encourages people to reject HIV prevention and treatment messages. Their contestation with proponents of AIDS conspiracy theories forms a second, central theme of the text.

Rejecting medical science poses an obvious problem: how are illnesses to be addressed in its absence? Some seek answers in what Colin Campbell termed the “cultic milieu,” i.e., that fluid countercultural space in which alternative therapies and conspiracy theories flourish. Ironically, many of those seeking alternatives to biomedicine render themselves vulnerable
to what I term “cultropreneurs,” i.e., those who both promote conspiracy theories about Western medicine while offering seemingly safer (more “natural” or “holistic”) alternatives in its place. Pro-science advocates have responded by exposing the claims of cultropreneurs as unsubstantiated (if not fraudulent) and promoting evidence-based medicine.

CONTESTING AIDS CONSPIRACY THEORY

The history of racialized medical abuse and biowarfare in South Africa and the United States provides a fertile social terrain for AIDS conspiracy theories to take root. But when they are promoted by leaders, they gain additional purchase in the public imagination. Thus in 2000, when Tshabalala-Msimang circulated the “HIV as US bioweapon” conspiracy theories of William Cooper—a white right-wing militia leader from Arizona—she not only extended his audience into Africa, but legitimized his claims precisely because she was health minister.

Incongruous though it may seem to have an African cabinet minister promoting the views of a white American militiaman, this kind of borrowing of ideas from seemingly incompatible sources is common in the cultic milieu. But precisely because of the political incongruity of such connections, AIDS treatment activists have been able to use it as a lever to contest AIDS conspiracy beliefs. Thus, when controversial US expatriate physician William Campbell Douglass promoted a version of the Soviet–East German story about HIV being a US bioweapon, David Gilbert (a leftist prisoner in the United States) was able to counter its influence in the African-American community by exposing not only the scientific and other weaknesses in Douglass’s argument but also his anti–civil rights record.

Credibility is also at stake in the battle over AIDS denialism. When President Mbeki appointed Peter Duesberg, the Californian-based virologist and leading proponent of AIDS denialism, to his “Presidential AIDS Advisory Panel” in 2000, he boosted Duesberg’s status and profile. But in so doing, he also turned himself and Duesberg into targets for counterattacks by HIV scientists and AIDS activists.
Unlike the AIDS origin conspiracy theorists, Duesberg is an academic with a creditable scientific research record, though not on HIV or AIDS. But because of his scientific standing in other areas (cancer research), he provides a patina of scientific legitimacy to AIDS denialist claims. This has helped bolster the organized AIDS denialist movement and given it a tangible social presence. Conspiracy narratives serve organizational as well as ideological functions for this movement. Depicting Duesberg as a latter-day Galileo persecuted by a venal “AIDS establishment” serves to reinforce social solidarity by presenting his supporters with the thrilling identity of being in receipt of “the truth,” and as brave whistle-blowers standing up for “real” scientific progress. In a somewhat cultish manner, Duesberg is their “hero scientist” who both constructs and legitimizes their denial that HIV is harmful and that antiretroviral treatments work. But his message gains added power by a second, important pillar of AIDS denialism: the messages of hope and (false) promises of the cultropreneurs who also populate the movement.

AIDS denialist cultropreneurs use Duesberg’s theories to cast aspersions on HIV as the cause of AIDS. Instead, they attribute AIDS to the “stress” of an HIV-positive diagnosis, to “toxic” antiretroviral drugs, poor nutrition, and recreational drug abuse. Predictably, they offer a range of alternative therapies and products to deal with such immune deficiency. But because none of these has been (scientifically) proven to work, a further symbolic role has emerged: that of “living icon”—people who, literally, put their HIV-positive bodies on the line by supposedly demonstrating that they can live safely and healthily using alternative therapies. Christine Maggiore, the now deceased HIV-positive mother who refused to take precautions against infecting her children with HIV, was for a long time the central living icon—despite losing her three-year-old daughter in 2005 from what the coroner determined to be AIDS. Sympathetic, praise-singing journalists and filmmakers serve a further important organizational function by taking the messages and stories of the hero scientists and living icons to the general public.

These roles of hero scientist, living icon, cultropreneur, and praise-singer are evident in another organized challenge to mainstream medical science—notably the anti-vaccination lobby where Andrew Wakefield
(a doctor who claimed the mumps, measles, rubella [MMR] vaccine caused autism and was later struck off the medical roll in the UK for unethical research practices) functions as both hero scientist and provider of alternative therapies for autism. Like AIDS denialism, the anti-vaccination movement offers supporters an oppositional identity of being part of an enlightened minority, seeking alternative cures while standing up to a corrupt scientific establishment bent on concealing or refusing to investigate the truth. These similarities are touched on in the concluding chapter, which contextualizes the fight against AIDS conspiracy theory within the broader contemporary struggle for evidence-based medicine.

Conspiracy theories which cast suspicion on medical science itself are particularly pernicious. Not only are cultropreneurs incentivized to promote them, but they are able to tap into a large audience by offering natural-sounding alternative therapies and new forms of identity. But precisely because the conspiratorial move against science can seriously undermine public health, growing numbers of pro-science activists are contesting it and promoting the cause of science and reason in the public sphere.

OUTLINE OF THE BOOK

Chapter 2 opens the analysis by exploring the nature and prevalence of AIDS origin conspiracy beliefs. The Soviet–East German misinformation campaign is touched on as the origin of the “HIV as US bioweapon” conspiracy theory, but most attention is paid to the history of medical abuse and biowarfare that gives the story such social traction in the United States and South Africa. The chapter also touches on the origin of HIV in Africa, and the early counter-narrative that HIV was injected into the African population by vaccination programs. The key argument is that AIDS origin conspiracy theories resonate with, and are shaped by, the local historical context—but that the role played by key individuals in constructing and promoting these ideas is also a crucial part of the story.

Explaining AIDS origin conspiracy beliefs with reference only to contextual factors cannot account for the fact that most people do not endorse
them. Chapter 3 takes up this issue by exploring the individual determinants of such beliefs, using survey data on young adults in Cape Town. The results suggest that psychological factors matter, but so do political preferences, attitudes, and socioeconomic location. Notably, people who trusted Tshabalala-Msimang more than her successor as health minister were more likely to believe conspiracy theories about the origin of HIV—as were those who had never heard of the Treatment Action Campaign, the civil society organization that opposed Mbeki on AIDS.

This poses the tricky problem of how to assess the role of leaders in promoting AIDS conspiracy theories. While it is important to understand the social and historical context for AIDS conspiracy beliefs, analytical space needs to be maintained for critiquing leaders when they promote or endorse them. When Mbeki and Tshabalala-Msimang blocked the use of antiretrovirals, they rendered their already-vulnerable followers even more vulnerable. Likewise, when Louis Farrakhan, the charismatic leader of the Nation of Islam in the United States, promoted AIDS conspiracy theories while offering an ineffective “cure” in its place, an already-vulnerable population was rendered even more so. The book discusses both these examples of poor leadership (chapters 5 and 3, respectively).

Chapter 4 concludes the discussion of AIDS origin conspiracy theory by exploring the way it has been contested by David Gilbert. It also discusses a postmodern critique of Gilbert, and his response to it. The chapter provides a forum for engaging with relativist arguments that since we cannot “know” that AIDS conspiracy theories are false, contesting them is ultimately a rhetorical strategy entailing the assertion of one form of knowledge over another. I argue that reason and judgment can and should be brought to bear on the issue and that contesting AIDS conspiracy theory in a way that is sensitive to the political credibility of scientific evidence is helpful.

The rest of the book focuses on AIDS denialism and the conspiratorial move it makes against HIV science. Chapter 5 explores the relationship between scientific expertise and political leadership through the lens of AIDS policy in South Africa under Mbeki. It argues that Mbeki’s attempt to facilitate a scientific debate was inappropriate—as policymaker, he should have bowed to expertise. In reviewing the role of AIDS denialism, the chapter also poses the question why Mbeki went down this road.